Patterson, Amy S.


With 52 per cent of people living on the sub-Saharan continent being Christian, Christian churches count as the largest and most influential civil organization in Africa. The involvement of Christian churches in combating HIV/AIDS has been intensified since 2001, motivated by the President’s Emergency Plan for AIDS Relief (PEPFAR) that not only dedicated 15 billion U.S. dollars for HIV/AIDS prevention and care but also explicitly invited Christian churches to play an active role in the fight against HIV/AIDS. Amy Patterson’s book _The Church and AIDS in Africa_ unites these two research traditions by discussing Christian churches’ involvement in the fight against HIV/AIDS in two countries in sub-Saharan Africa: Ghana and Zambia.

Patterson reminds us that in order to understand the churches’ role in the fight against HIV/AIDS one must keep in mind that these are organizations with an explicit theological agenda. Being a sexually transmitted disease, HIV/AIDS evokes the moral indignation of churches on the one hand, while on the other hand individual churches and pastors feel that caring for the sick and dying falls within their immediate mission of charity. Churches’ engagement in the field of HIV/AIDS can therefore be judged as cynical and guided by monetary incentives, or as a power game within societies in which churches as organizations or individual pastors become involved. However, the social concerns of churches rooted in their theological concepts have to be taken seriously in order to understand and assess church activities (67). Churches have taken on diverse roles in the fight against the pandemic that has shaped the social, spiritual, and political life of African societies, and they contribute to prevention, care and treatment, advocacy, and stigma reduction (41). The churches’ roles range from facilitating the early distribution of ARVs, for instance by the Catholic Church in Zambia, to launching the contested ‘abstinence only’ campaigns, which have made a strong stance against condom use. Churches have thereby positioned themselves in their theological agenda and social activities against traditional authorities and moralities, as well as against governmental politics and donor policies, in complex ways. This means that when we consider with Patterson the ‘politics of ambiguity’, that the churches’ position ranges from emancipatory to conservative, argued from a human rights perspective that believes that nobody should be discriminated against based on his/her gender, sexual orientation, or health status.

Amy Patterson guides us through the jungle of these diverse activities and agendas by scrutinising power relations between churches, the state, and
international donors in the field of health politics. Her book addresses the important question of civil society and how it contributes to national development in African societies and beyond. These questions are pursued further in four empirical chapters that inform the reader about church responses to the AIDS epidemic (chapter 2), problematizing resources and choices’ (chapter 3), power and subversion in church-state relations (chapter 4), and influences of global connections (chapter 5), spearheaded by an introduction to AIDS and Christianity in Africa (chapter 1) and concluding with an outlook to the future role of churches in the fight against HIV/AIDS in Africa (chapter 6).

State and church relations in the field of HIV/AIDS are ambivalent: while churches enjoy great acceptance on the part of citizens and often fulfill functions such as sick care that governments are not able to carry out, the state still remains a powerful force in AIDS politics since it receives a large share of the international resources committed to HIV prevention and care support. Church-state relations are thereby ambivalent with regard to HIV politics: on the one hand, churches may feel excluded by state intervention, such as the fixing of state policy on condom use in Ghana, while at the same time certain religious players may be supported by governments and pushed into important committees where they are crucial to important decisions. Lastly, churches influence HIV/AIDS prevention and care on a national level by occupying important functions in education, the latter building on historically important alliances. International donors such as PEPFAR and the Global Fund have empowered churches in the fight against HIV/AIDS; however, the churches’ agenda can also collide with the agenda set by international organizations. For instance, when in 2007 PEPFAR stressed the need to work toward combating stigma, some church leaders insisted that they would need to fight the spread of HIV/AIDS by fighting promiscuity and saw themselves as excluded from the dissemination of these funds. Throughout Patterson’s book it becomes apparent that due to inner-church structures of power and authority individual pastors’ personality and charisma may play a much more decisive role in whether and how single congregations get involved in HIV/AIDS and prevention.

This is a useful book that contributes to the literature on HIV/AIDS and religion, and in particular HIV/AIDS and Christianity, some of which has appeared in this journal. Throughout the discussion of church policies on HIV/AIDS it offers a useful categorization of church action and response and thus goes beyond the regional study trend, which is often characteristic of political scientists and does not take on particularities within the country. Here readers with a background in anthropology may at times wish for more in-depth discussion of certain cases or public debates so as to understand better the interrelation between secular and religious public figures and actors. This would make