

argues that any legislation that protects and supports prenatal children must equally protect and support pregnant women. For Camosy, the shocking lack of government support for pregnant women in America, which he notes is unique in the Western world, is one of the great American scandals of our time. So in the final chapter, Camosy proposes the Mother and Prenatal Child Protection Act, a major legislative initiative to overcome the economic, social, and legal barriers that make it so difficult for many women to imagine not aborting their prenatal child.

There is a lot to like about this book. For many years, Camosy has engaged in serious dialogue with those who hold strongly divergent views, and his proposal reflects a serious effort to engage all perspectives. Furthermore, he manages to construct an intellectually serious and widely accessible solution to a major moral issue. Of course, any book that addresses so many controversial questions and looks to find a morally consistent yet politically workable solution will draw a lot of criticism. I myself have significant reservations about some of Camosy's judgments concerning what constitutes wrongful killing. But focusing on such disagreements in this review would lose the forest for the trees.

Undoubtedly, some readers will become lost in the forest. They will simply ignore *Beyond the Abortion Wars* because they disagree with some of its arguments or conclusions. However, such a response—from a Catholic perspective—would be intellectually and morally bankrupt. Anyone who considers the current American abortion culture to be a serious evil cannot be content to quibble with aspects of Camosy's argument. His proposal is all too rare and precious to be ignored: it is a serious effort to address in a practical way the scourge of abortion and the United States' shameful lack of social support for pregnant women. These are grave social evils that every serious Catholic should be trying to address and change. If one has objections to Camosy's proposal, the only morally serious thing to do is show how his laudable goal can be better achieved. No doubt Camosy will be pleased by that.

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1. Sidney Callahan, "Abortion and the Sexual Agenda," in *The Philosophy of Sex: Contemporary Readings*, 4th ed., ed. Alan Soble (New York: Rowman and Littlefield, 2002), 185.

***Improving Access to HIV Care:
Lessons from Five US Sites***

**by Kriti M. Jain, David R. Holtgrave, Cathy Maulsby,
J. Janet Kim, Rose Zulliger, Meredith Massey, and Vignetta Charles**

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Health services in the United States face serious threats to their integrity, and critical moral issues must be addressed if health reform is to fulfill its role in the common good and answer the question, who do we really care about? Even after years of development, the benefits and burdens of the Affordable Care Act are still emerging. Each day its outcomes become even more

distressing as millions join the ranks of those who cannot access affordable health services. The threat that the ACA may be demolished or significantly altered under the current administration looms over many Americans. It could take a generation for national initiatives in health care reform to be fully understood and distributed in a fair, equitable, accessible, affordable, and—most

importantly—ethical system of health care, in which the human person, across the continuum of life from conception to natural death, is once more seen as the summit of the work before us.

The seminal research published by Kriti Jain and colleagues in *Improving Access to HIV Care* demonstrates a methodology that will enable persons living with AIDS to access health care services. The authors report that while the death rate in this community has steadily decreased, nearly 50 percent of the one million Americans living with AIDS do not regularly access care. Causative factors include low educational level, limited knowledge about HIV, color and ethnicity, experiences of stigma, lack of transportation, and limited ability to pay.

Collaborating with the Positive Charge program of AIDS United and with local health care providers and AIDS and social service organizations, this qualitative, embedded, multiple-case study seeks to increase access to HIV care and improve health outcomes for persons living with AIDS. Sites for the study were in five locations in the United States, namely, Chicago, New York City, the San Francisco Bay Area, Louisiana, and North Carolina. The study was designed to answer the following questions: How do existing programs implement models and strategies, such as a peer navigation and coordination of care among community health workers? What are the barriers to implementing these models and strategies? What methods are employed to overcome these barriers? What factors positively influence these practices?

Findings from the five locations suggest that additional staff should be hired to improve linkage-to-care activities for persons living with AIDS and increase collaboration between clinical partners. The study also reports that personnel at all sites recognize that the unmet needs of persons living with AIDS must be addressed before linkage-to-care can proceed effectively. Delivery of services is compromised by inadequate housing, psychological barriers to care, distrust of the health care system, and unreliable contact information. Although not consistently observed at all the sites, additional barriers

to care include incarceration, lack of transportation, limited social services, confusion regarding provider roles, and disregard for professional boundaries.

The authors recommend that health care providers (1) recognize and plan for a complex constellation of client needs, (2) nurture and cultivate interorganizational networks, (3) establish procedures to share information about existing clients to potential clients, (4) create strong relationships with medical providers, (5) involve peers and health navigators to help clients access care, and (6) improve organizational management.

The findings and recommendations of this important study can be the foundation of a new, community-based population model for health care services that more closely links persons living with AIDS who are sick and in search of healing with clinicians who have promised to help and heal. Facilitating access to care by promoting interagency collaboration and services is vitally needed in the US health care system, especially for persons who are forced to live on the margins of society because of AIDS or other stigmatizing diseases and who have little or no experience navigating the current health care system. The findings and recommendations of this study are consistent with the National HIV/AIDS Strategy for the United States.

Critical aspects of economic recovery and stabilization in the United States include making systematic changes to health care financing and finding new ways to distribute finite acute- and preventive-care resources. Unfortunately, however, we find that the intrinsic dignity of the human person who seeks healing and hope in the moment of illness or death is rarely part of the substantive debate. The findings of the current study could have been significantly enriched had persons living with AIDS been included as active rather than passive participants in the qualitative interviews.

For many decades, there has been a growing but at times insidious moral shift away from a focus on the person who is sick to a focus on disease. Health care services commodify the human person on the basis of statistical algorithms, disease aggregates, and

financial incentives. Moreover, technological advances are replacing the healing of the whole person as the ends of medicine. These changes fail to serve the neediest persons in the United States, especially those who do not have equal access to health services, particularly the lost, the last, and the least among us.

Reallocating and reimbursing hospital-based services to diverse populations in the community has the potential to stimulate exciting initiatives and inspire transformative change in health care at the national level. Now is the time to address the prevailing question, who do we really care about?

Improving Access to HIV Care provides the methodology for implementing the trilogy of health care: human dignity, freedom, and flourishing. Now is the time to embrace these opportunities and challenges so that our response will continue to bring healing and hope to the sick and the suffering regardless of where they might be found.

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Debating Medieval Natural Law: A Survey

by Riccardo Saccenti

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Although not a long book, *Debating Medieval Natural Law* offers readers a rich view of the twentieth-century debate over the development of human rights theory in the medieval period. Author Riccardo Saccenti stresses both interdisciplinary and historical approaches to understanding the development of a variety of terms, including *ius naturale* and *lex naturalis*, from the twelfth century onward. The book's introduction gives a clear and memorable definition of the most basic terms he uses: "Dante Alighieri offers an allegorical presentation of Justice and uses the image of three women to characterize three kinds of justice, namely, what medieval authors called natural law, or 'drittura' (*ius naturale*), law of nations (*ius gentium*), and civil law (*ius civile*). According to Dante, these kinds of *ius* are deeply connected as *ius naturale* is the mother of *ius gentium* and the grandmother of *ius civile*" (xi).

Readers with an interest in Thomism, natural law, canon law, or medieval studies will find this a challenging and satisfying read, as the author gets directly to the important issues. Given that this is an analysis of an academic debate rather than an introduction to the

topic of medieval natural law itself, the author leaves much unsaid or undefined. Although he stresses the importance of historical process to the debate, Saccenti usually avoids taking readers into that history. In addition, he does not endeavor to give detailed definitions of nominalism and other central issues related to medieval metaphysics.

Saccenti examines how specific contemporary scholars understand certain medieval thinkers or schools of thought. For example, John Finnis "notes that both Suárez and Grotius, at the end of the sixteenth century, gave a different account of *ius*, focusing on a specific meaning, not listed by Aquinas, namely, *ius* as *facultas*, that is, as a kind of moral power proper to every human being. Grotius develops this meaning of *ius* as a power, stressing that in this sense 'liberty' is also an *ius* insofar as it is a power that someone has over something" (33). Placed side by side, these medieval and contemporary names create layers of analysis, yet Saccenti maintains clarity throughout the book.

Much of the text's coherence centers on a few terms, including *potestas*, *natura*, *ius gentium*, *ius naturale*, and *lex naturalis*.