John Paul II's thought includes topics such as natural and spiritual fatherhood and the vocation of "spiritual fatherhood . . . towards anyone in need of paternal solicitude . . . modeled on Christ," especially within the priesthood (277). This promotes a theology of masculinity and fatherhood as a mutual pathway toward reimagining societal roles which have been primarily modeled by only one sex (363).

There are limitations to the task undertaken by Delaney of systematizing a theology of masculinity from John Paul II's otherwise non-systematic writings. His body of work addresses the person primarily as "man: male and female" or amplifies women's particularities, yet it stands to reason that a synthesis of his texts focused on masculinity and fatherhood lends a broader scope to an adequate anthropology. I also have some concerns about Delaney's use throughout of the concept of complementarity—a word often used to describe John Paul II's work but which only very rarely occurs in his texts—without a thorough, upfront discussion of the variety of meanings given to the term by Christians and its theological misappropriations (315). Nevertheless, this volume would be useful for graduate scholars interested in John Paul II's influences, Thomist personalism and theological anthropology, and sexual difference. It would also serve well scholars already familiar with John Paul II's major works or interested in questions central to fatherhood.

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Sant'Egidio's Dream: How a Catholic People's Movement Is Meeting the Challenge of AIDS in Africa and Shaping the Future of Global Health. By Roberto Morozzo della Rocca. Translated by Caroline Swinton. Georgetown University Press, 2024. xiii + 320 pages. $25.95 (pbk.)

Sant'Egidio's Dream is haunted by two words—solidarity and subsidiarity—which never appear in its pages. A reader anticipates them from the subtitle—*A Catholic People's Movement*—and the foreword, which describes the AIDS pandemic as a moral failure and DREAM as a moral response.

Within the main text, the moral response is delayed for the first hundred plus pages. In its first chapters, della Rocca instead revisits the history of the AIDS pandemic. In the United States, AIDS evoked a moral panic because of its prevalence among men who had sex with men. The response was a fight, led by the gay community, in search of prevention and treatment. The fight was forever altered by the arrival of antiretroviral combination therapies, which demonstrated an ability to reduce the viral load to the point of being undetectable and

prevent transmission if the costly and constant therapy was continued. Treatment was prevention.

The same communities believed it impossible to take up the same fight when the pandemic erupted in Africa. African cultures varied by language and religion and their infrastructures were thinned by colonialism and neoliberalism. Most public health experts adopted a nihilistic approach to the HIV/AIDS epidemic in Africa, saying Africans could neither afford nor adhere to treatment. Africa was offered prevention; condoms instead of combination therapy. Pockets of resistance developed. Senegal proved, in 1998, that antiretroviral therapy could succeed in Africa. The result was buried or ignored in favor of cost-benefit analyses which overstated the risks and undervalued the lives of millions of Africans. The disease raged across the continent. While these sections are thoughtful overviews of the history, they are better captured in books like Craig Timberg and Daniel Halperin's *Tinderbox* and David France's *How To Survive A Plague*.

The chief contribution of this book is found in its third and fifth chapters, where della Rocca tells the story of how the members of the Community of Sant'Egido, an international association of lay Catholic fraternal communities, established the Drug Resource Enhancement against AIDS and Malnutrition (DREAM). When the consensus from wealthy countries was that life-saving treatment was too expensive to extend to Africans, members of Sant'Egido in Mozambique embodied solidarity and subsidiarity by working in community settings to extend life-saving advances for the common good.

For three years, they experimented with delivering treatment free of charge to the people of Mozambique. They went to where patients were already receiving care—a clinic visited by prostitutes and blood transfusion centers—and established services where no care was being delivered—home services, nutrition centers, and laboratories. While international development agencies considered the work impractical and unethical, they persevered. They developed mottos—"Be realistic, demand the impossible" and "nothing is impossible without God"—and opened health centers in 2002. A quarter century later, DREAM has definitively demonstrated an ability to treat AIDS while preventing the spread of HIV. DREAM provides excellent care in resource-constrained environments, trains community navigators even if they were ill themselves, integrates nutrition into a holistic care model, defeats stigma by making treatments accessible, translates evidence-based treatments into African cultural contexts, and reduces the distance between medical professionals and patients. DREAM is different and better for it.

A quote from DREAM physician, Noorjehan Abdul Majid, perhaps says it best: "The attention given to the patients is what makes

the difference; it is the 'difference with DREAM.' If they live far away and have no way of getting here, we give them the money to pay for their journey. We walk with the patients, we fight with them, and as their hair turns white our hair does too." If della Rocca never really engages the moral response foreshadowed by Sachs, his source Dr. Majid describes solidarity and subsidiarity—sharing, walking, fighting, and aging with patients—as the difference.

That work will have to be undertaken by readers who can engage the book's questions within the Catholic social teaching tradition: Was the institutional church's true error not resisting condoms but sharing the therapeutic nihilism of Western experts? What distinguishes Catholic collective action in Mozambique from Muslim collective action in Senegal? What would it mean to similarly demonstrate excellence in underserved portions of wealthy countries? After all, if the future of the Catholic Church is in the global south, DREAMers from Africa may be the future for America's broken health systems. That possibility can be engaged by teachers assigning portions of Chapters 3 and 5, especially pages 120–133 and 169–176, and Elie's Afterword, to advance our understanding of what solidarity and subsidiarity mean today.

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The Disappearance of Ethics: The Gifford Lectures. By Oliver O'Donovan. Eerdmans, 2024. v + 161 pages. $40.99.

Does ethics have a future? How has its marginalization in the academy come about? How might theology contribute to its renewal? These are the foundational questions Oliver O'Donovan sets out to answer in his latest book, *The Disappearance of Ethics*. Based on his 2021 Gifford Lectures, this slim yet intellectually rich volume proposes a bold vision for revitalizing a discipline whose object (goodness), frontier (time), and agent (persons) O'Donovan considers to be unduly neglected in contemporary ethical discourse. Against proponents of more empirical approaches to the study of ethics, O'Donovan argues that its integrity as an intellectual discipline (to which he refers throughout the book with the honorific "Ethics") is rooted in a distinctly phenomenological engagement with the deliberative perspective of the acting person. By attending closely to our experience as moral agents who live "in a world where the meaning of history is not perspicuous," O'Donovan seeks to demonstrate how theology "comes to the aid of human moral reason where it feels the ground falling away under its feet" (153).