



*Excerpt from Chapter 7: Keeping the Faith, Fighting for Change p. 198-200.*

I also ran headlong into what I perceive to be one of the great moral imperatives of our time -- the need to stem the human suffering associated with the rampant spread of HIV and AIDS in sub-Saharan Africa. It is anticipated that over twenty million people will die of AIDS in this region over the next ten years. That is morally unacceptable. The world cannot sit by and do nothing about this cataclysmic crisis. As of this writing there are 7.8 million children in the region orphaned as a result of deaths due to AIDS. It is predicted that their number will reach 36 million within ten years. The psychological, sociological, economic, political, and security implications of millions of children orphaned in sub-Saharan Africa stagger the imagination.

Life expectancy is falling rapidly throughout the continent of Africa. It is reported that the life expectancy in Sierra Leone has reached a modern

low of thirty-five years. In Zimbabwe, life expectancy has fallen into the mid-forties. In southern Africa generally, life expectancy has fallen into the mid-forties and continues to drop. This is the reality on the continent of Africa. This too is morally unacceptable.

In 1995 in the United States, the peak year for deaths from AIDS, over 50,000 individuals died. In 1998, approximately 18,000 people died. Data show a similar drop in mortality in Europe as well. The significance of these data are that treatment modalities have been identified and administered that can extend life for people who have contracted HIV and enhance their quality of life, as well as aid in combating the transmission of HIV from mother to child during pregnancy and birth—if they are available. A failure to receive such treatment is a sentence of accelerated death, and a failure to provide information and practical assistance for avoiding the disease dooms countless others in the future.

Between 80 and 90 percent of reported AIDS cases worldwide are in the so-called developing world, a large measure of them in Africa. The principle obstacles to delivering to

people there the treatment modalities that are readily available in the developed nations of Europe and North America are accessibility to health care and the cost of treatment regimes.

The first step in confronting the moral dilemma before us is for the developed world to commit to a partnership with African nations and leaders to develop the infrastructure and provide the mechanisms to deliver the treatment and prevention programs. Many will argue that developing a solution to this problem is enormous and complex—and they would be correct. My view, though, is that we must make a start by focusing first on committing ourselves to enlisting the worldwide community in the development of a strategy to solve the crisis in Africa.

As I have become increasingly engaged in attempting to mobilize leaders around the world on this issue, I have challenged them to commit their governments, their businesses, and their international agencies to the development of an “AIDS Marshall Plan” for Africa. Such a plan would have to be large, comprehensive, and interrelated; in addition to funding education and prevention campaigns that are currently without necessary resources, there must be a treatment strategy as well. In that connection, we must understand that AIDS cannot be treated in a vacuum and only an investment strategy that deals with access to health care, infrastructure requirements, and other related issues will succeed. Such a strategy would have huge implications for other worldwide health care and development issues. But what is demanded of us now is that we recognize and respond aggressively to the stark moral dimension of the issue: deaths can be prevented, the number of orphans can be significantly reduced, and life expectancy for people who are HIV-positive can be extended. It is a cause that the world must come to embrace if we are to be true to King’s vision of peace and justice.