

‘IT IS YOUR DUTY TO BE HUMAN:’¹

A FEW THEOLOGICAL REMARKS AMIDST THE HIV/AIDS-CRISIS

Piet Naudé

Nelson Mandela Metropolitan University

Abstract

This paper first explains why the HIV/Aids pandemic requires a fundamental re-orientation of our theological reflection, followed by three reasons why such reflection is inhibited in the present churches’ context. It then attempts to set out how God the creator; Jesus, the self-donating priest; and the Holy Spirit create the basis for the church as healing and embracing community.

Key Concepts: Trinity, Christian theology, HIV/Aids

Aids and the Urgent Task to ‘Re-orientate’ Theology

“I cannot attend any church commission meetings on a Saturday,” says a colleague who pastors to a large suburban community in our city, “I need Saturdays for funerals – sometimes three on one day.”²

It is indeed very difficult to grasp in a rational manner the vastness and impact of the HIV/Aids pandemic on ordinary people’s lives – not to mention the impact on various communities like extended families in rural areas, churches, universities, the public sector, and private sector production.³ Statistics and mass media pictures have a “stunning” effect with the same ambiguous results recorded after exposure to catastrophes “elsewhere”: It varies from shrugging of shoulders over this terrible thing happening with other people to a self-defensive emotional block-out (“I have now heard enough”). Some buy red ribbons on Aids Day (1 December) to at least not do nothing “to support Aids sufferers.”

¹ A remark by Nelson Mandela during his Aids Day speech on 1 December 2002 in Bloemfontein, South Africa.

² “Clergy are spending their time no longer at the funerals of people who have died because of political violence, but at funerals where people have died of sexual violence, if we conceive the spreading of the HIV virus as an act of violence” (Germond 2004:67-68). The link between gender violence and HIV-infection has been clearly shown via empirical research by medical experts and sociologists. Read Haddad 2002 for references. On a cynical note, some remark that “Die einzig positive ‘Funktion’, die die Kirche durchwegs erfuehlt, sind Beerdigung” (Derenthal 2002:59).

³ South Africa has one of the highest proportionate infection rates in the world, with close to 5 million citizens in a population of about 43 million estimated to be HIV-positive. Two remarks puts this in perspective: On the one hand SA’s relatively good public health infrastructure – when compared with other Sub-Saharan countries – secures higher levels of detection than in countries to the North. On the other hand, Aids-related deaths are probably under-reported because of the prevalence of diseases like TB and pneumonia whose negative effects are increased due to a deficient immune system. For a general economic perspective on Aids, read the King II Report on corporate governance, section 4, and the more quantitative study by Bureau for Market Research at the University of Pretoria (see Van Aardt 2004) that emphasises the fact that about 20% of the economically active population between 15 and 45 are HIV-positive.

There are indications that the pandemic is outpacing all efforts to control it. According to UNAids more than 40 million people world-wide are infected with HIV, Eastern Europe and Central Asia now show the fastest growing epidemics, and in Britain an increase of 20% in new HIV-cases for 2002 is expected. Almost half of all HIV-positive persons are women, with the result that more mother-to-child-transmissions can be expected, adding to the misery of millions of children already orphaned by the disease. UNAids (June 2002) calculates that about 15 billion US dollars will be needed by 2007 to combat the disease in low and middle-income countries.⁴

That the Aids-pandemic is a massive human catastrophe, needs no further argument.⁵ To some it might sound “dramatic”, but the enormity and devastating impact of HIV/Aids require the same re-orientation⁶ of our theological thinking as was the case in three⁷ instances in the 20th century: *Theology after the Holocaust*; *theology amidst the possibility of nuclear devastation in the 1960's*; and *theology under and against apartheid in the period 1948-1994*. We need a “theology of Aids” that will question and redefine each traditional locus of systematic theology from the doctrine of creation, the Trinity and the human person to ecclesiology, the sacraments and eschatology. We cannot continue as if nothing is happening amongst us and with us.

Some very good South African and African⁸ efforts have been made and literature on the subject already represents a sizeable pool of reflection (perhaps in need of an annotated bibliography!). Whole journal editions of *Missionalia*⁹ and *JTSA*¹⁰ have been devoted to this, and *Scriptura* is following up on earlier publications (e.g. *Scriptura* 81) with this volume. The recent publication of *African women, HIV/Aids and faith* communities is an important milestone as it brings the issue of gender and Aids into the theological spotlight (see Phiri (ed.) 2003, and the discussion below).

That a “theology of Aids” is necessary, emerges from the illuminating point made by Saayman and Kriel (a missiologist and a physician respectively) in 1992 and repeated by Saayman in a retrospective evaluation: “The HIV/Aids pandemic is not, like many previous pandemics such as the 1918 flu epidemic, maintained and contained by biological

⁴ That Aids is slowly emerging as the most important global issue, is *inter alia* evident from survey-results published by the *International Herald Tribune* on Dec 5, 2002. The poll of 38 000 people in 44 countries was conducted from 2000 to mid 2002 (thus including 11 September 2001) by the non-partisan Pew Research Centre, and found “public issues of chief global concern” to be (in declining order): Aids and infectious diseases; religious and ethnic hatred; nuclear weapons; the rich-poor gap; and pollution and environmental concerns.

⁵ This is not the time and place to enter into the infamous Rian Malan-debates (see e.g. *Sunday Times* 8 October 2004) nor to entertain the political reasons why Thabo Mbeki holds “dissident” views on this matter (as he does on the crisis of rape in SA).

⁶ Maluleke uses kairois language to express the same concern: “My basic submission in this essay is that the HIV/Aids pandemic has ushered in a new *kairos* for the world in general and for the African continent in particular. But that is only one dimension of the kairois. The other dimension is that it is a kairois for and of the church – the local church as well as the worldwide church” (2001:125).

⁷ These are chosen because of the marked effect they had on theological reflection. This is not to deny other events requiring reflection: the ongoing violence in the Middle-East, the massacre in Rwanda or the more recent 9/11 and subsequent events in Iraq.

⁸ For a brief outline of contributions from African theologians like John Waliggo, Laurenti Magesa and Benezet Bujjo, see Derenthal 2002:79-88.

⁹ See *Missionalia* 29/2, August 2001, under guest editorship of Musa Dube and Tinyiko Maluleke. “HIV/Aids is serious enough to warrant and demand the best and the most profound responses from the theological academy” (Editorial, page 120).

¹⁰ See *JTSA* 114, November 2002, dedicated to “Overcoming violence against women and children”.

mechanisms (e.g. insect vectors, droplet spread or the development of immunity by the population), but by *social behavioural patterns with essential religio-cultural dimensions*” (Saayman 1999:212, partial original emphasis). They argue that the dominant biomedical model¹¹ is reductionist as it only deals with the effect of the virus and is notoriously hesitant and weak to address the simple fact that the HIV-virus is mostly spread by human behavioural sexual patterns. *This marks the disease as essentially socio-cultural, which requires moral and ethical interventions, taking underlying religious world-views into regard. If there ever were a socio-ethical issue with “direct” theological dimensions, this is it.*

What will be the impediments on our way to such a theology that both emerges from the church and in return serves the church? For at least three reasons, Christian churches who are situated in societies where Aids is a reality, nevertheless find the Aids-pandemic very difficult to deal with.

One reason relates to an inadequate reflective framework to “locate” Aids in some way on a “theological map”. Crude ideas about sin and judgement are totally inadequate to deal with the complexity of questions ranging from God as creator and “keeper” of creation, theodicy-models in relation to divine providence;¹² the relation between Christ’s suffering and the Aids-sufferer, models for being the church; and very literally, the question of hope and eschatology amidst physical decay and death.

The second reason relates to the nature of Aids as a primarily sexually related disease. Churches are under normal conditions hesitant to publicly address issues of sexuality,¹³ except when campaigning against its “negative” manifestations in debates about pornography, abortion, prostitution and sex before marriage. In societies where sex as a public topic is considered a cultural taboo, and where actual sexual behaviour is regulated by hierarchical and patriarchal¹⁴ social structures, the church is doomed to silence, and very cautious about sexually informed educational programmes. Everybody whispers about who died of what, but nobody is able to speak up and speak out. “This silence is in effect a death sentence and the church needs to be called to accountability” (Haddad 2002:97).

The third reason is closely related to the second: Churches struggle to address Aids theologically because Aids is deeply embedded in issues of gender and sexism which are

¹¹ One could add: If the same amount of money available to the biological research community would be spent on Aids-education, a huge difference could be made to contain the disease. But – to be cynical – there is more money to be made from a “cure” or “probable cure” than from investing in non-dramatic educational efforts in clinics, villages and schools where the only “return” is a lower infection rate, but no direct monetary reward.

¹² See the recent publication in Afrikaans of Adrio König: *God waarom lyk die wêreld so?* (2002) wherein he develops an alternative view on providence to that of Calvin. Although he does not discuss Aids specifically, he is of opinion that one of Christian theology’s most difficult and urgent tasks is to relate God with senseless suffering. See Derenthal’s interesting notes on suffering and evil in traditional African worldviews and the need for “eine leidensensible Gottesrede” (2002:97-105). See also Ernst Conradie’s contribution in this volume.

¹³ Read Paul Germond’s perceptive essay of the global forces impacting on churches’ understanding of sexuality (Germond 2004).

¹⁴ This relates to the fact that the struggle for liberation subsumed the issue of woman’s rights under general human rights. The terrible daily attack on women and children in our country, and their social and physical vulnerability in matters sexual, compounded by the possibility of HIV-transmission, must lead to our joint voices to bring the “gendered truth” from the margins to the centre. Many have noted that the focussed education of women might be the most effective way of getting the Aids-message across. I agree with that, as long as it does not imply a sexist burden on women whilst we are afraid to face the issue of male responsibility. As a Christian feminist, I am committed to this in theory and in practice.

still today the Achilles-heel in many Christian churches. "HIV/Aids is ultimately a gender issue," writes Phillippe Denis (2003:75). "We need to address the fact that physiological differences, social, cultural norms, economic and power relations between women and men have a big impact in the process of who gets infected..." is the view of Isabel Phiri (2003: 8-9, see Haddad 2002:95-97).

Cumulatively these three conditions – an inadequate theological interpretative framework, religio-cultural silence, and gender inequalities – create a terrible vacuum into which the Aids-sufferer is cast. The consequences are predictable and real:

Aids has become the "leprosy of our time" (Saayman and Kriel 1992) with all the social marginalisation and dehumanisation that accompany views of persons with a disease which is both incurable and infectious. Both these elements are driven by devastating myths: That a cure is possible through sexual intercourse with babies or virgins; and that infections can occur via normal human interaction in the school, at work or in the home. No wonder Nelson Mandela recently remarked: "Many who suffer from HIV and Aids are not killed by the virus, *but by stigma*." He then tellingly adds: "Do not stigmatise people with Aids. Show them care, support and, above all, love. You have to sympathise with them. *It is your duty to be human*" (Aids Day speech on 1 December 2002, Bloemfontein, SA; my emphases).

How could our duty to be human be informed by our understanding of God and the church? Within the confines of this paper, it is not my aim to provide an overview of literature, nor to give the outline of a re-designed dogmatics. A few remarks about our understanding of God (Creator, Christ and Spirit) as well as the church as healing and embracing community are made. This builds on Scripture and insights of others, and hopefully provides a small clue of how broader work could be done in future.

A few Comments on the Trinity and the Church

God Creates Humans in God's Image

Imago Dei is in no way diminished by a person's physical condition or HIV/Aids-status, because the "image-notion" was never intended to express a "reflection of God" in a physical¹⁵ manner. Therefore each human being's unique *theo*-logical quality is not altered by accidental factors of race, gender, class or (for that matter) sickness or health. "Because humanity is created in God's image, all human beings are beloved by God and are held within the scope of God's concern and faithful care," notes the WCC report on Aids (WCC 1997:100). As ethical principle counts: "...because all beings are created and beloved by God, Christians are called to treat every person of infinite value" (WCC 1997:103). The implication is that the personal worth of an HIV-infected person or Aids sufferer – no matter in what stage of the illness she/he is – has to be accepted in principle and confirmed in practice.¹⁶

¹⁵ Many attempts in the history of theology have been made to express the relation between God and humankind as some form of physical resemblance. Although anthropomorphic language is used (see Gen 3:8ff), the explicit laws against making an image of God, as well as the OT emphasis on God's transcendence should steer one away from such narrow interpretation. For a discussion, see Migliore 1991:121.

¹⁶ On a juridical level, this notion of "principle and practice" has been illustrated by recent events in South Africa. The government has been unwilling to supply treatment to HIV-positive mothers in public clinics on the grounds that in its judgement the AZT-drug-combination has not been sufficiently proven on scientific grounds and that the cost, including counselling, is prohibitive. The Treatment Action Campaign, a coalition of NGO's, supported inter alia by the SACC, took the matter to the High Court to compel the government to institute treatment. The court ruled in their favour, but the government appealed to the constitutional court

When this *theological*¹⁷ perspective from which an Aids sufferer should be viewed, is lost, marginalization and stigmatization step in, because the person slips from the realm of “infinite value” to “an object-to-be-avoided.”

Christ is the Self-donating Priest

The church is a *Christian* church, named after the second Person in the Trinity. The office of Christ has its roots in the Old Testament messianic “anointed one,” reserved for prophets, kings and priests. In the context of this paper, I choose to develop the priestly metaphor in correlation with the notion that the Trinity represents a cycle of perfect self-donation which – as Volf rightly points out – cannot be simply repeated in the world of sin. God’s perfect love engages the world in the self-donation of Christ in the incarnation where this love is met with non-love, resistance, deceit and injustice – but is nevertheless sustained amidst, and sometimes against, cultural norms of social acceptability like touching, healing, conversing and eating with the ritually impure and the socially shunned sinners.

Imitatio crucis implies for those who are co-anointed (Christians in the kingdom of priests, 1 Peter 2:9), a self-donating, sacrificial life-style that touches, heals, converses and eats with those who are in accordance with cultural-religious norms socially marginalised through their HIV-status. Indeed, “...we are called to imitate the earthly love of that same Trinity that led to the passion of the Cross, because it was from the start a passion for those caught in the snares on non-love ...” (Volf 1998:415, see the early hymn in Philippians 2:5-11).

“Welcome one another as Christ has welcomed you” (Rom 15:7) is only possible if Christians, the co-anointed, imitate the divine welcome by translating this into the will to make space for others “prior to any judgement about others, except that of identifying them in their humanity” (Volf 1998:415-6).

The Holy Spirit, Daughter of God, Creates one Body

The Triune God’s self-donating engagement with the world is not only via the incarnation, death and resurrection of Christ, but is given enduring historical significance in the outpouring of the Spirit. Proceeding from the Creator and from Christ, the Spirit creates a faith community called the body of Christ. In this community, the outpoured Spirit in turn pours God’s love into the hearts of the faithful (Romans 5:5) to create a being-in-communion where individual members of the body find significance *in relation to* the other members.

The double effect is that members share the joy of mutual enrichment: “If one member is honoured, all members are joyful together.” But they also share the pain of co-suffering with one another: “If one member suffers, all the members suffer together” (1 Corinthians 12). Instead of

where they argued that public policy issues are a political decision of the governing party and that an injunction to AZT-treatment violates the division of powers provided for in the constitution. The ten Constitutional Court judges ruled unanimously that the issue of treatment should be judged from a human rights perspective and not a division-of-power-perspective. Treatment is in this instance considered both a first generation innate right to life, as well as a second generation right to proper health care. As a positive obligation, this right – and specifically the provision of treatment at designated public clinics – is a so-called programmatic right that requires a certain time-frame for implementation. Clearly though, respect in principle is meaningless without respectful action in practice.

¹⁷ The *imago Dei* is enriched if one takes *imago trinitatis* as point of departure to include the other two Persons of the Trinity in the relationality of human life.

linking the presence of the Spirit to “extraordinary” signs like speaking in tongues or laughing in the Spirit, the context of HIV/Aids requires us to restore the vision that those who are filled with the Spirit shows the “extraordinary” willingness to suffer with others, and to develop practices of sym-pathos, overcoming social death before physical death.

There is no longer a distinction between those living with HIV/Aids and those who are not. This idea is all the more radical if the church understands itself as one body. It is only the Spirit that can turn both feelings of despair and geographical-psychological distancing into practices of inhabiting the world of the suffering other: If one part of the body suffers, the body as such is sick too. “The church has Aids” is a radical pronouncement of this solidarity.

Two metaphors that might express this ecclesiological notion are to understand the church as *healing and embracing community*. Both images are attested to in Scripture, but the first image found specific resonance in the African Initiated Churches; whereas the second image is derived from Miroslav Volf’s reflections on the Croation situation of enduring ethnic conflict.

The Church is a Healing and Embracing Community

It is well-known that, statistically speaking, African Initiated Churches are the fastest growing group of churches on the African continent, going directly against growth patterns in main-line churches, no matter whether the latter have a predominantly black membership or not.¹⁸ This empirical observation immediately calls forth the question of why this is the case. One of the most plausible explanations – supported by field work studies¹⁹ – is that these churches address the issue of healing²⁰ – balancing of life and cosmic forces – in an encompassing way.

This healing is reinforced through rituals and real forms of alternative community and identity that transcend all ethnic boundaries. AIC’s provide the communal setting for coping-healing²¹ in the widest sense of the word, *because the loss of an immune system (in the case of Aids) can only be “healed-and-coped” with if there is not also a loss of the commune-system*. The WCC report on Aids appropriately includes under pastoral care and counselling the observation: “By their very nature as communities of faith in Christ, churches are called to be *healing communities*”, because “the experience of love, acceptance and support within a community where God’s love is made manifest, can be a powerful healing force” (WCC 1997:106, 107, my emphasis).

Fear is one of the dominant emotions of HIV-positive persons and Aids sufferers: Fear for loss of health and physical ability; fear that others might find out; fear of their reaction

¹⁸ See the regular update of denominational data based on census figures by the Jürgens Hendriks and colleagues at the Theological Faculty, Stellenbosch University.

¹⁹ One can with confidence consult any of the works written by two eminent Southern African scholars in this regard, GC Oosthuizen (see e.g. *The birth of christian Zionism in South Africa*, 1987) and ML Daneel (e.g. *Quest for belonging: Introduction to a study of African Initiated Churches*, 1987).

²⁰ This is especially the case with Zionist type churches who “believe that people are healed through the power of the Holy Spirit, acting either through a particular person with a healing ministry, *or through the congregation as a whole*” (my emphasis). In the latter case sick members kneel, members of the congregation dance in a circle around them whilst laying on of hands or sprinkling with holy water takes place (Hayes 1998:170, see his bibliography on p.177 as well).

²¹ This term has been developed by Stuart Bate in his book *Inculturation and healing: Coping-healing in South African Christianity* (Cluster:1995) and further applied to mainline churches in Bate 2003. From a Catholic perspective, he calls for the development of an adequate sacramental theology of healing (2003:196).

once it can no longer be hidden; fear of treatment, if available; fear of job loss and income; fear of death and the future of those who remain behind.

The Bible teaches that fear is only conquered by love, and *love is concretely expressed in embrace*. Again the structure of Trinitarian thinking and ecclesiology serves us well here:

When the Trinity turns to the world, writes Ireneaus in his *Against Heresies* (5,6,1 quoted by Volf 1998), the Son and the Spirit become the two arms of God by which humanity was made and taken into God's embrace. When God sets out to embrace humanity-as-enemy, the result is the cross: the arms of the crucified are open ... "We, the others – we the enemies – are embraced by the divine persons who love us with the same love with which they love each other and therefore make space for us within their own eternal embrace" (Volf 1996:129). In the act of grace we are not only recipients, but are constituted as *a community of embraced – and therefore embracing – people*.

The context of HIV/Aids requires us to radicalise Volf's explication of embrace²² and its phenomenology in two ways:

First: We need to move from metaphor to the physical realm of actual embrace. Volf argues that "I am not interested here so much in the physical embrace itself as in the dynamic relationship between the self and the other that embrace symbolises and enacts" (1996:141). In our case we should be particularly interested in the physical embrace itself, as it embodies the relativization of socio-cultural and religious taboos much like in Jesus' ministry of touching those considered impure or socially outcast.

Second: Volf is – understandably so – at great pains to guard against dissolving the self in the other and to retain the reciprocity of embrace. Concerning the latter, he writes about "waiting" with opened arms: "Before it (embrace) can proceed, it must wait for the desire to arise in the other and for the arms of the other to open" (142), because others may sometimes simply want to be left alone.

This makes sense in situations of reciprocity where the capacity for "desire to arise" is assumed. But this may not always be the case. The risk of embrace lies not merely – as Volf suggests – that I might be misunderstood or despised (1995:147), but that I risk to embrace the other without prior confirmation of desire nor any certainty of reciprocal embrace (perhaps because both the physical and social base for such an act is just not present). The danger to turn embrace itself into a self-asserting overpowering of the other, is obvious and real. In our situation the greater danger is to wait with open arms – and because of non-reciprocity – to turn away, thinking that we have at least tried. No, on balancing the dangers, we must risk actual embrace, knowing that "a soft touch is necessary"²³ (Volf 1996:143).

Conclusion

In this paper I have tried to show why we need a "theology of Aids," but I also indicated some of the impediments in the way of such theologies arising from the church. Drawing on the concept of *imago Dei*, the priesthood of Christ and the community-creating work of the Spirit, a proposal to see the church as healing and embracing community is made. We need

²² One finds this "theology of embrace" scattered throughout Volf's work. See Volf 1992 as well as the structure of *Exclusion and embrace* (1996), specifically 28-31 and 99-165 where the theology and phenomenology of embrace are well expounded.

²³ Volf's "soft touch" is a reference to respect for the personhood and identity of the other: "I may not close my arms around the other too tightly..." (143). The reader will understand how apt these words are if taken slightly out of context as I do above.

more systematic theological work – specifically in our African context – whilst we have to relativize our efforts at the same time: Perfect religion before God has never been the production of theological literature, but caring for the widows and the orphans (James 1:27). Theology that does not in some way change paradigms that enable actual care and outreach, but feeds off the distant suffering of others, is like faith without works, and nothing else than cheap self-serving careerism.

BIBLIOGRAPHY

- Bate, Stuart C 2003. Inculturation in process. Influence of coping-healing churches on the attitudes and praxis of mainline churches. *Missionalia* 31/1, April, 177-207.
- Denis, Phillippe 2003. Sexuality and Aids in South Africa. *Journal of Theology for Southern Africa* 115 (March), 63-77.
- Derenthal, Olaf 2002. *Aids in Afrika und die Rede von Gott*. Hamburg: Lit Verlag.
- Germond, Paul 2004. Sex in a globalizing world: The South African churches and the crisis of sexuality. *Journal of Theology for Southern Africa* 119 (July), 46-68.
- Haddad, Beverley 2002. Gender violence and HIV/Aids: A deadly silence in the church. *Journal of Theology for Southern Africa* 114 (November), 93-106.
- Hayes, Stephen 1998. African Initiated Church theology. In Simon Maimela and Adrio König: *Initiation into theology*. Pretoria: Van Schaik, 159-178.
- König, Adrio 2002. *God waarom lyk die wereld so?* Wellington: Lux Verbi-BM.
- Maluleke, Tinyiko Sam 2001. The challenge of HIV/Aids for theological education in Africa. Toward an HIV/Aids sensitive curriculum. *Missionalia* 29/2, August, 125-143.
- Mandela, Nelson 2002. *It is your duty to be human*. Unpublished speech on 1 December, Aids Day. Bloemfontein, South Africa.
- Migliori, Daniel L 1991. *Faith seeking understanding. An introduction to Christian theology*. Grand Rapids: Eerdmans.
- Phiri, Isabel Apawo 2003. African women of faith speak out in the HIV/Aids era. In Isabel Phiri (et.al): *African women, HIV/Aids, and faith communities*. Pietermaritzburg: Cluster, 3-20.
- Saayman, W and Kriel, J 1992. *Aids – the leprosy of our time?* Pretoria: Unisa.
- Saayman, Willem 1999. Aids – still posing an unanswered question. *Missionalia* 29/2 (August), 208-219.
- UNAids 2002. *Report on the global HIV/Aids epidemic*. Geneva: United Nations.
- Van Aardt, Carel 2004. *A projection of the South African Population, 2001 to 2021*. Pretoria: University of Pretoria (Unpublished report: Bureau for Market Research).
- Volf, Miroslav 1992. Exclusion and embrace. Theological reflections in die wake of “ethnic cleansing”. *Journal of Ecumenical Studies* 29 (2), 230-248.
- Volf, Miroslav 1996. *Exclusion and embrace. A theological exploration of identity, otherness, and reconciliation*. Nashville: Abingdon.
- Volf, Miroslav 1998. “The trinity is our social program”: The doctrine of the trinity and the shape of social engagement. *Modern Theology* 14/3, July, 403-423.
- World Council of Churches 1997. *Facing aids. The challenge, the churches' response*. Geneva: WCC.