



The Ministry of Religious Congregations to People Affected by the SARS-CoV-2 Coronavirus in Poland: Geographies of Care During the COVID-19 Pandemic

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Abstract

The aim of this article is to analyze the empirical evidence collected in the form of in-depth interviews, observations, statistics and accounts concerning the assistance provided by female and male religious congregations in the fight against the effects of the COVID-19 pandemic in Poland during the first year after the outbreak (March 2020 to February 2021). The paper describes the nature of the assistance rendered by religious congregations to the sick, to those affected by the pandemic and to healthcare facilities during the spread of the SARS-CoV-2 coronavirus in Poland. Our findings reveal that the activities undertaken and the support provided by religious congregations in the fight against the COVID-19 pandemic in Poland have spanned many areas: medical assistance and nursing within the healthcare system, charitable work (including material, financial and welfare/housing aid), and pastoral, religious, educational, psychological, ecumenical, evangelization and missionary activities. The support provided by religious congregations as part of the coronavirus response efforts proved crucial and invaluable during the first weeks of the pandemic, that is in March and April 2020, when the healthcare system was faced with severe staff shortages.

Keywords Care · COVID-19 · Geographies of care; Health · Pandemic · Poland; Religious congregation; Spiritual assistance

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Introduction

The global COVID-19 pandemic caused by the SARS-CoV-2 coronavirus has affected more than 245 million people in 192 countries and territories around the world (World Health Organization, 2021b, November 1). Between the discovery of the coronavirus in Wuhan, China in late 2019 and the completion of this paper (November 1, 2021), more than five million people worldwide died as a result of the pandemic (World Health Organization, 2021b, November 1). The COVID-19 pandemic has left a huge mark on the global economy, geography of family life, health, work, mobility, education, religion, tourism, sport and leisure, affecting almost the entire population of the world. The spread of SARS-CoV-2 has resulted in changes in the geographic space—including the religious space—of the world which are unprecedented since the Spanish flu pandemic of 1918–1920 (Cohan, 2020; Kowalczyk et al., 2020; Mróz, 2021b; Papazoglou et al., 2021; Prozano, 2021; Oxholm et al., 2021; Quadri, 2020; Rose-Redwood et al., 2020). The diverse social responses to the coronavirus have had and are likely to continue to have far-reaching social consequences over an extended period of time (Baker et al., 2020). Despite the vaccination programs launched in many countries (with a total of more than 6.8 billion doses of the vaccine administered by November 1, 2021; World Health Organization, 2021b, November 1) and the dozens of restrictions implemented, it is difficult to determine the current stage of the pandemic as threats emerge in the form of new coronavirus variants such as Delta, Lambda or Omicron.

The development of the COVID-19 pandemic has further deepened the existing social inequalities and economic disparities and caused difficulties at the level of interpersonal relations and mental health of people around the world (Achour et al., 2021; Iacovone et al., 2020; Kopcewicz, 2020; Księżka-Koszałka, 2021; Manzo & Minello, 2020; Rose-Redwood et al., 2020). Published by the FAO, IFAD, UNICEF, WFP and WHO in 2021, the report entitled *2021 State of Food Security and Nutrition in the World* indicates that the COVID-19 pandemic has brought a major increase in hunger throughout the world in 2020, with around 118 million more people starving than in 2019 (FAO, 2021, p. 12). The SARS-CoV-2 coronavirus has particularly affected the poorest countries of the Global South, causing the number of starving people in these regions to double and thus earning the nickname “hunger virus.”

The difficult time of the pandemic has been and continues to be a time of rebirth of reciprocity, compassion and care, a time of reawakened sensitivity, gratitude, kindness and solidarity among people in every corner of the globe (Diavolo, 2020; Rigal & Joseph-Goteiner, 2021; Solnit, 2020; Springer, 2020; Strobel, 2021). Inspired by the concept of geographies of care (Conradson, 2003; Iacovone et al., 2020; McEwan & Goodman, 2010; Springer, 2020; White & Williams, 2017) and the new developments in research on religion in the era of the COVID-19 pandemic and social distancing (Baker et al., 2020; Kearns, 2021; Seryczyńska et al., 2021), we began our research on the role of religious congregations in combatting the effects of the COVID-19 pandemic and supporting the

individuals and local communities affected by SARS-CoV-2 in Poland. Another important impulse for undertaking this research came from our personal (or even family) relationships with many women and men religious who were helping in different “battlefields” against SARS-CoV-2. Therefore, this study presents the results of our inquiry into the role of religious congregations in the fight against the COVID-19 pandemic in Poland.

Our analysis covers the first year of the spread of the pandemic in Poland—from early March 2020 to February 28, 2021. The first case of SARS-CoV-2 infection in Poland was confirmed on March 4, 2020, and the first COVID-19 fatality was recorded on March 12, 2020 (one day after the World Health Organization had declared a global pandemic). On March 14, 2020, a state of epidemic threat was declared in Poland by a regulation of the Minister of Health, followed on March 20, 2020 by a state of epidemic emergency (which has not been lifted as of the time of completion of this paper). The first weeks of the COVID-19 pandemic were a period during which the coronavirus disease had the most pronounced effect on Poles’ social consciousness. On April 20, the first stage in the lifting of restrictions began in Poland, followed by subsequent stages on May 4, May 18 and May 30. From August 8, 2020 onward, certain restrictions, orders and prohibitions were established in Poland pursuant to a regulation of the Council of Ministers in conjunction with the state of epidemic emergency, with regional restrictions being put into place in selected counties. In late October 2020, the second wave of the pandemic began in Poland, prompting the introduction of new restrictions on November 4, 2020; these restrictions were partly lifted from November 28, 2020 onward. The third wave of the pandemic in Poland began in March 2021, however this period is not covered by the analyses conducted as part of the present study. By February 28, 2021, there had been 1,706,986 cases of SARS-CoV-2 infection in Poland, with 43,769 fatalities (World Health Organization, 2021a, February 28). When this paper was submitted for publication (on November 1, 2021), Poland was going through the fourth wave of the COVID-19 pandemic, with the number of infections exceeding 3 million (World Health Organization, 2021b, November 1).

All social phenomena that take place within a geographic space and all behaviors of individuals or social groups should be considered in the context of the overall culture of a given society (Franck, 2021; Skarbek, 2013). Religious congregations have played a tremendous role in social life since the foundation of the Polish state in 966 (Kłoczowski, 1966). Their pastoral work, preaching, retreats, charitable activities, care for the sick, assistance to the poor and commitment to the promotion of popular piety have been of great importance during both periods of prosperity and years of natural disasters, plagues, diseases and wars that swept through Poland over a period of more than 1050 years (Mróz, 2021a). Religious orders have always been involved in the life of the local communities in Poland on two levels: in their mission of bearing witness to Christ and in their concrete service and assistance to the people.

According to the statistics provided by the Conference of Major Superiors of Female Religious Congregations in Poland (Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych w Polsce), the Conference of Superiors of Contemplative Convents in Poland (Konferencja Przełożonych Żeńskich Klasztorów Kontemplacyjnych w Polsce) and the Conference of Major Superiors of Male

Religious Orders in Poland (Konferencja Wyższych Przełożonych Zakonów Męskich w Polsce), at the end of 2020, there were a total of approximately 32,000 men and women religious in Poland, accounting for 3.88 percent of the total number of consecrated persons in the world (Fides News Agency, 2021). Around 17,000 women religious belonging to 105 female religious congregations with different charisms live in 2071 houses in Poland, with an additional 1,866 sisters working outside Poland (Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych, 2021). Furthermore, there are around 1,270 nuns in Poland, living in 83 monasteries belonging to 13 female contemplative orders. According to data from December 31, 2020, there were 8182 men religious in Poland (with an additional 2991 men religious working abroad), all belonging to the Conference of Major Superiors of Male Religious Orders in Poland.

The study aimed to answer a number of research questions: What was the involvement of female and male religious congregations in Poland in the fight against the effects of the COVID-19 pandemic during the first year after the outbreak (March 2020 to February 2021)? What was the main type of assistance provided by religious congregations in Poland to the sick and to institutions in connection with the COVID-19 pandemic? How many men and women religious were involved in the COVID-19 response? How did the COVID-19 pandemic affect the functioning of religious orders in Poland?

The research problem addressed in this paper is important due to the immense impact of the COVID-19 pandemic on the religious sphere in Poland and to the scale of involvement of religious congregations in the pandemic response. Furthermore, it is relevant due to the—regrettably—rapid development of the COVID-19 pandemic in Poland. At the end of February and beginning of March 2021, the third and most severe wave of the pandemic broke out in Poland, prompting the Polish government to introduce new, stricter restrictions on March 25. We believe that the findings presented in this paper will contribute to further research on the role of religious congregations in Poland in the fight against the COVID-19 pandemic from the third wave onward.

Materials and Methods

Understanding the role of religious orders and congregations in the fight against the COVID-19 pandemic in Poland required both field research and desk studies. A phenomenological approach was adopted in the present study, taking advantage of methods used in social sciences—such as in-depth interviews and observations (Kearns, 1997).

During our field studies (between April 2020 and September 2021), we conducted in-depth interviews with 30 men and women religious in Poland (including 3 nuns of contemplative orders) who were involved in providing assistance to people infected with SARS-CoV-2, including without limitation medical care, nursing and charitable work. We also conducted telephone and online interviews with religious superiors or secretaries of provinces of religious orders (female and male) present in Poland: Albertine Sisters, Augustinian Nuns, Bernardine Sisters, Sisters Canonesses

of the Holy Spirit, Virgins of the Presentation, Seraphic Sisters, Sisters Servants of Mary Immaculate, Sisters of the Resurrection, Albertine Brothers, Franciscans, and Oblates. The Conference of Major Superiors of Female Religious Congregations in Poland provided us with detailed information (including statistics) on the assistance provided by female religious orders to the sick and to institutions as part of the coronavirus response efforts in the first two months of the pandemic (March to April 2020; data from approx. 75% of the congregations: Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych, 2021). We were also able to obtain valuable information on the assistance provided by men religious from the news bulletins of the Conference of Major Superiors of Male Religious Orders in Poland, including the Religious Order Information Center Bulletin (Biuletyn Centrum Informacyjnego Zakonów) prepared by the team in charge of the www.zyciezakonne.pl portal and the Secretariat of the Conference of Major Superiors of Male Religious Orders in Poland. In addition, we relied on information published in the press—in particular in Catholic daily and weekly papers (*Nasz Dziennik*, *Tygodnik Katolicki*, *Gość Niedzielny*, *Tygodnik Katolicki Niedziela*) and in magazines published by selected congregations (including *Bonifratrzy w służbie chorym*, *Misjonarze Kombońskie*, *Misyjne drogi* and *Postaniec z La Salette*). Furthermore, we conducted an in-depth review of the information posted during the COVID-19 pandemic on the websites of nearly all religious congregations in Poland and on social media platforms (Facebook, Twitter and Instagram)—a total of 59 websites of male congregations and 124 websites of female congregations. SARS-CoV-2 infection statistics were obtained from the WHO (World Health Organization, 2021b, November 1).

Results

The activities undertaken and the support provided by religious congregations in the fight against the COVID-19 pandemic in Poland have spanned (and continue to span) many areas: medical assistance and nursing within the healthcare system, charitable work (including material, financial and welfare/housing aid), and pastoral, religious, educational, psychological, ecumenical, evangelization and missionary activities (Fig. 1). However, it is necessary to emphasize that the different religious congregations in Poland have their own areas of activity as regards both spiritual and material aid to the needy. Such initiatives and support efforts had been undertaken by men and women religious for decades (and in the case of many congregations, for many centuries) before the outbreak of the global COVID-19 pandemic and simply took on new forms in the SARS-CoV-2 era.

When analyzing the development of the pandemic in Poland (and in other countries of the world), it is possible to discern a number of waves with different intensities. From the perspective of early November 2021, with the fourth wave of the pandemic gaining momentum in Poland, the support provided by religious congregations as part of the coronavirus response efforts proved crucial and invaluable during the first weeks of the pandemic that is in March and April 2020. At that time, due to enormous staff shortages, dozens of men and women religious volunteered to work at hospitals, long-term care facilities and residential care homes. Naturally,

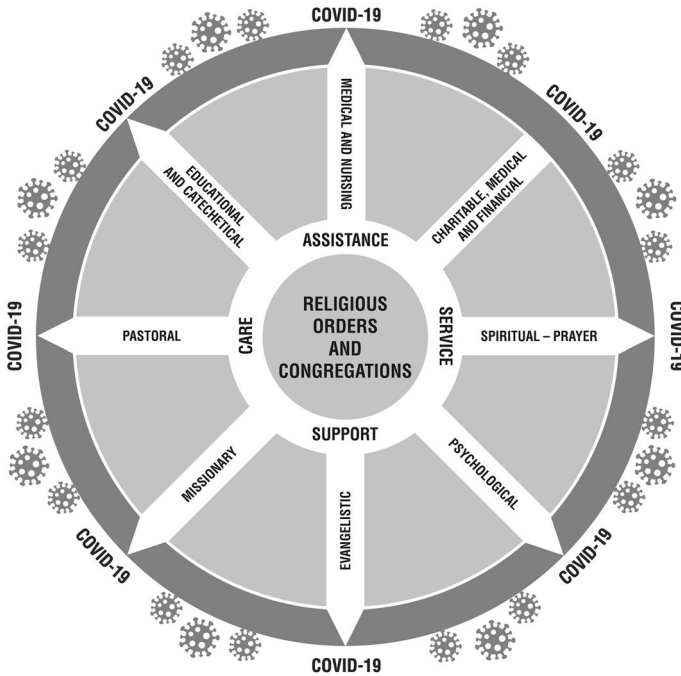


Fig. 1 A model of the forms of assistance provided by religious orders and congregations during the COVID-19 pandemic in Poland. *Source:* the authors' own work

this does not mean that the assistance provided by religious orders during the next two waves of the pandemic was any less important. The situation in many residential care homes at the time can be accurately conveyed using the words of Fr. Marek Bator, head of Caritas in Częstochowa, who was the first person to come to the aid of seven people evacuated from the Residential Care Home in Woźniki and taken to the Domus Misericordiae in Częstochowa due to a coronavirus outbreak at the facility:

When I came into this place, I felt like crying. I had no idea where to start, who needed urgent aid, ... when I saw their eyes, ... they were all needy (Murias, 2020).

Sister Renata Elżbieta Murias AJC of the Religious Institute of the Sisters Apostles of Jesus Crucified, who also came to help at the Domus Misericordiae in Częstochowa, emphasized the following:

“I must admit that I’m finding it difficult to describe the first few hours after I arrived at that place to support Father Marek in this initiative. When I went up the stairs, Father Marek was bathing the residents. Their faces were lined with fear from the shock of the sudden evacuation in the middle of the night; there was a thick stench of excrement hanging in the air, and all the pensioners’ eyes were pointed at him – the only person from the outside world they

had seen so far. I started by giving a bath to one of the ladies, who showed a lot of aggression at first and would not let anyone touch her. Then, I washed the soiled clothes and hung them to dry on the radiators so I could get the residents dressed again. I must add that some of the residents did not even have spare underwear. What made the situation even more difficult was the fact that we had no data on our OAPs, such as their medical history, illnesses, allergies, treatments or food intolerances... We knew nothing about them! The most serious problem turned out to be the lack of pharmaceuticals; we had to restock, buy more drugs so that we could administer them to our new charges. In fact, the military had to be involved to obtain insulin for one gentleman. Cleaning the rooms, disinfecting the surfaces and removing waste bags often continued into the late hours of the night. This required considerable effort, but also brought us a lot of satisfaction from the acts of kindness and gratitude and gestures of affection and appreciation showed by the residents in Woźniki. Our team of three overcame many difficulties associated with organizing and providing care to the pensioners. Physical exhaustion was beginning to take its toll, building up gradually over the nine-day period of round-the-clock work. I must say, however, that this was the most beautiful period of my life and the greatest of the missions I have been involved in so far”.

Medical Assistance and Nursing within the Healthcare System

One of the main areas in which religious congregations are active in Poland is the healthcare system. Healthcare pastoral ministry comprises the work being done by religious sisters and brothers at hospitals, health centers, hospices, nursing facilities and residential care homes; it also includes their community and parish nursing services. In Poland, 1020 religious sisters work as nurses and 32 sisters work as physicians at 37 nursing homes, 56 residential care homes for children and young people, 60 residential care homes for adults, 8 round-the-clock care facilities for the sick and the disabled, 30 private care homes for the elderly and the infirm and 4 rehabilitation facilities. Male congregations, in turn, have 5 hospitals, 13 hospices, 21 residential care homes, 66 counselling facilities and 14 addiction therapy centers (Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych, 2021).

It has been difficult to determine the exact number of women and men religious who volunteered to work at COVID hospitals and at other facilities suffering from staff shortages due to the COVID-19 pandemic in the first year after the outbreak. The data provided by the Conference of Major Superiors of Female Religious Congregations in Poland reveal that the 1535 sisters working on a day-to-day basis at medical and nursing facilities were joined in the first weeks of the global COVID-19 pandemic by 377 more women religious (working as volunteers or under other arrangements): 63 sisters in hospitals, 6 sisters in hospices, 276 sisters in residential care homes and nursing homes and 32 sisters in educational care facilities (Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych, 2021). Importantly, a majority of the sisters had medical training and professional experience.

On April 20, 2020, the Chairman of the Conference of Major Superiors of Male Religious Orders in Poland, Fr. Janusz Sok CSsR, made a special appeal to all men religious, asking them to volunteer for work at residential care homes. The Secretariat of the Conference in Warsaw was put in charge of coordinating the aid program initiated by that appeal. Independently of the above initiative, many members of male religious congregations had already volunteered to help at nursing facilities and hospitals. According to the data collected by the Secretariat of the Conference of Major Superiors of Male Religious Orders in Poland, until May 18, 2020, that is in the first two months of the pandemic, 148 men religious had been involved in various forms of direct assistance in connection with the COVID-19 pandemic in Poland; this figure does not include grass-roots initiatives pursued by parishes and religious houses or the men's day-to-day work and pastoral ministry (Secretariat of the Conference of Major Superiors of Male Religious Orders in Poland, 2020). In terms of the number of men directly participating in COVID-19 response efforts, the congregations can be ranked as follows: Capuchins from Kraków (32), Missionary Oblates (23), Vincentians (15), Conventual Franciscans from Kraków (12), Salesians (12), Salvatorians (12), Dominicans (7), Franciscans (5) and La Salette Missionaries (5) (Secretariat of the Conference of Major Superiors of Male Religious Orders in Poland, 2020).

Among the women and men religious involved in healthcare pastoral ministry during the COVID-19 pandemic in Poland, the largest group were those directly assisting SARS-CoV-2 patients at hospitals, health centers, hospices, nursing homes and residential care homes. Members of male congregations worked as chaplains and paramedics at hospitals, ran isolation facilities for patients who could not be safely quarantined at their own homes, took swabs and coordinated the support for religious volunteers working workers at residential facilities. There were also a number of brothers who took on supporting roles at healthcare facilities, such as cleaning or helping in the kitchen; several brothers holding the required qualifications drove emergency vehicles. The experiences of these women and men have been documented on the websites of many religious congregations and on religious web portals; some have also been written down during interviews. Sister Dawida Janina Lechowicz, a member of the Seraphic Sisters, gave the following account of her service at the Silesian Long-Term Care and Rehabilitation Center (Śląskie Centrum Opieki Długoterminowej i Rehabilitacji) in Czernichów, where she worked between April 23 and April 30, 2020:

“When we arrived, we saw a multistory building with a patio, surrounded by greenery, with single and twin rooms – a modern facility that was home to some 200 residents. The first infection was confirmed there on April 12. As we all know, once the virus gets into a facility like that, it is very hard to stop it from spreading, regardless of all the health controls, use of personal protective equipment and other precautions. The facility was quarantined, which means that it was locked down without anyone being permitted to either leave it or enter it from the outside. It was guarded by the police round the clock. We found ourselves in a situation where a handful of staff were working with great dedication for more than ten days without any

break or replacement, under a huge physical and mental strain that comes from the sense of vulnerability to infection and from isolation. As the days went by, their strength was waning, so they were forced to choose between feeding or changing the patients. The same people worked in the “contaminated” and “clean” areas. We were given personal protective equipment and trained. Each of us had a designated area where she was to assist the facility’s personnel in caring for the sick residents. Initially, the residents were confused and scared; they had no idea what was happening, why we were wearing the “strange clothes” and why our voices sounded so indistinct. It is simply impossible to imagine how the sick residents feel in a facility where there are not enough staff and the few who are there don’t have the strength and time to stop by a bed even for a moment; a place where the pandemic has upturned all established work practices, making everything scarce: clean bed linen, hot meals, cutlery. . . because there is no one to do the washing, scalding. . . We became involved in all the efforts that spring from concern for the sick: feeding them, washing them in their beds and changing their diapers, clothes and bed linen, cleaning the rooms and corridors, helping in the kitchen and in the laundry room. . . Through our presence, we were trying to bring hope and words of encouragement. It was very important that we prayed together with the residents. We also saw deep emotions expressed on the faces of the women and men on whose foreheads we made the sign of the cross, speaking the words: “May God bless you and give you strength in your suffering.”. . . Even today, the words spoken by the residents still resonate in the depth of my heart: “Sister, is there life after death?” “Why don’t people come here anymore?” “Hello, hello, hello!” “Why won’t anyone visit me?” “Why won’t anyone call me?” “Why can’t I leave this place?”

The isolation and quarantine particularly affected those in residential care homes and, even more so, in hospices. Patients admitted into hospices had to be fully isolated from their friends and families. At many facilities, residents were allowed to talk to their families on the phone with the windows open – keeping the distance but maintaining eye contact. According to our interviews with the women and men religious working at hospices, their most difficult experiences were when a patient was dying next to them, and the patient’s family were standing outside an open window.

During the interview, Stella Kaplon, a Seraphic Sister, emphasized the importance of spiritual assistance for the patients:

“I was summoned to the closed ward and to offer not just physical, but primarily spiritual assistance to the patients. I felt needed in that place of suffering and struggle for the hope of life. I tried to encourage the patients whose health was better to pray, in particular to pray the Rosary, and to offer the difficulties of the disease to God for them to bear fruit. Approaching people in a terminal state, I prayed quietly or just loud enough for them to hear the words of the prayer, in particular the Chaplet to the God’s Mercy. The most difficult thing was the human helplessness in the face of deteriorating health and often the inevitable death. I saw and experienced much gratitude and joy during my service. I was happy that although I wore the coveralls, the patients recognized

my voice and were grateful for my kindness shown to them. It is worth sacrificing to other humans in the life devoted to God”.

At some of the religious houses, accommodation was provided for medical personnel, for example at the Pauline Fathers' Jasna Góra monastery, at the Franciscan monastery in Wejherowo and at the Conventual Franciscan monasteries in Harmęże and Rychwałd. Quarantine and isolation facilities were established at several friaries and pilgrim houses run by religious congregations (including the pilgrim houses on St. Anne Mountain, in Kalwaria Paławska and in Harmęże). The responsibilities of the friars working at these facilities included taking the patients' temperature and delivering meals to room doors. Several friars also volunteered to work in the so-called swab buses. In addition, the friars ran campaigns to promote donating blood and plasma to aid in the fight against COVID-19 and participated in blood and plasma donation drives.

It is also important to emphasize that the coronavirus pandemic affected all the activities of the management and medical and non-medical personnel at hospitals run by religious orders (including the Brothers Hospitallers of Saint John of God), the new priority being to ensure the epidemic safety of the patients and hospital staff. During the second and third waves of the pandemic, COVID wards were established at religious hospitals by the decision of the Minister of Health. At the same time, free-of-charge medical consultations were made available, specifically targeting surgical patients and cancer patients.

General information, testimonies and accounts concerning the medical and nursing assistance provided by women and men religious within the healthcare system in Poland during the COVID-19 pandemic can be found on 31 websites of male religious congregations and 42 websites of female religious congregations.

Charitable Ministry and Material and Financial Aid

The charitable ministry of the Catholic Church can be defined as “the overall body of tasks and activities that arise from God's commandment of love and appropriately respond to the needs of people suffering from material or mental poverty, aimed at reducing or eliminating all privation from people's lives and providing them with the assistance they need to satisfy their basic material needs and achieve proper personal development” (Baloban, 2005; Kamiński, 2018; Näsman, 2020; Przygoda, 2004).

According to the 2015 report by the Institute for Catholic Church Statistics (Instytut Statystyki Kościoła Katolickiego), a vast majority of the 830 charitable institutions of the Catholic Church in Poland are run by religious congregations: female orders (432) and male orders (249) (Sadłoń, 2015). Every year, around 3 million recipients benefit from the activities of the charitable institutions of the Church in Poland, mainly from short-term aid (1,116,000), food aid (650,000) and medical services that require a highly developed infrastructure (442,000). Beneficiaries of these charitable efforts include 286,000 children and young people, 203,000 homeless people, 121,000 people with disabilities, 91,000 senior citizens, 23,000 people with addictions, 6000 unemployed and 5000 migrants and refugees (Sadłoń, 2015).

Religious congregations actively responded to the SARS-CoV-2 threat. In the wake of the outbreak, the charitable activities pursued by women and men religious before the COVID-19 pandemic were expanded to encompass new initiatives. During the first few weeks of the pandemic, more than 300 religious sisters became involved in charitable works that included assisting the elderly, the lonely and the homeless as well as those under quarantine (Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych, 2021). As explained by our interviewees, their contribution following the outbreak of the COVID-19 pandemic included preparing hot meals, doing shopping for elderly and lonely people and providing assistance to families and their pets during quarantine (e.g., by taking dogs for walks). In the early weeks of the pandemic, the number of meals served at soup kitchens for homeless people and at other food distribution locations operated by religious orders and by Caritas increased by a factor of two (with the closure of places such as restaurants which donated part of their provisions to the homeless and the needy). The outbreak of the pandemic did not interrupt the distribution of food in the form of dry provisions or hot takeaway meals in disposable containers—especially to the poorest and homeless recipients.

“During the pandemic, the number of families requesting help has grown significantly. This proved e.g., that although the people were able to cope financially before the pandemic, they were pushed into poverty through COVID-19 development. In the most difficult period of the first pandemic wave, after the state of epidemic emergency was introduced in Poland (20 March 2020), three groups of nuns used three cars for three weeks to carry meals for the poor to different locations in Kraków, as the eating house could not operate in the existing form, but also as the poor could not use public transport to travel. That was a very difficult task for us as those days we were not supported by any volunteers who had usually helped us a lot (as they stayed at home). Three weeks later we started to serve the meals again in the eating house, but we used hatches”.

Katarzyna Miela, Albertine Sister.

New initiatives to help the poorest were also undertaken, such as “Gwidonowe okno” (“Guy’s Window” – named in honor of Guy de Montpellier) through which the Sisters Canonesses of the Holy Spirit distributed meals to the needy during the most difficult period of the pandemic in March and April 2020. The Canonesses’ initiative was supported financially by other religious congregations, priests and laypersons.

In keeping with the tradition, Easter breakfasts were prepared for the most needy at many facilities run by religious houses. Furthermore, religious orders provided material and financial support to people who had lost their sources of income as a result of the pandemic as well as to elderly, lonely and homeless recipients. The aid was given directly to individuals who called at the gate or asked for help by phone. Many schools and preschools operated by religious congregations also exempted their pupils’ parents from tuition fees. Finally, members of religious orders encouraged parishioners to use the services of local businesses within their host communities in order to help those businesses survive the downturn caused by the lockdown.

Religious congregations assisted Municipal Crisis Management Centers in delivering packages to residents under quarantine, and sisters continued to work and help at 7 homes for mothers with children, 120 educational care facilities for children and young people with special needs and natural and social orphans, and 80 community centers. Despite the pandemic, 38 baby hatches¹ supervised by religious sisters and 9 night shelters for homeless people run by male religious orders remained open. Throughout the pandemic, around 100 sisters carried on their pastoral ministry—including visits and various forms of spiritual and material aid—for prisoners, especially women. In addition, sisters continued to work as part of the Bakhita Network—the Section for the Prevention of Modern Slavery and for Assistance to Victims established by the Conference of Major Superiors of Female Religious Congregations in Poland. Furthermore, the bathhouse for homeless people run by the Capuchins as part of the St. Father Pio Aid Project (*Dzieło Pomocy św. Ojca Pio*) in Kraków was only closed for two weeks at the beginning of the pandemic. On March 31, 2020, the friars reopened the bath under new epidemic safety rules, enabling more than 40 people affected by homelessness to use the facility once again.

Assistance from religious congregations proved instrumental in facilitating the purchase and delivery of ventilators and personal protective equipment (such as face masks and disposable medical gowns) for employees at hospitals, residential care homes, nursing homes and hospices. Moreover, many religious orders purchased bed linen, blankets, mattresses and gloves for healthcare facilities, and their financial support made it possible to provide meals for medical practitioners and volunteers directly involved in the pandemic response efforts.

Religious sisters joined the nationwide campaign to sew face masks for hospitals, medical facilities, care homes, municipal offices, police and municipal police departments, fire departments, homeless people and residents of the communities in which their convents were located; they also sewed disposable medical gowns. By the end of April 2020, 1,116 sisters had sewed several hundred thousand masks and 21 sisters had sewed 650 medical gowns (Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych, 2021). Religious brothers (including Benedictines from Tyniec) who were members of Volunteer Fire Departments became involved in the “Strażacy-Medykom” (“Firefighters for Medics”) campaign.

The profeto.pl web portal—managed by the Congregation of the Priests of the Sacred Heart (Dehonians)—made its parish website design platform available to create a site that would enable users to shop with local stores and farmers without leaving their homes. Within as little as five days, a portal was developed to support purchases at local stores which had not offered online sales before. The purpose of the “#zostanwdomu” (“#stayathome”) and “#zakupyuswoich” (“#shoplocally”) initiative was to support local Polish producers and businesses.

Our interviews also indicate that many religious congregations which were not actively involved in the provision of medical assistance made financial contributions

¹ A baby hatch is a specially designed place where mothers who are unable or unwilling to take care of their newborns or toddlers can drop off their babies safely and anonymously. In Poland, there are 69 active baby hatches.

to those directly supporting SARS-CoV-2 patients in hospitals, health centers and care/nursing homes.

Pastoral Ministry and Spiritual and Psychological Assistance

The first wave of the COVID-19 pandemic and the associated rigorous restrictions coincided with Lent and Easter—the most important religious feast for a majority of Poles. In this context, it needs to be emphasized that Poles in general declare themselves to be believers and that the prevalence of Catholicism in Poland manifests itself in a high rate of *dominicantes* (more than 45%), religious practices and reception of sacraments as well as in a strong pilgrimage movement (Sadłoń, 2020). On March 24, 2020, the Minister of Health signed a regulation that limited the number of people participating in religious events to five, excluding those celebrating the liturgy (Rozporządzenie Ministra Zdrowia, 2020), which remained in force until April 20, 2021. Due to the closure of the churches and in response to the appeals made by the religious hierarchy, lay Christians stayed at home and participated in the liturgy and celebrations of the Good Week and Easter remotely: via television, radio and online communications channels (Scott, 2020; Ziółkowska-Weiss & Mróz, 2021). Religious congregations used a broad range of technological innovations and modern telecommunications technologies to sustain their relationships with the faithful by broadcasting church services, Lent retreats and other religious events (Przywara et al., 2021).

It is impossible to offer a detailed description of the pastoral ministry, spiritual assistance and prayer initiatives undertaken by religious congregations during the period of isolation and within the first year of the pandemic in this brief paper due to the sheer scale of such activities. However, we believe that it is necessary to mention the most important ones: intensified personal and communal prayers for an end to the pandemic, for the sick and for healthcare workers; Holy Masses, services and Rosaries at 8:30 PM in union with the entire Church in Poland; additional adorations of the Most Blessed Sacrament; and strict fast and other sacrifices. Moreover, women and men religious throughout Poland joined the global prayer on March 22, 2020—the Day of Worldwide Solidarity and Prayer announced by the International Union of Superiors General.

Members of male religious orders served as chaplains at hospital COVID wards, residential care homes, hospices and “reserve hospitals” for patients with COVID-19. One of them was Fr. Maciej Ziębiec CSsR, who ministered as the chaplain of the reserve hospital at the National Stadium in Warsaw during Christmas:

“Exceptional Christmas! This year’s celebrations and wishes over the wafer, with the cards made by children and young people, alumni from the Seminary in Tuchów and a plateful of wafers (according to the tradition, on hay with the little Jesus statue) were incredible and extraordinary. The carol-singing group went to the patients. Emotions, tears, good words, wishes and a lot of kindness! And Jesus in the centre of it... I would like to thank the healthcare professionals for their faith, proof of service and good heart for all the patients.

Our every day, every service, every moment spent with our patients in hospital experienced with love resembles Christmas! “Nothing is impossible for God”. “Encounters with patients in a COVID ward are difficult for a number of reasons, including the fact that those who end up there mentally say goodbye to their lives. There are restrictions on everything, even the administration of sacraments. Whatever I brought into a room, I was not allowed to take away. Every item had to be disposed of in a bin marked with a red “for incineration” sign”. O. Radosław Dębiec OFM

Psychologists of religion emphasize the fact that “prayer is often employed when one’s sense of control is in question” (Ladd & Spilka, 2012, p. 115). The uncertainty, concern, anxiety, loneliness and fear of infection and death that came with the coronavirus induced people throughout the world to pray to God for help and implore the saints to intercede with God on their behalf, as confirmed by our interviews with women and men religious. Religious congregations received prayer intentions submitted by letter, by phone, online and via social networking sites as well as posted in online prayer intention boxes.

In compliance with all pandemic restrictions, religious brothers visited care home residents to administer the holy sacraments: the Anointing of the Sick, the Sacrament of Penance and Reconciliation, and the Holy Communion.

Nuns in enclosed orders in Poland undertook to pray not only during the day, but also throughout the night. Furthermore, women and men religious joined other prayer initiatives such as “Modlitewny kombinezon ochronny” (“Prayer Hazard Suit”) and “Adoptuj Medyka” (“Adopt a Medical Practitioner”), praying for and providing spiritual care to physicians, nurses, laboratory technicians, paramedics and other healthcare professionals working in the first line of defense against the pandemic. In many communities across Poland, diocesan priests and priests belonging to religious orders went out into the streets with the Holy Sacrament and gave blessings to the local residents; some also celebrated the Holy Mass next to residential apartment blocks.

In addition to prayer support and pastoral service, psychological and spiritual assistance was also very important (Domaradzki, 2022). Many women and men religious especially in the period of the greatest restrictions during the pandemic, provided professional psychological and spiritual assistance by phone or messaging to those suffering from COVID-19 and those in quarantine and isolation. The studies by the Centre for Quality of Life Monitoring in Health Care (Centrum Monitorowania Jakości Życia w Ochronie Zdrowia) reveal that close to one half of hospitals admitting COVID-19 patients considers the family’s inability to say farewell to the dying patient to be the most important problem (Centrum Monitorowania Jakości Życia w Ochronie Zdrowia, 2021). This is why the initiative was taken to prevent the patients’ sense of isolation and loneliness, in particular in the most difficult time, and making it easier for them to benefit from the spiritual assistance whenever it is most needed.

Religious orders organized duties at the helplines and support lines (e.g., during the action by Poznań Archdiocese called “Priest to Call” (Ksiądz na sygnale) and the “parlour” (rozmównica) action in Krakow, as well as therapeutic dialogues

and telephone conversations to lift one's spirits (Blázquez, 2021; Donati & Maspero, 2021). The nuns and monks encouraged and invited those in need to write to them electronically and they received letters requesting prayer. Online parlours were offered on religious orders' websites, including the Benedictines from Tyniec. Spiritans, i.e., the monks from the Congregation of the Holy Spirit, used their website to invite the Internet users to join the "Antywirusowe Słowo na dziś" (Anti-viral Word of the Day), meaning everyday meditations concerning the unusual Word.

Monks and brothers in charge of various shrines also went out into the streets to bless local residents with relics. For example, the Cistercians of the Shrine of the Holy Cross in Kraków-Mogiła gave blessings with the relics of the True Cross, and the Resurrectionists of Złocieńiec used the relics of St. Andrzej Bobola. Brother Stefan Rachoń of the Cistercian monastery in Mogiła also devised the "humanometer"—a device that counts the number of the faithful attending services at the Shrine of the Holy Cross. The announcement of the humanometer attracted great interest from the media across Poland, and a photograph of the device was used to illustrate many articles on the closure of the churches during the first wave of the COVID-19 pandemic.

Educational and Catechetical Ministry

Both women and men religious in Poland are actively involved in education and catechesis. Sisters run 370 preschools, 100 primary, secondary and special schools and 50 boarding houses, dormitories and student hostels. In addition, they work at facilities operated by other institutions, including 46 public and private preschools, more than 80 schools and 26 universities or colleges (Konferencja Wyższych Przełożonych Żeńskich Zgromadzeń Zakonnych, 2021). Furthermore, brothers and sisters provide religious education to children and offer pastoral ministry to young people and university students. While religious orders carried on with their ministry during the first year of the COVID-19 pandemic, it is important to bear in mind that the period between March 2020 and the end of February 2021 saw many changes to the Polish education system that resulted from the coronavirus outbreak, including the introduction of distance learning and hybrid learning as well as a brief return to classroom learning for all students between September 1 and October 24, 2020 (Ministerstwo Edukacji i Nauki, 2021, June 25).

As religious sisters and brothers working as catechists have confirmed in our interviews, their educational and catechetical ministry was difficult and required increased effort—especially in the first few weeks of distance learning. Women and men religious provided free online tuition to children and young people, visited children with disabilities to give them one-on-one religious instruction and helped students prepare for school competitions and contests; they also involved secondary school students in various kinds of charitable and voluntary work pursued by their respective orders. Another aspect worth mentioning is that some preschools run by religious congregations remained open to provide care for medical practitioners' children. Moreover, in response to appeals from managers of children's homes, the Marian Fathers donated more than 20 personal computers to a number of such

facilities, including those in Białogard, Szczecin, Warsaw and Zambrów (Matusz-Braniecka, 2020, April 20).

Evangelization and Missionary Ministry

Religious congregations in Poland became involved in numerous initiatives to support mission countries in their fight against the pandemic. At the same time, they pursued evangelization on an even larger scale using various channels: radio, television and, in particular, the Internet and social media. In fact, religious sisters alone run some 500 websites and around 400 Facebook and Twitter accounts in Poland. The COVID-19 pandemic also gave rise to new ideas, such as short videos recorded by religious sisters or brothers and posted online (an example being the Oratorians' "Pandemic PARADISO") to raise the spirits of those struggling with the COVID reality. Polish Jesuits joined the global "COVID-19 isn't gone yet..." campaign launched in response to an appeal from the Superior General of the Society of Jesus. As part of the campaign, Jesuit communities posted various initiatives in support of COVID-19 response efforts on the <https://jesuits.online> website (with as many as 244 initiatives published by September 1, 2021). Virgins of the Presentation from Kraków took part in "#hot16challenge2"—a campaign intended to assist healthcare professionals in their fight against the coronavirus. "#Hot16challenge" is a challenge to record a verse of 16 lines and nominate further participants, who must submit their entries within 72 h. In their track, the Virgins asked for support with the following words: "Nie bądź sknera dla bohatera!" ("Don't be a miser to those on the first line!").

The Discalced Carmelites encouraged people to read texts addressing the situation from a spiritual perspective, which they posted on their website (Hernoga, 2020, March 18). Furthermore, publishing houses run by religious communities promoted their books by promising that 15 percent of the proceeds from the sale of each book would go towards supporting hospitals in their fight against the coronavirus.

Impact of the COVID-19 Pandemic on the Functioning of Religious Congregations in Poland

Our analysis of the activities of religious congregations during the COVID-19 pandemic would be incomplete without accounting for the impact that the pandemic had on the women and men religious in Poland. Many religious houses in Poland had to be locked down for a period of time due to coronavirus infections among the community members or quarantines imposed on all the residents. In this context, it is important to emphasize that in many houses which were locked down due to quarantines or infections, the faithful would come to the walls and pray the Rosary in spiritual union with the religious brothers or sisters.

Unfortunately, the COVID-19 pandemic also took a heavy toll on many congregations: during the first year of the pandemic (until February 2, 2021), 77 sisters living in apostolic religious congregations died in Poland. According to the data provided by the Secretariat of the Conference of Major Superiors of Female

Religious Congregations in Poland, cases of coronavirus infection were confirmed in 867 female congregations (Katolicka Agencja Informacyjna, 2021).

Monasteries of enclosed religious orders found themselves in a particularly difficult material situation, although it is difficult to quantify precisely the extent of the problem. Congregations requesting material and financial aid included the Norbertines in Imbramowice and the Poor Clares of Perpetual Adoration in Kęty, who—despite a majority of them having contracted COVID-19—continued their constant prayer in the presence of the Most Blessed Sacrament, which they carry on throughout the day and night. The women and men religious received aid from individuals, families, diocesan priests, foundations and associations.

The development of the COVID-19 pandemic in Poland, especially in the first few months, also entailed changes in the manner in which many religious houses operated. As previously mentioned, many houses were temporarily closed due to infections and quarantines. Our interviews show that a vast majority of the religious congregations experienced some difficulties associated with isolation. An infected member of the congregation would need to be isolated from the rest of the community in the house, and dozens of religious houses were locked down due to quarantine—a “hard quarantine” under which the religious would not be permitted to contact one another. During quarantine, as Sister Katarzyna Miela emphasized, “there were no shared meals, communal prayers and meetings, and sisters from other ‘healthy’ convents helped us by bringing meals.” Due to the pandemic, meetings of house superiors (such as definitorium or Provincial Council meetings), formational meetings and retreats were held remotely using online platforms. In addition, it is important to note that interprovincial and intercongregational communities were established during the COVID-19 pandemic in locations where aid was provided, for example in Kalisz, Kokotek, Kraków, Lubliniec, Świdnica and Zalesie Górne.

Discussion

The study results presented in this work belong to broad discussion of care in multiple spacial scales which has been developing for many years in human geographies and which will probably become even more dynamic due to the pending COVID-19 pandemic (Conradson, 2003; Iacovone et al., 2020; McEwan & Goodman, 2010; Milligan & Power, 2009; Springer, 2020; White & Williams, 2017). It is worth noting a peculiar distribution of care nature between monks and nuns, meaning that nuns mostly offered nursing and medical services, while the monks provided chiefly spiritual services, being chaplains, although some of them, though scarce, offered nursing as well. At the same time, the distribution based on gender corresponds to their respective work places as women offered assistance in care homes and nursing facilities, while men mostly in hospitals because of their chaplain’s functions. This results from the charisms of individual orders and their initiatives. When compared to other countries, e.g., Spain, the monks and nuns are more committed to help e.g., care homes run by government and local-government institutions due to a smaller number of similar facilities managed by the Church.

The pastoral activities can be divided into the ones undertaken due to the inability to continue the existing initiatives, becoming substitute activities, and resulting from the believers' requests. The aim was to maintain ties, jeopardised as a result of transformations, with the believers by means of media. Unfortunately, the chance was not utilized and no medium was created which could reach different parts of Poland and no similar activities were coordinated which could leave a lasting trace. Such activities display certain ad hoc nature, resulting from the surprise with the situation. At the same time, those activities contributed to greater opening to international initiatives which resulted in improved relations in the universal Church.

It seems that the human resources in monasteries were not considered sufficiently in the health policy, restricting it to the people already involved in the care system, including the direct care of patients and the process of informing about infection prevention and mutual aid forms. Bodies responsible for health care should develop the channels of contact in case of disasters and pandemics, should have updated data on the personal and facility potential and should plan a central system of communication with monasteries to find people ready to support the basic care system among monks and nuns.

Conclusions and Future Research

It has been difficult to determine the exact number of women and men religious who volunteered to work at COVID hospitals and at other facilities suffering from staff shortages due to the COVID-19 pandemic in the first year after the outbreak. The data provided by the Conference of Major Superiors of Female Religious Congregations in Poland reveal that the 1535 sisters working on a day-to-day basis at medical and nursing facilities were joined in the first weeks of the global COVID-19 pandemic by 377 more women religious (working as volunteers or under other arrangements): 63 sisters in hospitals, 6 sisters in hospices, 276 sisters in residential care homes and nursing homes and 32 sisters in educational care facilities. By the end of April 2020, 1,116 sisters had sewed several hundred thousand masks and 21 sisters had sewed 650 medical gowns. Therefore, it can be concluded that more than 3000 women religious—accounting for 16 percent of all members of female religious congregations and contemplative orders in Poland—were involved in providing direct assistance in the fight against the pandemic.

It should be noted, however, that the involvement of the different orders varied in terms of both the time and the manner of their response to the COVID-19 emergency, as some congregations were quicker to act, more creative and bolder than others in their endeavors. Another important observation is that efforts were made to combine medical care and spiritual ministry in a harmonious manner, enabling many women and men religious to feel included in the fight against the pandemic through their spiritual attitudes expressed in prayer despite not being directly involved in combatting the pandemic and caring for the sick.

The data analyzed in this paper—obtained from direct research—show that the scale of the involvement of religious orders was significant and diverse. In accordance with their respective congregations' charisms, the women and men religious

interpreted the ongoing events as a call to be close to those affected by COVID-19 and responded to that call by offering spiritual ministry while looking for new pastoral models in the face of the new challenges. As a result, one can see attempts to approach pastoral duties in a creative manner and seek new channels to interact with the faithful.

In this article, on the basis of face-to-face interviews, the authors endeavored to convey the geographies of care of Polish religious orders in their efforts to overcome the effects of the COVID-19 pandemic. The care was both material and physical, both local and global in character; it meant reformulating the existing activities of the different orders and becoming open to new ways of accompanying those affected by the pandemic. Care became synonymous not so much to physical assistance, but rather to an integral view of human health in which the spiritual and material aspects work together.

From the perspective of the period when the works on this publication were finished (1 November 2021), it is necessary to continue studies on the geographies of care of religious orders when combating the effects of COVID-19 pandemic during its subsequent waves. It is necessary to carry out studies comparing the service of religious congregations for those afflicted with SARS-CoV-2 in selected countries all over the world, considering the geographical, historical, social, economic, psychological, cultural and religious conditions. The COVID-19 pandemic brought about numerous effects which affected religious attitudes as well as the physical and mental health of individuals, groups and the whole communities. COVID-19 pandemic results in numerous religious and social phenomena, including the “e-churching” development, problems relating to reduced social contacts, mental and physical disorders relating to COVID-19 infection (e.g., the symptoms of anxiety, depression, COVID-19 related psychological stressors, post-traumatic stress disorder, psychological distress, increased number of suicides) and the growth of social pathology (including e.g., the growth of unemployment rates and domestic violence cases) (Księżka-Koszałka, 2021; Xiong et al., 2020). The complete assessment of the pandemic effects on the global population and space will only be possible several years after it comes to a close (which, hopefully, will not be long). However, even today we may notice that numerous social and religious phenomena in the post-COVID-19 period will be another challenge for religious orders.

Study Limitations

It is worth observing that the studies analyzed are not representative in a quantitative sense, remaining limited to official data presented by religious congregations. The key is their qualitative framing, made possible by the self-study conducted with people involved in assisting the victims of COVID-19. This provides an extremely valuable insight, from a first-person perspective, into the challenges of those caring for patients during the pandemic, the reorganization of their work and their choice of care profile. This is their subjective perspective, linked to their affiliation with a particular religious congregation, but which nevertheless was compared to objective data from institutional sources as part of the analyses. It would certainly be

interesting to compare these results with other countries, especially those similar in terms of the religious structure of the population.

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