

Cezary Smuniewski

War Studies University in Warsaw

Marcin Składanowski

Faculty of Theology, John Paul II Catholic University of Lublin

Łukasz Przepiórka

Department of Neurosurgery, Medical University of Warsaw

## **The contribution of the Roman Catholic Church in Poland to creating health security at the beginning of the SARS-CoV-2 pandemic**

### Abstract

The article describes the activities of the Roman Catholic Church in Poland for creating health security at the beginning (March 2020) of the SARS-CoV-2 pandemic. Those activities illustrate the coordinated collaboration of state with church, which enjoys a significant public opinion-forming power and influences the behaviour of a major part of the society. The authors conclude that creating health security implies the need to refer to the benefits arising from the collaboration of state with church. The article provides conclusions which may prove useful in different political and religious contexts.

**Keywords:** health security, public health, church-based health promotion, SARS-CoV-2 virus, Poland, Roman Catholic Church

**Contacts:** marcin.skladanowski@kul.pl; przepiorka@mp.pl

**Cezary Smuniewski, Ph.D., Dr. habil.**, researcher in the field of theology and security studies, associate professor at the War Studies University in Warsaw, lecturer at the University of Warsaw. Main areas of interest: theory of security, relations between religion and social and public life.

**Marcin Składanowski, Ph.D., Dr. habil.**, researcher in the field of ecumenical and political theology, Associate Dean of the Faculty of Theology of the John Paul II Catholic University of Lublin; main areas of interest: political theology, church–state relationship in Russia and in the former Soviet bloc, ecumenical ethics and anthropology.

**Łukasz Przepiórka, M.D.**, neurosurgery resident, Ph.D. student, Department of Neurosurgery, Medical University of Warsaw. Main areas of interest: skull base surgery, evidence–based medicine in neurosurgery.

## Introduction

Apart from the medical aspect, the SARS-CoV-2 pandemic carries significant consequences for various walks of human life. Therefore, the fight against it requires not only strictly medical measures, although these are of foremost importance. Measures employed by the authorities of many countries are also aimed at limiting the harmful effects of the pandemic in the economic and social areas. On the one hand, the pandemic, considered to be the largest since the 1918–1920 Spanish flu pandemic, exposes the weakness of many social and economic structures which are unprepared for the need of a radical limitation or change of the forms of human activity. On the other, the new situation of the countries that fight against the pandemic discloses a large potential latent in many structures of social life. Worth noting among such structures are religious institutions and communities. They are – likewise all other elements of social life – affected by the restrictions as a result of the pandemic. At the same time, however, in those circumstances, they may turn out to be an important integrator of society in the face of the threat, supporting and supplementing health policy of state authorities.

In this article, the importance of religious institutions in supporting health security will be presented on the example of the activities of the Roman Catholic Church in Poland in the early period of the outbreak of the SARS-CoV-2 pandemic in this country, namely in March 2020. The example of this concrete religious community is significant insofar as it refers to the church which – for historical, social, and cultural reasons – is significant for public life in Poland. Therefore, it is not only one of many structures of social life but – as the majority church that is strongly associated with

Polish national identity – also plays a crucial social role. This role is manifested both in the activities of developed ecclesial structures (educational, charity, and cultural institutions), as well as the strong ideological and political impact. In this context, the article presents how the church has seen its role in supporting the fight against the pandemic, including cooperation with state administration.

The article has been divided into six parts. The starting point is a review of positions encountered in contemporary literature concerning the importance of religious institutions in shaping health security. This review indicates the importance of religious institutions not only because of their potential of marshalling certain pro-health behaviours of the faithful, but also with a view to the promoted doctrinal contents, which in many cases may support pro-health efforts of the authorities and other social organisations. In the second part, the development of the SARS-CoV-2 epidemic in Poland will be outlined in its initial phase, in March 2020. The third part is aimed at introducing the possibilities of the social impact of the church. Therefore, it presents the legal situation of that church in Poland as well as the extent of its influence in public life arising from the available statistics. The fourth part discusses the stance of the Conference of the Polish Bishops concerning the pandemic, while the fifth – selected positions of Polish bishops. In this light, the sixth part sums up the conclusions concerning the legitimacy and effectiveness of religious institutions' contribution to creating health security.

The article analyses the activities of representatives of the Roman Catholic Church in Poland that contribute to the measures employed at the government level for creating health security in connection with the SARS-CoV-2 virus outbreak in March 2020. The background for a proper

presentation and contextualisation of those activities are the facts relating to both the course of the pandemic in Poland as well as the data illustrating the possibilities of the social impact of the church. The article is based on official source documents: statistics (published by Polish central and local government institutions), legal regulations relating to both the fight against the pandemic and public activities of religious organisations, as well as official statements of representatives of the church in Poland.

### 1. Religious institutions vis-à-vis health security: a review of positions

Mass meetings (pilgrimages) of the followers of a given religion are not immune to infectious diseases which, as is common now, are more easily communicated in large gatherings. Since this fact is observed, recommendations are worked out for organisers of such meetings, their participants, as well as medical service involved.<sup>1</sup> A change of health behaviours requires both input from individuals who possess knowledge and credibility and a receptive audience. Mark H. Anshel and Mitchell Smith rightly noted that one group of individuals who may be uniquely positioned to promote a community change but have been virtually ignored in the applied health and consulting psychology literature is religious leaders. The researchers postulate the effectiveness of invoking the potential of this group.

---

<sup>1</sup> Haworth, Barasheed, Memish, Rashid, Booy (2013): 215–223; Ebrahim, Memish, Uyeki, Khoja, Marano, McNabb (2009): 938–940; Memish, McNabb, Mahoney, Arabiah, Marano, Ahmed, Mahjour, Hajjeh, Formenty, Harmanci, El Bushra, Uyeki, Nunn, Isla, Barbeschi, Jeddah Hajj Consultancy Group (2009): 1786–1791.

These individuals possess extraordinary credibility and influence in promoting healthy behaviors by virtue of their association with time-honored religious traditions and the status which this affords them – as well as their communication skills, powers of persuasion, a weekly (captive) audience, mastery over religious texts that espouse the virtues of healthy living, and the ability to anchor health-related actions and rituals in a person's values and spirituality.<sup>2</sup>

From the research carried out by Nii Lante Heward-Mills and his associates, it follows that

faith leaders are able to influence health behaviour not only on the individual level but also on a socio-cultural and environmental level. They exert such influence through several mediators, including through scriptural influence, social influence and by serving as role models.<sup>3</sup>

Their intervention does not require extensive training or licensure in counselling psychology.<sup>4</sup> Nancy E. Schoenberg and Mark Swanson have concluded that

practitioners and researchers may find religious leaders to be natural allies in health-promotion and disease-prevention activities.<sup>5</sup>

---

<sup>2</sup> Anshel, Smith (2014): 1046–1059.

<sup>3</sup> Heward-Mills, Atuhaire, Spoors, Pemunta, Priebe, Cumber (2018).

<sup>4</sup> Anshel (2010): 32–49.

<sup>5</sup> Schoenberg, Swanson (2017): 447–451.

An important method of influence is open communication between church leaders and their parishioners, as it follows from research conducted by Maricruz Rivera-Hernandez in Mexico, mostly within the Catholic community.<sup>6</sup>

Observations and studies of common space formed by the institutions associated with religion and health service in a given state (and in transnational entities such as the European Union) constitute the elaboration of analyses concerning the effect of both various religions on political space and politics on religions, as well as the relations between religions and health of individuals and societies. A challenge for health policy is to balance fundamental human rights, such as the right to equality, the right to health and the right to freedom of religion, with the simultaneous observance of secular laws established in states or the international space.<sup>7</sup>

Both scientific and popular analyses concerning the relations between religion and health offer very diverse descriptions of this thematic area, postulating, however, further observations and research.<sup>8</sup> A vital element of this research is frequently consideration of social capital.<sup>9</sup> This fact unequivocally indicates the complexity and prominence of the phenomenon. John Blevins provides a social history of the relationship between religion and America's health policy from the latter 19<sup>th</sup> century to the present. The study shows the impact – from the viewpoint of the United States – of religious thinking on health practice and health policy.<sup>10</sup> Some studies bring up the relation between religion and one type of health;

---

<sup>6</sup> Rivera-Hernandez (2015): 303 – 315.

<sup>7</sup> Petrova, Clifford (2009).

<sup>8</sup> Blasi (2011); Aten, Schenck (2007): 183–190.

<sup>9</sup> Hye-cheon, Ounpraseuth, Moore, Bursac, Greene (2012): 331–347.

<sup>10</sup> Blevins (2019).

this concerns mainly mental health,<sup>11</sup> also in the historical perspective.<sup>12</sup>

Some of the studies raise philosophical, theological, and ethical aspects.<sup>13</sup> Some works present a viewpoint strictly associated with a specific religion, such as Islam<sup>14</sup> or Judaism.<sup>15</sup> An example of the effects of insightful observation of the relation between religion and health care is the study entitled “Religion and Health Care in East Africa: Lessons from Uganda, Mozambique and Ethiopia.” The research on which the book has been based included not only geopolitical and economic conditions of the region but also the policies of state authorities.<sup>16</sup> This is the first study of this type which presents the role of religion in health care in African cultures. The effects of research conducted in Australia indicate that churches have a higher potential as regards health promotion than has been so far revealed.<sup>17</sup>

Designing the most effective actions for health in society should consider the spiritual and cultural aspects that are important in a given community. Evidence indicates that church-based health promotion programmes have produced significant impacts on a variety of health behaviours.<sup>18</sup> In local communities, churches – with their human and material resources – may become important centres of health

---

<sup>11</sup> Flannelly (2017); Loewenthal (2006); Koenig (1998).

<sup>12</sup> Classen (2014).

<sup>13</sup> Dell’Oro (2006): 13–32; Taylor (2006): 225–230; Hamel (2006): 231–240; Fitzgerald (2006): 241–246.

<sup>14</sup> Koenig, Shohaib (2014).

<sup>15</sup> Moskalewicz, Caumanns, Dross (2019).

<sup>16</sup> Lloyd, Haussman, James (2020).

<sup>17</sup> Ayton, Manderson, Smith (2017): 52–58.

<sup>18</sup> Campbell, Allicock Hudson, Resnicow, Blakeney, Paxton, Baskin (2007): 213–234.



promotion and pro-health behaviours. Religious communities are frequently interested in things beyond spiritual matters, and that is why they present the reality of the entire human life, something utterly practical. Thomas Aechtner describes the church's concern with the utility of the Prosperity Gospel and Holy Spirit Power.<sup>19</sup>

The impact of religion and spirituality on physical and mental health turns out to be a valuable space for research. Its results are a vital source of information for scientists both from the area of medical science as well as specialists in religious studies and theologians, though also for practitioners – health care staff, public decision-makers, and all those interested in the relations between religion and health.<sup>20</sup> Observations of common space delimited by three topics – health, religion, politics (state) – provide a lot of information which allows for seeking new legal, administrative, and educational solutions. When designing social programmes concerning health issues, it is worth considering whether it would not be appropriate to utilise the potential of the axiology of the religion which is trusted by the community in a given area, the influence of religious leaders, and lastly the structures and administration of such religious community. Detailed solutions introduced in a specific place and time provide information and inspirations for improvement of future health-promoting systems. Such an example is the contribution of the Roman Catholic Church in Poland to creating health security at the beginning of the SARS-CoV-2 pandemic, which is of interest to us in this article.

---

<sup>19</sup> Aechtner (2015).

<sup>20</sup> Oman (2018); Koenig, McCullough, Larson (2001).

## 2. The outbreak of the disease and the response of state authorities in Poland

On 11 March 2020, the World Health Organisation officially pronounced the outbreak of the infectious COVID-19 disease caused by SARS-CoV-2 virus, which had been spreading from mid-December 2019, as a pandemic.<sup>21</sup> At the end of 2019, cases of the disease occurred initially in central China, in Wuhan, the capital of the Hubei Province. However, already in January, a first case was diagnosed in Europe. In Poland, the first case of infection with this virus was confirmed on 4 March 2020.<sup>22</sup> The Frederick Chopin Airport in Warsaw was the first institution in Poland to introduce on 25 January 2020 special procedures for passengers arriving from the People's Republic of China.<sup>23</sup>

Alongside the reports of new cases throughout Poland and the deteriorating situation in other European countries, various institutions in the country started to introduce appropriate safeguards. On 8 March, the Chief Sanitary Inspector recommended cancellation of all mass events over 1000 people organised in enclosed premises.<sup>24</sup> Two days later, Rector of Warsaw University suspended all lectures and classes for over a month, except for those held online.<sup>25</sup> Other academic

---

<sup>21</sup> Adhanom Ghebreyesus (2020). ,

<sup>22</sup> *Pierwszy przypadek koronawirusa w Polsce (First coronavirus case in Poland).*

<sup>23</sup> *Komunikat Lotniska Chopina (Communique of the Chopin Airport), 25 January 2020.*

<sup>24</sup> *Informacja Głównego Inspektora Sanitarnego w sprawie imprez masowych (Information of the Chief Sanitary Inspector concerning mass events).*

<sup>25</sup> *Zarządzenie nr 50 Rektora Uniwersytetu Warszawskiego z dnia 10 marca 2020 r. w sprawie zapobiegania rozprzestrzenianiu się wirusa COVID-19 wśród społeczności Uniwersytetu Warszawskiego*

institutions followed the example of the largest Polish university.<sup>26</sup> The National Security Board — a constitutional advisory body to the President of the Republic of Poland in matters of internal and external security of the state — met on 10 March. Beside President Andrzej Duda, it was attended by Prime Minister Mateusz Morawiecki, Speakers of the Sejm and the Senate, Ministers of the Interior and Administration, Health, Education, Foreign Affairs, and National Defence. Also present were representatives of parliamentary factions of both the ruling party (Law and Justice) as well as the opposition.<sup>27</sup> On 11 March, Prime Minister and Ministers of: Health, National Education, and Higher Education informed about the preventive closing of all kindergartens, crèches, schools (public and non-public), as well as academic institutions, with the exception of special schools, care or socio-therapy centres, psychological-educational counselling centres as well as schools at corrective and penitentiary facilities for a period of two weeks.<sup>28</sup>

---

*(Instruction no. 50 of the Rector of Warsaw University dated 10 March 2020 concerning prevention of the spread of COVID-19 virus among Warsaw University community).*

<sup>26</sup> *Pismo okólne nr 1/2020 Rektora Warszawskiego Uniwersytetu Medycznego z dnia 10 marca 2020 r. w sprawie: odwołania zajęć dydaktycznych na Warszawskim Uniwersytecie Medycznym (Circular no. 1/2020 of the Rector of Warsaw Medical University dated 10 March 2020 concerning cancellation of classes at Warsaw Medical University).*

<sup>27</sup> *Posiedzenie Rady Bezpieczeństwa Narodowego z udziałem Marszałek Sejmu (Meeting of the National Security Bureau with the participation of the Speaker of the Sejm),*

<sup>28</sup> *Zawieszenie zajęć w żłobkach, przedszkolach i szkołach (Coronavirus: Suspension of classes in nurseries, kindergartens and schools).*

Two days after the World Health Organisation had announced the pandemic, Prime Minister informed about the proclamation of the state of epidemic emergency in the country (from March 14) and appropriate restriction in order to contain the dissemination of the virus. They included, among others: a ban on public meetings gathering more than 50 people, including state and religious ones.<sup>29</sup> Then restrictions concerning forms of community life were introduced from 20 March alongside the proclamation of the state of epidemic on the territory of the Republic of Poland.<sup>30</sup> As a consequence, public gatherings were limited to the absolute minimum. The ordinance of the Minister of Health specified that from 25 March religious ceremonies could be attended by no more than five people, not counting the ministers of religious services or people employed by a funeral home in case of a funeral (Ministry of Health of the Republic of Poland).<sup>31</sup> Such a situation prevailed until the end of April.

---

<sup>29</sup> *Rozporządzenie Ministra Zdrowia z dnia 13 marca 2020 r. w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu zagrożenia epidemicznego (Ordinance of the Minister of Health dated 13 March 2020 concerning proclamation of the state of epidemic emergency on the territory of the Republic of Poland).*

<sup>30</sup> *Rozporządzenie Ministra Zdrowia z dnia 20 marca 2020 r. w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu epidemii (Ordinance of the Minister of Health dated 20 March 2020 concerning proclamation of the state of epidemic on the territory of the Republic of Poland).*

<sup>31</sup> *Rozporządzenie Ministra Zdrowia z dnia 24 marca 2020 r. zmieniające rozporządzenie w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu epidemii (Ordinance of the Minister of Health dated 24 March 2020 amending the Ordinance concerning proclamation of the state of epidemic on the territory of the Republic of Poland).*

### 3. The Roman Catholic Church in Poland in light of applicable laws, statistics, and sociological research

A reflection on the contribution of the Church as a non-governmental entity to creating health security in the context of infections caused by the SARS-CoV-2 virus undoubtedly requires taking into account its position in the state. The legal position of the Church in the state, its social reception and its activities form a background against which the phenomenon that is of interest to us in this article can be seen.

The situation of the Roman Catholic Church in Poland is regulated by the Concordat signed between the Holy See and the Republic of Poland. That international agreement was signed on 28 July 1993 and ratified on 23 February 1998. The Concordat came into force as of 25 April 1998.<sup>32</sup> The first article of that document reads as follows:

The Republic of Poland and the Holy See reaffirm that the State and the Catholic Church are, each in its own domain, independent and autonomous, and that they are fully committed to respecting this principle in all their mutual relations and in co-operating for the promotion of the benefit of humanity and the good of the community.<sup>33</sup>

---

<sup>32</sup> *Konkordat między Stolicą Apostolską i Rzeczpospolitą Polską, podpisany w Warszawie dnia 28 lipca 1993 r. (Concordat between the Holy See and the Republic of Poland signed in Warsaw on 28 July 1993).*

<sup>33</sup> *Ibidem*: Art. 1.

The 1997 Constitution of the Republic of Poland<sup>34</sup> provides for the separation of both communities (religious and political). Art. 25(3) reads that

The relations between the State and churches and other religious organizations shall be based on the principle of respect for their autonomy and the mutual independence of each in its own sphere, as well as on the principle of cooperation for the individual and the common good.<sup>35</sup>

The statistics published by the Main Statistical Office (GUS)<sup>36</sup> indicate that in 2018 as many as 91.9% of people at the age of 16 and older declared affiliation with the Roman Catholic Church.<sup>37</sup> The 2020 report of the Institute for Catholic Church Statistics<sup>38</sup> states that in Poland about 38% of all those who are obligated do attend Holy Mass on Sunday<sup>39</sup> (year: 2018 – 38.2%; 2017 – 38.3%; 2016 – 36.7; 2015 – 39.8%).<sup>40</sup>

---

<sup>34</sup> *Constitution of the Republic of Poland.*

<sup>35</sup> *Ibidem:* Art. 25 (3).

<sup>36</sup> Main Statistical Office – central body of government administration, subordinated to Prime Minister, whose task is to collect and publish statistical information on the majority of areas of public life and certain elements of personal life in Poland. GUS does not carry out public opinion surveys.

<sup>37</sup> Bieńkuńska et al. (2019): 34..

<sup>38</sup> Institute for Catholic Church Statistics SAC – Poland's largest and chief centre of statistical and sociological research on religiousness and Catholic Church in Poland.

<sup>39</sup> This concerns the ratio of dominicantes, which is calculated as the percentage of Catholics attending Holy Mass on Sundays in relation to the total number of obligants, i.e. people over seven years of age excluding the bedridden and the elderly with reduced mobility. The number of obligants has been determined as 82% of all Catholics.

<sup>40</sup> Sadłoń, Organek (2020): 28–29.

Table 1. Assessment of activity of Roman Catholic Church in the years 2013–2020

Assessment of activity of Roman Catholic Church	Indications of respondents by dates of survey															Changes Sept 2019-Mar 2020
	2013		2014		2015		2016		2017		2018		2019		2020	
	Jun	Sept	Mar	Oct	Feb	Sept	Mar	Sept	Mar	Sept	Mar	Sept	Mar	Sept	Mar	
	percent															
Positive	59	56	62	58	62	53	55	55	52	61	54	55	57	52	57	+5
Negative	28	32	29	27	28	33	32	31	35	29	32	33	32	38	32	-6

“Hard to say” responses have been left out from the Table.

The immediate background of the contribution of the Church in creating health security in Poland at the beginning of the SARS-CoV-2 pandemic is shown by the results of a sociological survey carried out on 5–15 March 2020 by the Public Opinion Research Centre (CBOS).<sup>41</sup> Almost three fifths of the respondents had a positive opinion about the Church (57%, up by 5 percentage points), and a negative one – one third (32%, down by 6 points).

<sup>41</sup> Public Opinion Research Centre (CBOS) – its task is to carry out public opinion research and disseminate knowledge on the state of public opinion and its change tendencies, providing research results to state authorities and public institutions.

Most of the positive answers about the activity of the Church were given by respondents attending religious practices at least once a week, people with right-wing views, having primary school or vocational education, at the age of 55+.<sup>42</sup>

In the Polish social and political reality, the voice of the Church hierarchy and the lay who invoke Christian axiology and the faith they profess is an almost everyday phenomenon. Therefore, it is by no means unexpected that to the question asked by a journalist:

Mr. President, do you think that the restrictions successively introduced in Poland will be sufficient to overcome the coronavirus epidemic?

President Andrzej Duda answered:

I have no doubts that for people the restrictions that have been introduced are very painful

and then added:

I admit that together with my wife I took part in a Holy Mass broadcast on the Internet. We did so as millions of Poles did, following the recommendation of the Conference of the Polish Episcopate.<sup>43</sup>

---

<sup>42</sup> CBOS, No. 38/2020.

<sup>43</sup> *Wspólnie przetrwamy ten trudny czas. Z prezydentem RP Andrzejem Dudą rozmawia Jarosław Grabowski (We shall survive this difficult time together. Jarosław Grabowski talks with the President of the Republic of Poland Andrzej Duda).*



The Roman Catholic Church has been present in the public space since the beginning of Poland, i.e. the year 966. The identity of Poles has been in a large measure shaped by Western Christianity and relations with Rome. The political and social transformations of 1989 associated with the Solidarity movement and the fall of communism were unequivocally linked with the activity of the Church. The views of the Church hierarchy, in particular the position of the Conference of the Polish Episcopate solemnly expressed at the moments that were difficult for the life of the community, are absolutely desirable. They have an inherent potential of directly influencing everyday decisions of individual citizens, not only the believers.

#### 4. Conference of the Polish Episcopate vis-à-vis the pandemic

The first reaction of the Conference of the Polish Episcopate (KEP) to the worldwide outbreak of the coronavirus infections was the communique of its President Abp. Stanisław Gądecki.<sup>44</sup> The document, dated 28 February 2020, directly referred to the issue of health security:

In connection with the possibility of the coronavirus appearing in Poland I encourage the clergy and the faithful to exercise increased care. In potential centres of this phenomenon efforts should be made – in churches and parish facilities – for its duration to alleviate the risk of infection by turning special attention to observance of basic rules of hygiene. Since

---

<sup>44</sup> Stanisław Gądecki – b. 1949, since 2002 Metropolitan Archbishop of Poznań, since 2014 President of the Conference of the Polish Episcopate, since 2016 Vice-President of the Council of the Conference of European Bishops (CCEE).

there are many ways of transmitting the virus – and communication between people is today very intensive – the bishops in their dioceses, in the localities where such a threat would appear, should inform the faithful of the possibility of taking Communion by the hand.<sup>45</sup> (...) Whoever is afraid of infection should not at this time use holy water contained in stoups.<sup>46</sup>

In the context of the contents of this document worth noting is the fact that the President of the Conference had made this statement before the first case of the coronavirus infection was diagnosed in Poland. The precautions were employed as a result of the knowledge about the increasing scale of infections and deaths in Italy, when at that time in some dioceses churches were closed, particularly because of a large tourist traffic.

The problem of health security was also raised by the Conference in its subsequent communique, published on 10 March 2020. In that document it was indicated that the Church undertook concrete actions following the recommendations of the Chief Sanitary Inspector.<sup>47</sup> It was the Chief Sanitary

---

<sup>45</sup> In Poland, a common practice is to take Communion by mouth (not by hand) from the hand of the dispenser, usually a clergyman.

<sup>46</sup> Gądecki (2020b).

<sup>47</sup> Chief Sanitary Inspector – heads the Chief Sanitary Inspectorate (GIS), which is one of the central bodies of government administration. GIS is responsible for initiating and supervising the actions of government administration aimed at preventing and minimizing negative effects of events relating to public health. In particular, Chief Sanitary Inspector supervises, coordinates and sets direction of activity of the bodies of State Sanitary Inspection, and moreover manages the process of the exchange of information with other bodies of state administration. Chief Sanitary Inspector is appointed by Prime Minister upon a motion of the Minister of Health.

Inspector that on 8 March recommended cancellation of all mass events over 1000 people organized in enclosed premises. The recommendation was issued as a result of decision adopted at the meeting of the Government Crisis Management Team headed by the Prime Minister. On 9 March, the Chief Sanitary Inspector issued a communication addressed in particular to elderly people. The text published on the official website of the office reads as follows:

Large gatherings of people form an environment favouring the dissemination of coronavirus and other viruses transmitted by inhaling infectious droplets. If possible, it is necessary to limit staying in public places.<sup>48</sup>

In connection with the above, the communique of the Conference's President contained the following recommendations:

1. In connection with the recommendations of the Chief Sanitary Inspector not to have large gatherings of people I would like to ask to increase – as far as possible – the number of Sunday Masses in churches so that the liturgy could be at any given time be attended by the number of people indicated by sanitary services.
2. I would like to remind that – in the present situation – the elderly and the sick may remain home and from there watch Holy Masses broadcast on Sundays by the mass media (...).
3. I would like to remind that

---

<sup>48</sup> *Informacja Głównego Inspektora Sanitarnego dla seniorów (Information of Chief Sanitary Inspector for senior citizens), 9 March 2020.*

it is not required during a Holy Mass to offer a sign of peace by handshake.<sup>49</sup>

The recommendations listed in the communique are preceded by a specific preamble, which reads as follows:

In the current situation, I would like to remind that as hospitals treat the diseases of the flesh, churches are, among other things, for curing the ailments of the soul, and that is why it is unimaginable for us not to pray in our churches.<sup>50</sup>

In this statement, one should recognize not only the theological contents, but also perceive a manifestation of integral thinking about man as a unity of body and soul. Just like chapels and chaplains in hospitals are an important element of care about the health of patients and condition of their relatives, the same goes for churches and clerical service in the space of life of the entire Polish society. Similar contents may be found in the message of the President of the Conference of the Polish Episcopate broadcast by various TV stations and available on YouTube. In that message Abp Stanisław Gądecki compared the Church, understood as the spiritual reality, with a field hospital. However, from this comparison he immediately moved in his narration to indicating the role of the Church as the spiritual reality and the role of church buildings as places of prayer:

---

<sup>49</sup> Gądecki (2020a).

<sup>50</sup> Ibidem.

The Church is the sacrament of salvation. The Church is wherever Our Lord is loved and wherever man «in a world which is imperfect by its nature» is loved. That is why – though respecting the recommendations of the sanitary authorities – we do not close our churches.<sup>51</sup>

Those contents could also be found in the instruction of the Standing Council of the Conference of the Polish Episcopate dated 12 March 2020, which contained a set of detailed preventive precautions which should be respected by the clergy and the faithful with a view to the life and health of the society.<sup>52</sup>

In the process of creating health security and for the entirety of social life, it was undoubtedly very important for the citizens to submit themselves to successive restrictions introduced by state authorities. The voice of the Church was especially significant here; it comforted and encouraged people to persevere. The President of the Conference of the Polish Episcopate addressed the society with a message, which was broadcast by many TV stations. Here is one of the fragments of this address:

I am spiritually close to all those who stay on quarantine, who are sick, who are afraid of their future and the future of their nearest, who offer help. I thank all those who – in various walks of public life – devotedly

---

<sup>51</sup> Gądecki (2020c).

<sup>52</sup> *Zarządzenie nr 1/2020 Rady Stałej Konferencji Episkopatu Polski z dnia 12 marca 2020 r. (Instruction no. 1/2020 of the Standing Council of the Conference of the Polish Episcopate).*

wage a struggle for our health and safety, many a time risking their own health and life.<sup>53</sup>

Since posts criticising bishops started to be placed on the Internet (also Italian and Spanish ones), who allegedly succumbed to the dictate of state authorities and “forbade” the faithful to participate in liturgy, it was necessary to confront such contents. This is the way in which one should interpret the TV address of Abp. Stanisław Gądecki, who said:

At the same time I would like to ask you to accept with understanding the limitation of the number of participants in the liturgy (...), which follows from concern about the health of all. (...) I am aware that such instructions may be hard to accept for some people. Notwithstanding – with a view to one’s own and your neighbours’ health – I beseech you to accept them in the spirit of love for your neighbour.<sup>54</sup>

This and similar statements made by the hierarchs of the Church became particularly important when subsequent restrictions on the number of people who could take part in liturgy were introduced.<sup>55</sup>

### 5. Diocesan bishops vis-à-vis the pandemic

The recommendations of the Polish government connected with the proclamation of the state of epidemic emergency

---

<sup>53</sup> Gądecki (2020c).

<sup>54</sup> Ibidem.

<sup>55</sup> Gądecki (2020).

and then the state of epidemic throughout the country<sup>56</sup> have become a basis for the diocesan bishops to pronounce their position on what concerns collective religious practices in the dioceses under their administration. Presented below will be representative positions of selected hierarchs, which illustrate the activities of the Roman Catholic Church in Poland in individual dioceses for health security at the beginning of the SARS-CoV-2 pandemic.

Cardinal Kazimierz Nycz,<sup>57</sup> Archbishop of Warsaw, whose position on many social issues is an important point of reference and even a specific model for other diocesan bishops in Poland, in a special communique contained instructions concerning communal forms of religious life:

1) I beseech all parish priests and rectors of chapels to observe the adopted rule of attendance at Holy Mass of no more than 50 people provided for in the regulation issued by state authorities. 2) I would like to ask the faithful to make use of the dispensation as regards participation in Holy Mass announced in the communique of the Standing Council of the Conference of Polish Episcopate and granted by myself on 13 March 2020. At the same time, I encourage participation in Holy Mass via television, radio and Internet. Those media have worked out many proposals for broadcasting Holy Masses on Sundays.<sup>58</sup>

---

<sup>56</sup> *Rozporządzenie Ministra Zdrowia z dnia 20 marca 2020 r. w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu epidemii (Ordinance of the Minister of Health dated 20 March 2020 concerning the proclamation of the state of epidemic in the territory of the Republic of Poland).*

<sup>57</sup> Kazimierz Nycz – b. 1950, since 2007 Metropolitan Archbishop of Warsaw, since 2010 cardinal.

<sup>58</sup> Nycz (2020).

Not without weight is the fact that the decision of state authorities was invoked in that document as an argument in favour of introducing the above instructions:

Abiding by the guidelines of state authorities of 13 March, after the proclamation of the state of epidemic emergency, I order in Warsaw Archdiocese the following supplements to the communique of the Standing Council of the Conference of Polish Episcopate of 12 March 2010.<sup>59</sup>

An example of following the guidelines of state authorities by Church hierarchs are the contents of the document published for Cracow Archdiocese. In a decree of 14 March 2020, Archbishop Marek Jędraszewski<sup>60</sup> addressed the faithful of his archdiocese with the following instruction:

I entreat the faithful to abide by all decisions and recommendations of state authorities which are aimed at containing the dissemination of the coronavirus and the COVID-19 disease it causes.<sup>61</sup>

With a view to the issues of health security that are of interest to us in this article, which are contained within a more extensive area of national security, it is important to consider the position of the Field Bishop of the Polish Army, Józef Guzdek.<sup>62</sup> Owing to the fact that his function is placed within

---

<sup>59</sup> Ibidem.

<sup>60</sup> Marek Jędraszewski – b. 1949, since 2017 Metropolitan Archbishop of Cracow, professor.

<sup>61</sup> Jędraszewski (2020).

<sup>62</sup> Józef Guzdek – b. 1956, since 2010 Field Bishop of the Polish Army, general.



the area concentrating directly on the subject of security and at the meeting line between the state and the Church, the decisions of that hierarchy are of special significance. Invoking the relevant provisions of the Code of Canon Law (can. 87 § 1, can. 1245 and can. 1248 § 2), he granted the faithful dispensation from the duty to attend Holy Mass on Sunday. He substantiated his decision, as he mentions in the first sentence of the document, by the threat to the health and life.<sup>63</sup> A day after the publication of that document the Bishop addressed an appeal to the faithful of the Military Ordinariate. In that text, he referred to health security and responsibility for it in the following manner:

I would like for us all to abide by the recommendations of sanitary and law enforcement services since this is a necessary condition for putting a stop to new infections. We should not succumb to panic, but neither should we expose ourselves to the threat of infection by irresponsible behaviour and actions. Let us have in mind not only our own health, but also the health of our neighbours. We are responsible for each other.<sup>64</sup>

Shortly afterwards, after the state authorities proclaimed the state of epidemic throughout the country,<sup>65</sup> the Field Bishop published a decree in which he instructed chaplains

---

<sup>63</sup> Guzdek (2020b).

<sup>64</sup> Guzdek (2020).

<sup>65</sup> *Rozporządzenie Ministra Zdrowia z dnia 20 marca 2020 r. w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu epidemii (Ordinance of the Minister of Health dated 20 March 2020 concerning the proclamation of the state of epidemic on the territory of the Republic of Poland).*

to abide absolutely by all roles concerning hygiene and safety issued by competent military and civilian institutions.<sup>66</sup>

In a special way the hierarch treated the issue of confession, which under normal conditions and circumstances requires direct contact between confessor and penitent. The decree reads as follows:

At the time of the epidemic, confession should be held with all the applicable safety and hygiene measures being observed. At this special time, a distance of at least two metres between confessor and penitent, as well as between those waiting for confession, should be maintained. At this time, classical confessionals should be replaced with spacious places which guarantee discretion (...). Confessions could be also heard in an open space, at a distance from other people. Penitents should be instructed at this time not to combine confession with spiritual guidance, but limit themselves to a brief admission of sins. Confessors, on the other hand, should offer a brief instruction and give appropriate penance in consideration of extraordinary circumstances.<sup>67</sup>

In the last days of March 2020, bishops of individual dioceses in Poland issued appropriate instructions with respect to celebrating Easter. They explicitly recommended that all liturgies of the Holy Week, beginning with the celebration of the Palm Sunday to the Sunday of the Resurrection, were

---

<sup>66</sup> Guzdek (2020a).

<sup>67</sup> Ibidem.

celebrated with a minimum number of the faithful present, that is the clergy, the minimum number of assistants and a congregation of not more than five people. Numerous TV broadcasts of the liturgy have been ensured for the faithful.

## 6. Conclusions

As a result of the above analysis, the following conclusions may be formulated:

1. Actions aimed at alleviating the pace of SARS-CoV-2 dissemination in the case of Poland could not ignore the threats arising from the real possibility of transmitting infections in gatherings during collective religious practices. A clear message reached the society: we deal with a strange situation since the bishops call for not attending Holy Masses (!!!), while in normal circumstances the faithful are obliged to take part in the liturgy on Sundays and certain holidays. Bishops' appeals, repeatedly broadcast by the media, to stay home on successive Sundays and pray in families were a step towards minimisation of opportunities for the virus to be transmitted, slowing down the rate of increase of the number of people infected and thus requiring hospital treatment.
2. Creating health security requires coordinated cooperation of the state with entities which can influence the society by invoking the values, and thus morality. In the case of Poland, the message of state authorities was noticeably enhanced by the quick response on the part of the church. The position of the Conference of the Polish Bishops proved to be a stabiliser of social behaviours and a message on the responsibility

for the common good. The moral message based on faith should be recognised as a major force contributing to the creation of the security of citizens.

3. Legal regulations and the stable situation of the Roman Catholic Church in Poland turned out to be a clear imperative for the bishops to feel responsible for the entire society. Their voice proved to be a point of reference for many decisions of millions of Poles. That is why the statements of the bishops turned out to be a manifestation of taking part in responsible co-creation of health security in the state. This fact illustrates that in Polish conditions legally guaranteed separation of the religious community and the political community does not mean mutual hostility, but forms a space of care for the common good, namely life and health of citizens and the well-being of the national community.
4. Health security is also part of national security, in which the interest of the state in a large measure overlaps with the interest of the religious community. This principle is true for such churches that see their mission in serving the well-being of people regardless of their views and religious beliefs. In Poland, the effectiveness of cooperation of the state with the church is based on two elements. First, on the part of the political community, it is the role of Christianity in forming the national identity of Poles as well as religiousness and faith of individual citizens. Second, on the part of the church, it is the transparency of moral principles concerning the love for others and the responsibility of the faithful for the earthly order.
5. Creating security in the state, which requires the employment of effective, adequate, and available measures,

implies the need to refer to the benefits arising from the collaboration of the state with the church.

6. The moral potential of entities, such as the church in the case of Poland, whose charitable activities in the society are supported by the majority of citizens, should become part of the social security policy. This moral potential may also become a force in creating health security if the state and church narrations with respect to a given problem turn out to be consonant.
7. Designing cooperation of the state with the religious community in security policy considered should be the capability (or its absence) of the religious entity to enter a relationship with the political body. On the part of the state, preference should be given to the entity that does not aspire at becoming a political movement. The members of such an entity are not obligated (by a written doctrine or by hierarchs) to political unity. However, in the context of the emerging threat, given the possible dilemmas concerning the above-mentioned preference, the need of the moment should be considered. In such circumstances as a pandemic, time is a powerful force of destruction. That is why it is clear that no time should be wasted when life and health of citizens are at stake. It means that in the security policy space should be guaranteed not only for standing, but also for *ad hoc* cooperation with religious entities. This should be concretised in the form of legal provisions concerning situations of crisis in the state.

When citizens' health is at risk, it is an imperative for state authorities to seek the best means of action and influence the society. In such circumstances, the use of the power of religious beliefs is legitimate even given legal separation

of church and state. The participation of the Roman Catholic Church in Poland in the activities for health security at the beginning of the SARS-CoV-2 pandemic is an example of the rational use by the state of the available, effective, and adequate means aimed at the fastest and most efficient response in the situation of a severe threat to citizens. The activities of the church authorities are an example of coordinated cooperation between church and state.

## References

- Adhanom Ghebreyesus T. (2020), *WHO Director-General's opening remarks at the media briefing on COVID-19* (11 March 2020), URL = <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>, [access: 5 July 2020].
- Aechtner T. (2015), *Health, Wealth, and Power in an African Diaspora Church in Canada*, New York. DOI: 10.1057/9781137485496.0001.
- Annuario Statisticum Ecclesiae in Polonia AD 2020*, eds. W. Sadłoń, L. Organek (2020), Warszawa.
- Anshel M.H., Smith M. (2014), *The Role of Religious Leaders in Promoting Healthy Habits in Religious Institutions*, "Journal of Religion and Health", Aug 2014, 53 (4), URL = <https://doi.org/10.1007/s10943-013-9702-5>.
- Anshel M.H. (2010), *The Disconnected Values (Intervention) Model for Promoting Healthy Habits in Religious Institutions*, "Journal of Religion and Health", 2010, 49 (1). DOI: 10.1007/s10943-008-9230-x.
- Ayton D., Manderson L., Smith B.J. (2017), *Barriers and challenges affecting the contemporary church's engagement in health promotion*, "Health Promotion Journal of Australia", 2017, 28. <http://dx.doi.org/10.1071/HE15037>.
- Ayton D., Manderson L., Smith B.J., Carey G. (2016), *Health Promotion in Local Churches in Victoria: An Exploratory Study*, "Health and Social Care in the Community" 24 (6), November 2016, URL = <https://doi.org/10.1111/hsc.12258>.
- Blevins J. (2019), *Christianity's Role in United States Global Health and Development Policy To Transfer the Empire of the World*, New York.
- Campbell M.K., Allicock Hudson M., Resnicow K., Blakeney N., Paxton A., Baskin M. (2007), *Church-Based Health Promotion Interventions: Evidence and Lessons Learned*, "Annual Review of Public Health", Vol. 28, 2007. URL = <https://doi.org/10.1146/annurev.publhealth.28.021406.144016>.
- CBOS, *Komunikat z badań. Oceny działalności instytucji publicznych*, No. 38/2020, March 2020, elaborated by M. Feliksiak.

- Chief Sanitary Inspector (Główny Inspektor Sanitarny), *Informacja Głównego Inspektora Sanitarnego dla seniorów*, dated 9 March 2020, URL = <https://gis.gov.pl/aktualnosci/informacja-glownego-inspektora-sanitarnego-dla-seniorow/>, official website of the Chief Sanitary Inspectorate, [access: 10 March 2020].
- Chief Sanitary Inspectorate, *Informacja Głównego Inspektora Sanitarnego w sprawie imprez masowych*, URL = <https://gis.gov.pl/wypoczynek/informacja-glownego-inspektora-sanitarnego-w-sprawie-imprez-masowych/>, official website of the Chief Sanitary Inspectorate, [access: 8 March 2020].
- Dell'Oro R. (2006), *Theological Anthropology and Bioethics*, in: *Health and Human Flourishing: Religion, Medicine, and Moral Anthropology*, eds. C.R. Taylor, R. Dell'Oro (2006), Washington, D. C.
- Ebrahim S.H., Memish Z.A., Ujeki T.M., Khoja T.A.M., Marano N., McNabb S.J.N. (2009), *Pandemic H1N1 and the 2009 Hajj*, "Science", 13 Nov 2009, Vol. 326, Issue 5955. URL = <http://dx.doi.org/10.1126/science.1183210>.
- Fitzgerald K. T. (2006), *Science and a Theological Anthropology*, in: *Health and Human Flourishing: Religion, Medicine, and Moral Anthropology*, eds. C.R. Taylor, R. Dell'Oro (2006), Washington, D.C.
- Flannelly K.J. (2017), *Religious Beliefs, Evolutionary Psychiatry, and Mental Health in America: Evolutionary Threat Assessment Systems Theory*, Cham. DOI 10.1007/978-3-319-52488-7.
- Gądecki S. (2020), *Komunikat przewodniczącego Konferencji Episkopatu Polski w związku z kolejnym ograniczeniem liczby uczestników zgromadzeń*, 14 March 2020, Warszawa, 24 March 2020, accessed in the KEP Archives in Warsaw.
- Gądecki S. (2020a), *Komunikat przewodniczącego Konferencji Episkopatu Polski w sprawie zagrożenia koronawirusem*, Warsaw, 10 March 2020 r., accessed in the KEP Archives in Warsaw.
- Gądecki S. (2020b), *Komunikat przewodniczącego Konferencji Episkopatu Polski*, Warsaw, 28 February 2020 r., accessed in the KEP Archives in Warsaw.



- Gądecki S. (2020c), *Orędzie przewodniczącego KEP*, 14 March 2020, URL = <https://www.youtube.com/watch?v=80BDOs7c2tU>, [access: 15 March 2020].
- GUS, *Wyznania religijne w Polsce w latach 2015–2018*, ed. A. Bieńkuńska et al. (2019), Warszawa.
- Guzdek J. (2020), *Apel biskupa polowego Józefa Guzdeka do wiernych Ordynariatu Polowego w związku z epidemią*, Warsaw, 13 March 2020, accessed in the Archives of the Field Bishop of the Polish Army in Warsaw.
- Guzdek J. (2020a), *Dekret Biskupa Polowego dotyczący działalności duszpasterskiej Ordynariatu Polowego w sytuacji epidemii na terenie Rzeczypospolitej Polskiej*, ref. no. PE/196/2020, Warsaw, 21 March 2020, accessed in the Archives of the Field Bishop of the Polish Army in Warsaw.
- Guzdek J. (2020b), *Dyspensa (Dispensation)*, ref. no. 245/CD/2020, Warsaw, 12 March 2020, accessed in the Archives of the Field Bishop of the Polish Army in Warsaw.
- Hamel R. (2006), *Health Policy and a Theological Anthropology*, in: *Health and Human Flourishing: Religion, Medicine, and Moral Anthropology*, eds. C.R. Taylor, R. Dell’Oro Washington, D.C.
- Handbook of Religion and Mental Health*, ed. H.G. Koenig (1998), URL = <https://doi.org/10.1016/B978-0-12-417645-4.X5064-0>.
- Haworth E., Barasheed O., Memish Z.A., Rashid H., Booy R. (2013), *Prevention of Influenza at Hajj: Applications for Mass Gatherings*, “Journal of the Royal Society of Medicine”, June 2013, 106 (6), URL = <https://doi.org/10.1258/jrsm.2012.120170>.
- Heward-Mills N.L., Atuhaire C., Spoons C., Pemunta N.V., Priebe G., Cumber S.N. (2018), *The Role of Faith Leaders in Influencing Health Behaviour: A Qualitative Exploration on the Views of Black African Christians in Leeds, United Kingdom*, “Pan African Medical Journal”, 2018, 30: 199. Doi: 10.11604/pamj.2018.30.199.15656.
- Hye-cheon Kim Yearly K., Ounpraseuth S., Moore P., Bursac Z., Greene P. (2012), *Religion, Social Capital, and Health*, “Review of Religious Research”, Vol. 54, No. 3 (September 2012). DOI 10.1007/S13644-011-0048-8.

- Jędraszewski M. (2020), *Dekret po wprowadzeniu stanu zagrożenia epidemicznego*, No. 752/2020, Cracow, 14 March 2020, accessed in the Archives of the Archbishop of Cracow Archdiocese.
- Jewish Medicine and Healthcare in Central Eastern Europe Shared Identities, Entangled Histories*, eds. M. Moskalewicz, U. Caumanns, F. Dross (2019) Cham, URL = <https://doi.org/10.1007/978-3-319-92480-9>
- Koenig H.G., Al Shohaib S. (2014), *Health and Well-Being in Islamic Societies: Background, Research and Applications*, Cham - Heidelberg - New York - Dordrecht - London. DOI: 10.1007/978-3-319-05873-3.
- Koenig H.G., McCullough M.E., Larson D.B. (2001), *Handbook of Religion and Health*, New York.
- Komunikat Lotniska Chopina, 25.01.2020*, URL = <https://web.archive.org/web/20200126124738/https://lotnisko-chopina.pl/pl/aktualnosci-i-wydarzenia/0/976/szczegoly.html>, official website of the Chopin Airport in Warsaw, [access 2020.04.11].
- Konferencja Episkopatu Polski, *Zarządzenie nr 1/2020 Rady Stałej Konferencji Episkopatu Polski z dnia 12 marca 2020 r.*, accessed in the KEP Archives in Warsaw.
- Konkordat między Stolicą Apostolską i Rzeczpospolitą Polską, podpisany w Warszawie dnia 28 lipca 1993 r.* (Journal of Laws, 1998 No. 51 item 318).
- Lloyd R.B., Haussman M., James P. (2020), *Religion and health care in East Africa: Lessons from Uganda, Mozambique and Ethiopia*, Croydon.
- Loewenthal K. (2006), *Religion, Culture and Mental Health*, New York.
- Memish Z. A., McNabb S. J.N., Mahoney F., Alrabiah F., Marano N., Ahmed Q. A., Mahjour J., Hajjeh R.A., Formenty P., Harmanci F.H., El Bushra H., Uye-ki T.M., Nunn M., Isla N., Barbeschi M., Jeddah Hajj Consultancy Group, (2009), *Establishment of Public Health Security in Saudi Arabia for the 2009 Hajj in Response to Pandemic Influenza A H1N1*, "Lancet" 2009, Nov 21, Vol. 374, Issue 9703, URL = [https://doi.org/10.1016/S0140-6736\(09\)61927-9](https://doi.org/10.1016/S0140-6736(09)61927-9).

- Mental Health, Spirituality, and Religion in the Middle Ages and Early Modern Age*, ed. A. Classen (2014), Series: *Fundamentals of Medieval and Early Modern Culture*, Vol. 15, De Gruyter, Berlin – Boston, URL = <https://doi.org/10.1515/9783110361643>.
- Ministerstwo Rodziny, Pracy i Polityki Społecznej RP, *Koronawirus: Zawieszenie zajęć w żłobkach, przedszkolach i szkołach*, URL = <https://www.gov.pl/web/rodzina/koronawirus-zawieszenie-zajec-w-przedszkolach-szkolach-i-placowkach-oswiatowych>, official website of the Ministry for the Family, Labour and Social Policy, [access: 11 March 2020].
- Ministry of Health of the Republic of Poland, *Pierwszy przypadek koronawirusa w Polsce (First coronavirus case in Poland)*, URL = <https://www.gov.pl/web/zdrowie/pierwszy-przypadek-koronawirusa-w-polsce>, official website of the Ministry of Health of the Republic of Poland, [access: 05 March 2020].
- Ministerstwo Rodziny, Pracy i Polityki Społecznej RP, *Rozporządzenie Ministra Zdrowia z dnia 20 marca 2020 r. w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu epidemii* (Dz.U. 2020, rok 2020 poz. 491).
- Ministerstwo Rodziny, Pracy i Polityki Społecznej RP, *Rozporządzenie Ministra Zdrowia z dnia 24 marca 2020 r. zmieniające rozporządzenie w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu epidemii concerning proclamation of the state of epidemic on the territory of the Republic of Poland* (Dz.U. 2020, poz. 522).
- Ministerstwo Rodziny, Pracy i Polityki Społecznej RP, *Rozporządzenie Ministra Zdrowia z dnia 13 marca 2020 r. w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu zagrożenia epidemicznego* (Dz.U., 2020 poz. 433).
- Nycz K. (2020), *Komunikat Arcybiskupa Metropolity Warszawskiego w związku z wprowadzeniem stanu epidemicznego na terenie Rzeczypospolitej Polskiej*, No. 121/Kard/2020, Warsaw, 13 March 2020, accessed in the Archives of the Archbishop of Warsaw Archdiocese.
- Petrova D., Clifford J. (2009), *Religion and Healthcare in the European Union: Policy Issues and Trends*, NEF Initiative on Religion and Democracy

in Europe, Network of European Foundations, Published by Alliance Publishing Trust, London.

Rektor Warszawskiego Uniwersytetu Medycznego, *Pismo okólne nr 1/2020 Rektora Warszawskiego Uniwersytetu Medycznego z dnia 10 marca 2020 r. w sprawie: odwołania zajęć dydaktycznych na Warszawskim Uniwersytecie Medycznym*, URL = [https://wnoz.wum.edu.pl/sites/wnoz.wum.edu.pl/files/pismo\\_okolne\\_rektora\\_nr\\_1-2020\\_w\\_sprawie\\_odwolania\\_zajec\\_dydaktycznych\\_na\\_warszawskim\\_uniwersytecie\\_medycznym.pdf](https://wnoz.wum.edu.pl/sites/wnoz.wum.edu.pl/files/pismo_okolne_rektora_nr_1-2020_w_sprawie_odwolania_zajec_dydaktycznych_na_warszawskim_uniwersytecie_medycznym.pdf), official website of Warsaw Medical University, [access: 12 March 2020].

Rektor Uniwersytetu Warszawskiego, *Zarządzenie nr 50 Rektora Uniwersytetu Warszawskiego z dnia 10 marca 2020 r. w sprawie zapobiegania rozprzestrzenianiu się wirusa COVID-19 wśród społeczności Uniwersytetu Warszawskiego*, “Monitor Uniwersytetu Warszawskiego”, URL = <https://monitor.uw.edu.pl/Lists/Uchway/Attachments/5311/M.2020.123.Zarz.50.pdf>, official website of the Warsaw University, [access: 12 March 2020].

Aten J.D., Schenck J.E. (2007) *Reflections on Religion and Health Research: An Interview with Dr. Harold G. Koenig*, “Journal of Religion and Health”, Vol. 46, No. 2. DOI: 10.1007/s10943-006-9076-z.

Rivera-Hernandez M. (2015), *The Role of Religious Leaders in Health Promotion for Older Mexicans With Diabetes*, “Journal of Religion and Health” 2015 Feb, 54(1). DOI: 10.1007/s10943-014-9829-z.

Rozporządzenie Ministra Zdrowia z dnia 20 marca 2020 r. w sprawie ogłoszenia na obszarze Rzeczypospolitej Polskiej stanu epidemii (Dz. U. 2020, poz. 491).

Schoenberg N.E., Swanson M. (2017), *Rural Religious Leaders’ Perspectives on their Communities’ Health Priorities and Health*, “Southern Medical Journal” 2017, 110(7). DOI 10.14423/SMJ.0000000000000671.

Sejm RP, *Posiedzenie Rady Bezpieczeństwa Narodowego z udziałem Marszałek Sejmu*, URL = <https://www.sejm.gov.pl/sejm9.nsf/komunikat.xsp?documentId=EF9E713FEA44DD5AC12585270041C497>, official website of the Sejm of the Republic of Poland, [access: 11 March 2020].

Taylor C. (2006), *Health Care and a Theological Anthropology*, in: *Health and Human Flourishing: Religion, Medicine, and Moral Anthropology*, eds. C.R. Taylor, R. Dell'Oro, Washington, D.C.

*Toward a Sociological Theory of Religion and Health*, ed. A.J. Blasi (2011), Brill, Leiden – Boston.

*Why Religion and Spirituality Matter for Public Health: Evidence, Implications, and Resources*, ed. D. Oman (2018), Cham, URL = <https://doi.org/10.1007/978-3-319-73966-3>.

*Wspólnie przetrwamy ten trudny czas. Z prezydentem RP Andrzejem Dudą rozmawia Jarosław Grabowski*, “Niedziela” 2020, No. 15/16, 12–19 IV.