Padre Pio, Pandemic Saint: The Effects of the Spanish Flu and COVID-19 on Pilgrimage and Devotion to the World’s Most Popular Saint

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In the Catholic world, pilgrimages and other devotional rituals are often undertaken to foster healing and well-being. Thus, shrines dedicated to saints are particularly relevant in times of pandemic. Pilgrimage to the shrines associated with 20th century Italian stigmatic, St. Padre Pio of Pietrelcina, known as one of the Catholic world’s most popular saints, is particularly informed by this notion, as Pio is understood as a healing saint thanks to the spiritual and corporal works of mercy that marked his ministry during his lifetime, as well as belief in the miraculous nature of his relics. Pio’s hometown of Pietrelcina and his shrine at San Giovanni Rotondo boast millions of religious tourists each year, especially from Italy, Ireland and the Philippines—many of whom come with the expressed purpose of healing their ailments, praying for others who are suffering, or rendering thanks for healing received through the saint’s intercession. The current COVID-19 crisis has also seen the faithful turn to Pio for the alleviation of this new form of suffering. This paper thus argues that Padre Pio can be considered a ‘pandemic saint’—one to whom the faithful pray specifically to alleviate their suffering and that of the community, and who serves as a model for moral behaviour, during a pandemic. First, employing ethnohistorical analysis and a close reading of Pio’s writings, I trace the development of Pio’s ‘ministry of mercy,’ which is predicated on the Christological ideal of suffering as a proxy for others. In particular, I show that Pio’s stigmata experience in 1918, and the meteoric rise of devotion and pilgrimage to him, was a partial result of the world’s last great pandemic, the Spanish Flu. Second, drawing on over a decade of ethnographic research at Pio’s shrines, interviews and analysis of news media during the current COVID-19 pandemic, and an examination of Pope Francis’ public discourses on both Pio and the coronavirus outbreak of 2020, I argue that Pio can also be considered a ‘pandemic saint’ for COVID-19. Third, the paper ends with an update on the impacts of COVID-19 on the main Italian shrines to Pio, which despite their importance and relevance for alleviating pandemic suffering, were closed to mass religious tourism and pilgrimage during Italy’s harsh quarantine in spring 2020, and are now beginning to contemplate new ways to serve the faithful and promote Pio as a pandemic saint in a post-COVID world.

Key Words: Padre Pio of Pietrelcina, pandemic saint, Catholic Church, Pope Francis, pilgrimage, healing, COVID-19, post-COVID tourism, cult of saints, San Giovanni Rotondo

Introduction

In April 2020, during the height of the Coronavirus pandemic in Europe, I received a call from my parents’ close friend in Spain. She and her husband contracted COVID-19; he succumbed to the virus while she, after intensely fighting the illness in hospital, recovered and was sent to quarantine with her sister in a small apartment in Madrid. Weak, lonely, and distraught at the loss of her husband and the ‘barbaric’ rules that prevented a funeral for him, she asked to videocall on WhatsApp so that I could impart a virtual blessing with my small relic of contemporary Catholic saint and stigmatic, Padre Pio of Pietrelcina. Crying on the call, she professed her devotion to Pio and was confident in his intercessional power to cure the pandemic. I heard similar sentiments in my own community: a continuing education student asked for a virtual blessing during a Zoom class on religious tourism, a Christian radio host called him a ‘great saint for the pandemic’ during an interview with me (Shenkle, 2020), and my parish’s Director of Adult Formation remarked that my recent lecture on Pio’s connection to pandemics for the Archdiocese of Philadelphia (Di Giovine, 2020b) was ‘strongly needed.’ That I had several requests in this...
uncertain time of pandemic to publicly talk about Pio and healing pilgrimages (see also Choe, 2020; Warfield, 2020), and significant attendance during the live events, is itself notable.

In the Catholic world, saints are often turned to in times of sickness and suffering, and pilgrimage to their shrines is an important devotional practice that performs faith and identity, and demonstrates the pilgrim’s worthiness of divine intervention (Di Giovine, 2016; Turner & Turner, 1978:6; Vukonić, 1992:80). In her work on the healing shrine of Lourdes, Dahlberg (1991) calls these the ‘sacrificial’ and ‘miraculous’ discourses of pilgrimage: while the former is concentrated on the ‘long game’ of demonstrating one’s morality through sacrificial behaviour—pilgrimages are often difficult, physically and psychologically taxing, and economically costly—the latter uses pilgrimage as a sort-of quid-pro-quo for obtaining God’s miraculous intervention, replicating the patron-client relationship with which many devotees are familiar (Boissevain, 1977). Furthermore, social scientists argue that the ritual nature of pilgrimage may effect real physical change on its practitioners’ wellbeing (Davidson & Gitlitz, 2002; Dubisch & Winkleman, 2005; Morinis, 1992; Warfield et al., 2014).

St. Pio of Pietrelcina, better known as Padre Pio, was a 20th century Capuchin Friar who has become one of the ‘world’s most revered saints’ (Wilkinson, 2008). Considered a ‘living saint’ in his lifetime, thanks to his supernatural abilities of bilocation, prescience in the confessional, and his stigmata—bleeding wounds of Jesus’ crucifixion on his hands, feet and side—more Italians, Irish and Filipinos pray to him than to Jesus, Mary or St. Francis (Bobbio, 2006; Keane 2008:200; Landy, 2014). Millions of pilgrims annually visit his shrines scattered across the world, and I have conducted over a decade of ethnographic research living in and visiting his devotional centers in Italy and the United States, acting as a tour guide for pilgrims, and traveling with groups as a participant. Since he endured the physical pain of the stigmata for fifty years, and the psychological pain of persecution by a skeptical Vatican for almost as long (Castelli, 2008, 2011), suffering and its alleviation are key attributes of Pio’s cult (Di Giovine, 2015a). Although different groups espouse a different understanding of Pio (Di Giovine, 2020a, 2012b), he is frequently turned to for healing purposes, and Irish devotees in particular attribute curative properties to the brown fingerless gloves that the friar would wear over his bloody bandages (Di Giovine, 2012a:113-116). A pilgrimage to Pio’s shrine in San Giovanni Rotondo, Italy, features an obligatory stop at the ‘English Office’ to be blessed by one of these ‘mitts’, and the National Centre for Padre Pio in rural Pennsylvania similarly offers a blessing with its glove, framed and under glass.

Pilgrims are not the only people to benefit from their devotion to Pio; the shrines and organisations that operate them, as well as local and regional communities, also profit (Margry, 2002). By the first decade of the 21st century, Pio’s shrine of San Giovanni Rotondo was netting over $100 million per year from tourists and some 150 hotels were built (see Rachman, 2003), though pilgrimage has waned somewhat from its heyday surrounding Pio’s canonisation and exhumation, and several hotels have closed. In addition, The Voice of Padre Pio media conglomerate in San Giovanni Rotondo—which publishes the magazine Voce di Padre Pio in eight European languages, and has expanded to include Teleradio Padre Pio, an internet site, and a satellite TV station—gains an additional 250 million Euros annually (Anon., 2008). Edizione Padre Pio, a publisher of hagiographic texts on Pio, also thrives. While San Giovanni Rotondo, as the center for the cult, has economically profited from a hundred years of religious visitors in ways that his tiny hometown 130 km away has not, Pietrelcina has nevertheless been valorized thanks to its importance on the pilgrimage circuit, helping to spur cultural revitalisation and earn tourism development grants from the European Union (Di Giovine, 2010).

Yet the current coronavirus pandemic, and the ensuing quarantines heavily restricting both travel and religious gathering, have notably impacted these places, causing various forms of suffering among its inhabitants and site managers.

Based on over a decade of ethnographic and archival research on pilgrimage and devotion in Pio’s cult, this article argues that Pio is a quintessential ‘pandemic saint.’ I define a pandemic saint as one to whom the faithful pray specifically to alleviate their suffering and that of the community, and who serves as a model for moral behaviour, during a pandemic. After historically situating
the role of saints’ cults in dealing with pandemics, I trace the development of Pio’s ministry of mercy (Francis, 2016) during the last global pandemic, the Spanish flu. I argue that his stigmata, subsequent ministry, and development of pilgrimage was related to the Spanish flu. Then, after showing how Pio can be considered a pandemic saint for COVID-19, the paper briefly outlines the COVID-19 crisis in Italy in the first half of 2020 before providing updates on the impacts of the pandemic on major Pio shrines. These updates, while limited, are based on ‘virtual ethnography’ (i.e., the examination and interpretation of online sources, informed by anthropological theory), media analysis, and interviews via social media, text messages and phone calls with site managers, tour operators, tour guides, and locals in San Giovanni Rotondo, Pietrelcina, Pennsylvania and Dublin.

Pandemic Saints

While every saint is unique, within the total Communion of Saints they are often officially and unofficially classified into typologies. Typical categories of recognised saints include ascetics, apologists for the faith, confessors, doctors of the Church, healers, martyrs, and mystics, among others. Building on the work of Vaslef (1984) and Marshall (1994), I argue here for the existence of ‘pandemic saints’—a class of Catholic holy people who are prayed to during, and otherwise hagiographically associated with, mass global outbreaks of disease and pestilence. They are often invoked by individuals and communities in protection against an outbreak, or for healing the afflicted; based on their hagiographic narratives, they are also sometimes invoked by religious authorities as models of appropriate moral behavior that others should emulate during pandemic times, such as charity, mercy, obedience, or acceptance of suffering. It is important to note that such classifications are conceptual and organisational. Like all saints, they are attributed such meaning and intercessional qualities largely through external processes, by and for people other than themselves; ‘Saints are saints for other people,’ Delooz says (1983:199). That is, their association with pandemics emerges through rather spontaneous popular devotion which may even begin during the holy person’s lifetime (as with Pio), and / or through official recognition by the Vatican through the canonisation process and subsequent rituals during pandemic times, such as public supplication to saints’ effigies by religious leaders (including the Pope). Often this institutionalisation of a saint’s meaning takes a threefold process: popular opinion first determines the sanctity of the personage; as word spreads and narratives become clarified, a cult then forms which could mobilise ‘campaigns’ waged by local bishops; finally, the official Vatican canonisation hearings take place, which institutionalise the devotion and set the parameters—or categories—through which the saint’s devotions are directed (Delooz 1983:199; see also Christian 1973). Saints can also occupy more than one category at a time; Pio himself has been recognised as a confessor saint by Pope Francis, was held up as a paragon of priestly ‘obedience’ by Pope John Paul II, and also falls into the categories of mystic, stigmatic, priest, and saint of the Capuchin Order. Here, I argue that he can also be considered one of several ‘pandemic saints.’

Pandemics have been closely associated with saint’s cults throughout the history of the Church (see Figure 1). On the one hand, the faithful request saints’ intercession because pandemics seem to be relatively uncontrollable through human power. Since saints are human, they are often perceived as closer and therefore more approachable than a supernatural entity such as God or Jesus (Carroll, 1992); they are often considered ‘intimate invisible friends’ (Brown, 1981:49-52), who are frequently prayed to as intercessors to transmit our human needs to the divine. On the other hand, stories of saints’ charity and mercy in administering to the sick during pandemics are models for proper moral action. Indeed, according to the Catechism of the Catholic Church (United States Catholic Conference, 1994:521 §2156),

[a saint] has lived a life of exemplary fidelity to the Lord [and] is a model of charity; we are assured of his intercession.

That many themselves survived outbreaks such as the Bubonic Plague would render them even more humane, approachable, and understanding of the unique physical and psychological suffering rendered by these pandemics in the eyes of the faithful. For example, St. Aloysius Gonzaga administered to plague victims while studying to be a Jesuit priest in Rome; he died after contracting the disease, and is now the namesake of universities and other institutions. St. Charles Borromeo cared for plague victims in a hospital in Milan and led relief work from
1576–1578. While he is best known for his influence during the Counter-Reformation’s Council of Trent, the outbreak in Milan is to this day called La Pesta di San Carlo—St. Charles’ Plague (Vaslef, 1984:85).

In certain cases, these saints are said to have miraculously cured entire cities from outbreaks, either when they were alive or as an outcome of specific devotional practices, such as parading an effigy or relic of the saint through the town. The patron saint of Pio’s hometown is the Madonna della Libera, so named because she ‘liberated’ Pietrelcina from a deadly cholera outbreak after townspeople carried her wooden statue throughout the city in supplication. The village celebrates the event on the first weekend in August and is a prime pilgrimage event; Pio’s father proudly served as its grandmaster in his youth (Comitato Festa, 2010: 87). Saints’ association with curing diseases also comes from the production and circulation of ex votos—images or little sculptures made of precious metals, which are given as an offering to the saint for graces received.

While there have been numerous localised epidemics, there are at least three major pandemics that have radically affected the West since the official Christianisation of Europe in 313 AD. The first was the ‘Justinian plague’ (*Yersinia pestis*), which spread from the Byzantine capital of Constantinople to Rome and elsewhere between 541-544 AD. Scholars have estimated between 10-25% of the European population (10 million people or more) perished (Mordechai *et al*., 2019; cf. Harper, 2017); even Emperor Justinian caught it (Rosen, 2007). Inspired by the longstanding practice in Constantinople, in 580 Pope St. Gregory the Great ordered a small Byzantine icon of the Virgin Mary and child to be taken through the streets of Rome in a sacred procession to end the plague. Hagiographies report that the heavens opened, and St. Michael the Archangel appeared above Emperor Hadrian’s mausoleum, which was then renamed Castel Sant’Angelo after this event (Connolly, 2020). The image received the title *Salus Populi Romani*—Mary, Health of the Roman People—and has been used by Romans through the ages to miraculously treat other epidemics.

*Yersinia pestis* never truly went away, and it would re-emerge in a particularly virulent strand during the Middle Ages as the Bubonic Plague or ‘Black Death.’ While we often date the Bubonic plague between 1347-1351, when it killed 30-60% of Europe’s population (75-200 million people), it affected Europe in waves as different mutations cropped up in different cities until the end of the 19th century. Yet, as historian Ada Palmer argued, although it never hit all at once in Europe after the 14th century, the plague was persistent and common enough in the Renaissance that it was normalized the way we normalize the flu or chickenpox today. Whole cities would be decimated, while travellers would rather casually write about making detours away from these pestilence-ridden hotspots (Rand, 2020).

<table>
<thead>
<tr>
<th>Pandemic</th>
<th>Dates</th>
<th>Major Subjects of Supplication</th>
<th>Other Subjects of Supplication</th>
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<tr>
<td>Justinian Plague</td>
<td>541-544</td>
<td>Virgin Mary (Salus Populi Romani)</td>
<td>Jesus (Cross of St. Marcellus); St. Aloysius Gonzaga; St. Charles Borromeo; St. Christopher; St. Fiorenzo; St. Nicholas of Tolentino; St. Rosalia; Fourteen Holy Helpers; other local saints (over 50 documented saints)</td>
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<td>Bubonic Plague</td>
<td>1347-1351; continued through 1850s</td>
<td>Virgin Mary; St. Sebastian; St. Rocco</td>
<td>Local saints; Local incarnations of the Virgin Mary</td>
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<tr>
<td>Spanish Influenza</td>
<td>1918-1920s; 2009</td>
<td>Virgin Mary (esp. Lourdes, Fatima, rosary); Stigmatics like Padre Pio</td>
<td>St. Bernadette; St. Charbel; St. Corona; St. Damian Molokai; St. Joseph; St. Michael the Archangel; St. Riccardo Pampuri</td>
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<tr>
<td>Coronavirus (COVID-19)</td>
<td>2019-</td>
<td>Virgin Mary (Salus Populi Romani; Lourdes; rosary); Jesus (Cross of St. Marcellus); Padre Pio</td>
<td>St. Bernadette; St. Charbel; St. Corona; St. Damian Molokai; St. Joseph; St. Michael the Archangel; St. Riccardo Pampuri</td>
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*Figure 1: Major Pandemics in Catholic History and the Associated Foci of Supplication*
for times of plague (1994:494-496; Gelpi, 1998). Yet the saint most closely tied to the Bubonic plague in Italy is 14th century St. Rocco, and iconographic images of him, often donning a pilgrim’s hat and with a dog at his feet, are seemingly omnipresent in many Italian cities. St. Rocco was a young nobleman from Montpellier, France who gave all his possessions to the poor and set out on a pilgrimage to Rome. Passing through plague-stricken Italy, St. Rocco spent over two years administering to—and miraculously curing—the sick, and even contracted the plague himself; legend says that a dog brought him bread to keep him alive and cured him by licking his wounds. While St. Sebastian is primarily known as the patron saint of soldiers today, St. Rocco is the patron saint of the plague, dogs, and invalids (Sweeney, 2020; Vaslef, 1984).

Communities also had their own specific saints, particularly as the plague became more localised in the 16th and 17th centuries. The 12th century hermit St. Rosalia, for example, is venerated for her liberation of Palermo from the plague after she appeared to citizens and told them to carry her bones in a procession throughout the city in 1624. In the current COVID-19 crisis, Palermitani are turning to her for help again (Tondo, 2020). St. Rosalia is also the patroness of several towns in Venezuela, where immigrants from Palermo have established churches in her name. This diasporic nature of pandemic saints’ veneration can also be observed in devotion to the ‘Fourteen Holy Helpers,’ who are revered in Munich and other Teutonic cities for curing various types of medical illnesses, including the plague; when German and Austrian migrants settled in America, they likewise entrusted parishes to them. Lay groups have their own plague saints as well; St. Christopher, who was the ‘most popular saint in the Middle Ages’ and one of the Fourteen Holy Helpers (along with St. Rocco), is the patron of sailors, and was invoked against the plague when traveling (Vaslef, 1984:39-40). Some Catholic orders also have their own preferred pandemic saint. Augustinians, for example, venerate St. Nicholas of Tolentino whose cured Pisa from the plague. Marshall notes that, while there exist a few images of him alongside St. Sebastian and the Virgin, the almost exclusively Augustinian provenance of these works indicates that efforts to promote Nicholas as a universal plague saint were
The third major pandemic is the so-called Spanish Influenza (H1N1), which infected half a billion people, killing between 20-50 million people worldwide between 1918-1920. The Spanish flu was so named not because it originated in Spain, but because Spain was a non-combatant during World War I and did not impose wartime media prohibitions; journalists publicised the outbreak, including news that Spanish King Alfonse XIII had contracted it. Spreading rapidly through troop movements in the last year of the war, it first manifested itself in U.S. military camps in early 1918, then spread to Europe, though death rates were equal to that of the common flu (Roos, 2020). A more virulent strain would emerge by the fall of 1918, just as soldiers were returning home at the end of the war. Over 600,000 Italians perished (compared to 420,000 Italian soldiers in the war), many of whom were women and children on the home front (see Tognotti, 2002). The world would be subject to another peak the next year, when a virulent strain from Australia was transported to Europe, which was struggling with vast infrastructural destruction in the wake of the war (Saul, 2020).

In this period, the Virgin Mary seems to have been supplicated for not only the Spanish flu, but outbreaks of cholera, tuberculosis, and other diseases. The mid-1800s through the 1900s enjoyed increased devotion to the Virgin Mary, with major apparitions in Lourdes, France (1858); Knock, Ireland (1879); and Fatima, Portugal (1917)—leading some to call the 1900s ‘the Marian century’ (Hickey, 1999). Marianism emerged in a particularly tense time in Catholic Europe, and messages from the Virgin Mary to predominantly young, undereducated and impoverished visionaries centred on the two world wars, the threat of atheistic Communism and the Cold War, and growing disenchantment with ‘modernisation’ efforts in Europe (Christian, 1973:241; cf. Matter, 2001; Ventresca, 2003). Pio himself not only had a special devotion to the Madonna della Libera and the Madonna delle Grazie (the namesake of his friary in San Giovanni Rotondo), but also continually prayed the rosary (which is believed to have been entrusted to St. Dominic by the Virgin Mary in the 13th century). Hagiographies also argue that in 1951, Pio was cured of pleurisy when the pilgrim statue of Fátima, which was making a worldwide tour, was brought to San Giovanni Rotondo (Pronechen, 2017). However, in the next section.
I will argue that Pio—perceived by pilgrims as a ‘living saint’ during the time of the Spanish flu—can be properly considered a pandemic saint during 20th century because he ministered to the sick who came to him for help during the outbreak, and likewise his own sickness informed the understanding of suffering that marked his ministry. Yet I will also show that his awareness of this vocation was gradual, as he learned to channel his illnesses into a ‘ministry of mercy’ (see Francis, 2016).

**Padre Pio: Suffering, the Stigmata, and the Spanish Flu Pandemic**

Pio was born Francesco Forgione in 1887 in the small village of Pietrelcina, eight kilometers from the provincial capital city of Benevento. By the age of five, he wanted to become a priest. This desire was not necessarily informed by lofty sentiments of charity and mercy towards others, but a simple childhood wish to emulate a beloved Capuchin friar named Frà Camillo da Sant’Elia di Pianesi. Frà Camillo had the job of cercatore di campania—an itinerant who would visit nearby towns collecting donations of food and other products to support his nearby friary. Remembering Frà Camillo always had a smile underneath his bushy beard when distributing candy to the children, Pio recalls that he wanted to grow up to be ‘a little friar with a beard,’ too (Ruffin, 1991:35).

From that point forward, Pio had to deal with suffering and the need to sacrifice for others. The first lesson in sacrifice was modelled by his father Orazio and older brother Michele. To enter the seminary, Francesco had to continue with school beyond what was obligatory at the time. This came at great financial cost for the family, and between 1899 and 1901 his father and brother twice emigrated to the United States to support Francesco’s
A new life Francesco began, but it was one that was marked with illness and suffering. As soon as he entered the seminary in 1902, he fell violently and inexplicably ill. Marked with gastroenteritis, vomiting, violent coughing, headaches and high fevers, the mysterious illness would come and go suddenly for many years. The suffering was so acute that he would be sent home to Pietrelcina to convalesce, where he would undergo diabolic temptations, only to fall ill again when he re-entered the seminary. He would be moved from convent to convent, in the hope that the change of air or community would help; today, these are all minor pilgrimage sites for Pio devotees (see Di Giovine, in press; see also Figure 3). Different physicians diagnosed the illness as tuberculosis or chronic bronchitis exacerbated by the physically and psychologically taxing lifestyle as a seminarian (Ruffin, 1991:71-72). In 1909, he was ordained a deacon, promptly collapsed from illness, and was sent home once again, presumably to die. Pio psychologically suffered anxiety and depression at the thought that he would not achieve his goal of ordination into the priesthood before he died. He feared his illnesses preventing him from the priesthood was punishment from God, and wrote to Padre Benedetto, his Spiritual Advisor, that he had frequent encounters with the devil who would try to convince him he was wicked and unclean (Pio da Pietrelcina, 2008:219). His Spiritual Advisor assured him that such despair was the work of the devil, and that Jesus ‘wants to take perfect possession of your heart … to transfix it with pain and love like his own.’ (Pio da Pietrelcina, 2008:194). He arranged for Pio to be ordained in the cathedral of Benevento on August 10, 1910, and Pio celebrated his first Mass in Pietrelcina four days later.

This marks a turning point for Pio in his understanding of suffering. Sometime during his convalescence, he read the works of St. Gemma Galgani, a young Italian stigmatic from the late 1800s. Clearly inspired by her writings (Luzzatto, 2011:18-20), and by Padre Benedetto’s suggestion that his suffering was for some greater good, Pio’s outlook shifted from a more egoistical fear that his suffering was a punishment impeding his earthly goals, to a way to bring himself closer to God. Then, on September 7, 1910, Pio received the ‘invisible stigmata’ while praying under his favourite elm tree in his family’s farmhouse in Piana Romana, outside of town (Figure 4). He experienced a vision of Jesus and Mary that left
him with ‘fiery red spots in the palms of my hands, accompanied by extremely sharp pains that lasted several days’ (Raffaele da S. Elia a Pianisi, 1967[1978]:358). Although Pio said he had prayed to receive the stigmata, he tried to conceal it out of fear that he would be treated poorly (Agostino da San Marco in Lamis, 1975: 47).

The development of Pio’s vocation to suffer on behalf of others, as Christ did, must be seen within the broader context of religious movements in Europe at the time. In conjunction with Marianism was the development of ‘victim soul mysticism’ (Egan, 1991:506, 530-539), in which the practitioner is given the spiritual task of pleading with God ‘to make reparation for the suffering of others,’ and voluntarily embraces his or her pain (Kane, 2002:83). This emerged with mystics such as St. Thérèse of Lisieux and St. Gemma Galgani in the late 1800s, received papal approval by Pope Pius XI in 1928, and continued through the 20th century with Pio and Therese Neumann, another highly publicised stigmatic. Victim soul mysticism had

particular currency in the decades between the two World Wars when extraordinary suffering was represented to Christians as a personal and heroic spiritual response to the massive scale of human misery caused by war [and pandemics] (Kane, 2002:83).

Pio’s stigmata and the devotion that followed is directly related to these two major world events. With the use of new, destructive technology such as machine guns, aircraft, and chemical weapons, World War I was a cataclysmic event in European history in which the balances of power and traditional political configurations of the imperial age were upended, and which affected Europeans’ psychological wellbeing (Winter, 1995). Pope Benedict XV, who ascended the papacy at the start of the war in 1914, was active in decrying the hostilities. In his first All Saint’s Day address, Ad Beatissimi Apostolorum, Benedict (1914) argued that the war was a result of egoism and materialism such as

the absence from the relation of men of mutual love with fellow men; injustice reins in relations between classes of society; striving for transient and perishable [material] things is so keen that men have lost sight of the other and more worthy goods they have to obtain.

Pio himself was drafted into the 10th Army Medical Corps, stationed in Naples, but because of illness was discharged after 100 days. He was sent to San Giovanni Rotondo, where he was put in charge of the Seraphic College as a Spiritual Advisor for seminarians.

Perhaps because he was now engaged with ensuring the spiritual and physical welfare of others, Pio’s writings definitively shift from seeing suffering as purgative of personal sin to suffering as a proxy for others. He responded directly when on May 25, 1918, Benedict XV issued a motu proprio, calling on all Catholics to pray for the end of the war. Pio prayed to be a sacrificial victim, and then fell into a deep spiritual depression. Pio writes that

the time to offer myself completely to the Lord had barely finished when I felt like I had fallen into a harsh prison ... From that moment I felt as if I were in hell, without any relief, not even for an instant (2008: 1053-1054).

This ‘dark night of the soul,’ as medieval mystic St. John of the Cross calls it (1991:353-459), would conclude in a spectacular ecstasy on August 5, in which Pio received the transverberation, or the piercing of the heart by seraphim.

Shortly after the transverberation, the Spanish flu hit Italy, infecting one-third of all residents and killing over 600,000 people, many in the South, where Italy’s infrastructure and sanitation were poor. The Puglia region in which San Giovanni Rotondo was located had a 1.7% mortality rate, while Campania in which Pietrelcina was located had 1.9% (Carillo & Jappelli, 2020:1). San Giovanni Rotondo, which had a population of just 10,000 people at the time, lost some 200 people—or 2%—higher than the national average (Morcaldi, 1960:173). Many Pietrelcinesi perished, including Pio’s sister, her daughter, and Pio’s nephew; two other nephews would be left with irreparable brain damage. Pio was said to have been distraught and collapsed with grief (Da Prata & Da Ripabottoni, 1976: 230-231; Ruffin, 1991:156-157). Pio contracted the influenza himself and was bedridden in early September for two weeks. Between the death of young Italians on the front, and the death of entire families and livestock at the hands of the influenza, many used the term ‘finemondo’—they thought it was the end of the world (Tognotti, 2002:126-127). In his
position at the Seraphic College, Pio helped vaccinate the two dozen students, almost all of whom fell ill (Ruffin, 1991:153), and a single pharmacy receipt for carbolic acid apparently used to sterilise needles has served as the primary evidence by skeptics that his stigmata was self-inflicted (Luzzatto, 2011), though Vatican officials investigated, and dismissed, this as early as 1921 (see Rossi, 2011[1921]:127).

On September 20, when he recovered from the Spanish flu, and the transverberation’s pain ceased, Pio prayed in thanksgiving under a crucifix in the choir loft. Suddenly a great light shone in my eyes…and there appeared the wounded Christ,’ he recalled in a deposition years later (Raffaele da S. Elia a Pianisi, 1967[1978]: 355). The crucifix then transformed itself into a great being, all blood, from which there came forth beams of light with shafts of flame that wounded me in the hands and feet. My side had already been wounded on the fifth of August that same year (1967[1978]:357).

In another letter he recalled, All my insides rained blood and more than once my eyes were made to watch it pour out’ (Pio da Pietrelcina, 2008: 1090).

Yet he wept and sang hymns of thanksgiving (Di Flumeri, 1995:137)
at finally achieving his holy wish to extend the benefits of Christ’s sacrifice through his own body (Weddle, 2010:160).

**Pilgrimage and Healing in Padre Pio Devotion**

In the wake of the war and the Spanish flu, word spread quickly about Pio’s stigmata. In less than a year, the sleepy town of San Giovanni Rotondo saw between 300 and 500 visitors a day (Saldutto, 1974:125). These pilgrims were aided by newspaper articles and the circulation of santini, or prayer-cards, with a photo of Pio’s stigmata. Although some visitors were curiosity seekers, others were clearly suffering from the effects of the war, the Spanish flu, and other epidemics such as cholera and tuberculosis that cropped up in the aftermath. Indeed, the first documented newspaper article was a testimony from a young veteran, Antonio Colonello, who visited Pio in 1919 and was healed of his wounds. But most importantly, locals’ complaints of the ‘influx of sick pilgrims’ were recorded (Luzzatto, 2011: 42).

Although by the early 1920s the Sangiovannesi would embrace pilgrimage to their town, and would economically profit from it, at first they looked upon the sick pilgrims as a public health emergency, and even wrote to the Prefect (governor) asking for help in stopping these visitors and maintaining public order; not only did Pio himself once suffer from the Spanish flu, and probably tuberculosis, but many of the pilgrims would try to ‘collect his bloody spit’ and used bandages as relics (De Fabritiis, 1919; qtd. Luzzatto, 2011:42). They also were horrified that masses came from towns ‘infected by smallpox and maybe even typhus’ (De Fabritiis, 1919); there was not even a hospital in San Giovanni Rotondo to accommodate them. Furthermore, a sub-Prefect was concerned that disease could spread through the close quarters in which pilgrims stayed and recommended periodic checks on the makeshift hotels (Luzzatto, 2011:43).

The Vatican soon began inquests into the nature and veracity of Pio’s stigmata, as well as the management of the town’s nascent pilgrimage. Psychiatrist Agostino Gemelli twice analysed Pio, and did not have a favourable attitude towards him or the stigmata, which he suspected was made with a caustic substance. But in 1920, physician Georgio Festa examined the stigmata and concluded its veracity, as did Cardinal Raffaele Rossi in an Apostolic Visit in 1921. The sanctions were lifted, but for the next fifty years, the Church would have a love-hate relationship with Pio, and with each change in pontiff, Pio’s treatment would change. By the last decade of Pio’s life, when he was considered a ‘living saint’ by the masses and San Giovanni Rotondo had burgeoned into an international pilgrimage destination with a troubling commercial dynamic, Pope John XXIII sent Cardinal Angelo Maccari to conduct another Apostolic Visitation, and the response was scathing. Maccari condemned the ‘mastadonic’ industry led by vendors hawking fake ‘relics’ such as cloth soaked in chicken blood passed off as the stigmatic’s bandages (Time, 1964), as well as the ‘fanaticism’ of the people and the circulation of
Padre Pio, Pandemic Saint

Di Giovine

Pio developed San Giovanni Rotondo into a veritable holistic wellness centre, one that treated pilgrims’ biological and spiritual health. Indeed, health is not simply the resolution of physical ailments and disease, but ‘complete physical, mental, social’ and spiritual wellbeing (World Health Organization, n.d.). Pio recognised the need for a hospital that could care for sick pilgrims’ bodily wellbeing, and in 1925, converted an old convent into a small clinic to help those in need (Brockhaus, 2018). This was replaced by the immense Casa Sollievo della Sofferenza—the Home for the Relief of Suffering—a cutting-edge research hospital that remains one of the most technologically advanced institutions in the country (Figure 5). Rather than keeping the cash and jewellery that were donated to Pio in thanksgiving for graces received, he utilised them as seed money to build the hospital. Donations from prominent Catholics in Italy and abroad—such as New York Mayor Fiorello La Guardia, coupled with 250 million lire (about $150,000) from the United Nations Relief and Rehabilitation Administration ‘propaganda’ espousing ‘religious conceptions that oscillate between superstition and magic’ (qtd. in Luzzatto, 2011b:275). John XXIII famously concluded that Pio was ‘a straw idol’ sent from the devil to test the Church, which was undergoing a radical reformation in the Second Vatican Council. Pio was again banned from celebrating the Eucharist and making public appearances until John passed away and his successor, Paul VI, lifted the ban. In addition, the future Pope John Paul II would visit Pio while a Cardinal participating in Vatican II, asking him to intercede on behalf of a Polish physician friend with cancer; it apparently worked. Privy to these fluctuations in Pio’s treatment, John Paul II was a champion for the cause of his canonisation, and in his homily during the canonisation Mass on June 16, 2002, called Pio a paragon of priestly ‘obedience’ to God, who had given him such physical suffering, and the Church who caused such emotional suffering (John Paul II, 2002). It would only be in 2016 that Pope Francis subsequently associated Pio with the virtue of mercy.

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Figure 5: The immense Casa Sollievo della Sofferenza towering over San Giovanni Rotondo. View from the front of Pio’s church, Santa Maria delle Grazie

Although located in Southern Italy where the infection rates of COVID-19 were lower, the hospital administered to the sick and produced research on the coronavirus

Photo by the Author
Masses. There was a crush of curiosity seekers eager to test whether Pio had the gift of prescience in the confessional, or who strained to see his bloody hand wounds during Mass. It is well-documented that Pio would frequently chastise those who were disingenuous or withheld sins, casting them out of the confessional without absolution, only for them to return more earnest and penitent after; this even happened to a member of my extended family (Di Giovine, 2015a:195). Towards the end of his life, Pio used more *ex votos* to construct a larger church dedicated to the Madonna delle Grazie, since seating was extremely tight in the original tiny church, and pilgrims frequently would sleep on the doorstep overnight in order to secure a space—a personal and public health problem.

Joining both was an international prayer group network, founded in 1947—the same year ground was broken (UNRRA)—went to support the hospital, which opened in 1956 (Ruffin 1991:282-283). Calling the hospital ‘a place of prayer and science,’ Pio often talked of the unity amid suffering that the hospital fostered. He said, 

*patients, doctors, priests shall be reserves of love and when it abounds in one, so it shall be passed to all* [and later] The Casa Sollievo della Sofferenza has already opened its arms to many thousands of suffering bodies and spirits, offering to all, regardless of status (Brockhaus, 2018).

Having been ill himself, Pio also recognised that, even if the physical symptoms of illness are addressed, people could still be in psychological and spiritual distress. The Casa Sollievo della Sofferenza was built next door to his church and friary, in which he was known for spending long hours in the confessional and saying lengthy daily
on the hospital—which continues to the present day. Led by Parish Priests, prayer groups are communities of lay devotees to Pio who meet monthly to pray ‘with one heart and one soul’ (Grottola, 2009:31); they hold discussions, watch videos on Pio, host lectures, and organise pilgrimages. In many cases, they possess a relic of Pio (or souvenirs from a Pio pilgrimage that have been blessed); in Ireland, many have entire mitts, and will transport them to the sick for healing purposes. Importantly, Pio organised these prayer groups under the aegis of the hospital, both of which he entrusted to the Vatican, rather than to the shrine or the Capuchin order. Facilitated by the hospital’s own magazine, what started as twenty-three prayer groups at the end of the 1940s has, as of the last decade, grown to 2,711 in Italy alone, and 646 others in 40 nations. The most prominent ones—often founded by ‘spiritual children’ of Pio who take a special vow to follow Pio’s model—have created powerful shrines in other countries that have become regional pilgrimage destinations, such as the Padre Pio centres in Dublin, Belfast, and Singapore; the National Shrine of Padre Pio in Batangas, Philippines; the Padre Pio Foundation in Cromwell, Connecticut (USA) and the National Centre for Padre Pio in Barto, PA (USA) (see Figure 6).

Pilgrimage for healing purposes grew after Pio’s death on September 23, 1968. Prayer groups spread across the world as did a variety of multilingual media. A modern Basilica to St. Pio, designed by internationally renowned architect Renzo Piano in San Giovanni Rotondo, which holds 8,300 people inside and 35,000 outside in the piazza, was inaugurated in 2004 (see Saldutto, 2008). Pio was exhumed in 2008 and, amid great controversy (Di Giovine, 2015b) in 2010 was translated to a scintillating golden crypt designed by Vatican mosaicist Marko Ivan Rupnik in the lower Basilica. By the turn of the millennium, when interest in Pio’s early childhood piqued, Pietrelcina also began receiving pilgrims, though only at 10% of San Giovanni Rotondo’s numbers (Di Giovine, 2010:279). Nevertheless, at the height of pilgrimage in 2008-2010, Pio’s main shrine would see some six million visitors and Pietrelcina 600,000—two hundred times the number of locals in the 3,000-person town.

**Padre Pio and Pope Francis’ Theology of Mercy for the COVID-19 Pandemic**

As of November 16, 2020, the COVID-19 virus has infected roughly 52.5 million people and killed nearly 1.3 million (World Health Organization, 2020). Early on, the outbreak affected Catholic countries in Europe such as Italy, Spain, and the Ireland that boast strong devotion to Pio, and is rapidly spreading to those in Latin America. As with the Spanish flu and other pandemics, the official response from the Vatican is not to make explicit recourse to ‘pandemic saints’ but to supplicate the ‘authorised’ universal intercessors Jesus and Mary.

‘Popular’ responses, however, focus on other more localised saints. Like Pio, many of these saints are contemporary figures for whom devotion is fresh and their narratives are relevant to today’s culture. For example, some are turning to St. Bernadette Soubirous, the Marian child visionary-turned-nun from Lourdes. With waters believed to have healing properties, Lourdes is one of the largest pilgrimage sites in Europe; recently one Irish tour operator stated that her quarantined clients are ‘eager to visit their favourite places, especially Lourdes.’ Others focus on St. Damian of Molokai, who administered to the sick in a Hawaiian leper colony before contracting and dying of the illness himself. And reflecting the new, large Middle Eastern immigrant population in the city of Milan, the epicenter of the coronavirus pandemic in Italy, a new hospital quickly set up in an old trade fair and exhibition centre to treat COVID-19 patients was dedicated by the Archbishop to the late-19th century Lebanese thaumaturge friar St. Charbel Makhluf along with local 20th century Milanese St. Riccardo Pampuri (Agenzia Fides, 2020).

Pilgrims are also making recourse to age-old saints, such as the warrior saint Michael the Archangel, whose prayer entreating him to ‘defend us in battle’ was recited by many American parishes at the end of Mass for healing amid the clergy abuse scandals in the years immediately preceding the COVID-19 outbreak (Zimmerman, 2018); he is often prayed to in times of crisis and danger. Finally, according to journalist Carol Zimmerman (2020), some have even begun praying to an obscure St. Corona, a Roman-era martyr who bears the name of our current pandemic, though the connection is only sematic (‘corona’ means...
addition to Marian shrines, the invited shrines included San Giovanni Rotondo and Pietrelcina. The series of discourses that Pope Francis has made concerning Catholics’ role in dealing with the current pandemic also seems to theologically render Pio a ‘pandemic saint’ for COVID-19.

In 2016, Pope Francis inaugurated his Jubilee Year of Mercy by extraordinarily requesting that Pio’s body be carried through the streets of Rome and venerated in St. Peter’s Basilica, the seat of the Vatican. In speaking at a Papal Audience of 80,000 Padre Pio prayer group members, which my students and I attended, Francis (2016) established Pio’s status as a ‘servant of mercy’ par excellence:

He could do this because he was always connected to the source: he ceaselessly quenched his thirst with Jesus Crucified, and thus became a channel of mercy. He bore in his heart many people and many sufferings, uniting all to the love of Christ who gave himself ‘to the end’ (Jn 13:1). He lived the great mystery of sorrow offered up for love.

Francis pointed out that Pio coupled spiritual works of mercy—such as bringing the faithful to prayer—with corporal works, such as creating the Casa Sollievo della Sofferenza. In that way, Francis argued, Pio abandoned egoism and turned his own suffering into a space for the holistic treatment of pilgrims’ well-being, treating the disease but above all to care for those who are ill. Both are important but they are two different things.

That Pio should be a model to emulate was repeated during a subsequent visit to San Giovanni Rotondo, where Francis commented that, although many people admire Pio, too few imitate him, especially in his care for the weak, the sick and those who modern culture treats as disposable (Esteves, 2018).

While Pope Francis explicitly supplicates Jesus and Mary, in discourse and action he tends to subtly link Pio to the pandemic. For example, the Pope held a rosary session at the Vatican Gardens’ Lourdes Grotto together with the ‘major sanctuaries of the world…which, due to the health emergency, have had to interrupt their normal activities and pilgrimages’ (Ceraso, 2020). In

Local shrines, such as that in Vineland, New Jersey (USA), reported an increase in visitors as quarantines loomed in mid-March (Monacelli, 2020). Although they would close for months, shrines such as the National Centre for Padre Pio in Pennsylvania (USA) continued to answer prayer intentions that were emailed to them (and workers at the National Centre have told me that while they suffered depression and ennui sitting idly at home, the shrine ‘took care of us’ financially during the crisis). Finally, while Pio prayer groups in quarantined countries like Italy, Ireland and the United States could not meet, the international prayer group organisation arranged a day of communal prayer on June 16 to create solidarity in the network.

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an extraordinary prayer session to end the coronavirus, in which Francis (2020a) addressed ‘the city [of Rome] and the world’, the pontiff used the imagery of selflessly ‘embracing the cross,’ like Christ and Pio did, which means

finding the courage to embrace all the hardships of the present time, abandoning for a moment our eagerness for power and possessions in order to make room for the creativity that only the Spirit is capable of inspiring. It means finding the courage to create spaces where everyone can recognize that they are called, and to allow new forms of hospitality, fraternity and solidarity.

Francis followed this with an Easter homily, also addressed ‘to the city and world’ (Francis, 2020b) that was even more direct. While he was referencing the coronavirus quarantines and intra-European politics, he implored listeners to abandon ‘egoism’ [egoismo] and self-centeredness even in the face of hardship, to think of others, and to rebuild community:

This is not a time for self-centeredness, because the challenge we are facing is shared by all, without distinguishing between persons. ... [We are] facing an epochal challenge, on which will depend not only its future but that of the whole world. Let us not lose the opportunity to give further proof of solidarity, also by turning to innovative solutions. The only alternative is the selfishness [egoismo] of particular interests and the temptation of a return to the past, at the risk of severely damaging the peaceful coexistence and development of future generations.

Finally, this sentiment was again expressed in the Pope’s rosary session, recited in unison with the major shrines of the world, including San Giovanni Rotondo and Pietrelcina:

Beloved mother [he prayed] help us realize that we are all members of one great family and to recognize the bond that unites us, so that, in a spirit of fraternity and solidarity, we can help to alleviate countless situations of poverty and need (Wooden, 2020).

This is Francis’ theology of mercy for COVID-19, of which Pio was clearly modelled.

The Effects of COVID-19 on Pio’s Shrines in Italy

By all accounts, the COVID-19 pandemic has affected societies around the world in unexpectedly drastic ways. In addition to claiming so many lives, it has impacted human mobility and the people, places and industries that have come to rely on it. As it spread in large part through domestic and international tourism, religious tourism sites were closed, air travel grounded, and embassies shuttered. The World Tourism Organization anticipates tourist arrivals falling between 60-80% by the end of 2020 (UNWTO, 2020). While extremely debilitating for countries such as Italy—where tourism accounts for over 13% of its GDP, losses are estimated at 65 million euros for the summer alone (Netti, 2020), and 180,000 tourism workers are estimated to be unemployed (Carli, 2020)—it takes on even greater severity when considering that those in most need of travel in such times of suffering and uncertainty are pilgrims, spiritual and other ‘wellness’ tourists, and church attendees who seek out these destinations to commune with the divine in hopes of enhancing their holistic wellbeing (Choe, 2020).

On January 30, 2020, the Italian government—led by Prime Minister Giuseppe Conte, a San Giovanni Rotondo native whose family had close ties to Pio (Allen, 2020)—reported the first symptomatic cases of COVID-19 in two Chinese tourists, followed by a confirmed case on February 7 of an Italian returning from Wuhan (Seckin, 2020); however, recent studies of wastewater suggest the coronavirus was present in Italy by December (Amante and Pollina, 2020). The first confirmed ‘non-imported’ case was in the town of Codogno, outside of Milan, on February 21, with nine other villages reporting the illness shortly thereafter (Reuters, 2020). On March 8, the Italian government imposed a strict lockdown that first limited travel to northern regions, then throughout the entirety of the peninsula (Bruno & Winfield, 2020). While initially the government allowed visits to churches and shrines such as San Giovanni Rotondo, which instituted social distancing measures, by March 21 all businesses except for grocers and a limited number of other essential shops were closed, and citizens were confined to their homes. Only one member per household was allowed out for reasons such as buying or delivering groceries, and had to carry a letter attesting to the fact. Police would
Figure 7. Text messages between the author and a police officer in central Italy, showing a tent to extend the town’s emergency room, and a video inside the COVID wing. Fortunately, Southern Italy was not as severely affected.

Rotondo and Pietrelcina, an Irish tour operator, and an Irish guide. Several Italians I spoke to are law enforcement agents, and, in the early weeks of the quarantine sent images of makeshift hospitals and triage centres in piazzas with dire warnings to learn from their mistakes (Figure 7). In total, as of early November, Italy counts over a million total cases and 42,953 deaths, according to official statistics. Fortunately, unlike the Spanish flu wherein Puglia and Campania were hit the hardest, during spring 2020 they reported some of the lowest numbers of infections. Pietrelcina’s region of Campagna saw 4,634 total cases including 431 deaths (1.3% of the total casualties), while San Giovanni Rotondo’s Puglia region saw 4529 with 542 deaths (1.6%) (Ministero della Salute, 2020). Several Pietrelcinese informants with ties to local government told me that Pietrelcina had no cases of coronavirus until lockdowns were eased, when a citizen contracted the virus ‘doing errands’ and infected their family; they were put under quarantine. San Giovanni Rotondo and the surrounding area did report some cases, including the deaths of a 34- and 49-year-old, and the hospital treated several COVID cases; doctors and nurses in the hospital, and some employed by the sanctuary, contracted it as well (GPT, 2020). The churches were shuttered, though friars said Mass and answered online prayer intentions.

Shrines are not only sacred destinations, but centres for the community. The quarantine and lack of visitors caused significant psycho-social and emotional stress on locals who live and work around Pio’s shrines. Sangiovannesi talked of depression, especially among the elderly and infirm. In Pietrelcina, ‘la tristeza c’è’ said one—‘sadness is all around’—but they respected the harsh rules because they knew the contagion would spread if they didn’t. The lockdowns, which were reportedly among the harshest measures in the world (FT Reporters, 2020), also prevented the visiting of sick and dying, as well as funerals, further creating stress and dejection—as it did with our friend in Spain. During the quarantine, a family member of mine in Benevento passed away of cancer, for which he had been treated monthly at the Casa Sollievo della Sofferenza, and his children could neither be present at his deathbed nor at his funeral.

During this time, I corresponded or spoke with a number of friends in central Italy, family members outside of Pietrelcina, long-term research subjects in San Giovanni Rotondo and Pietrelcina, an Irish tour operator, and an Irish guide. Several Italians I spoke to are law enforcement agents, and, in the early weeks of the quarantine sent images of makeshift hospitals and triage centres in piazzas with dire warnings to learn from their mistakes (Figure 7). In total, as of early November, Italy counts over a million total cases and 42,953 deaths, according to official statistics. Fortunately, unlike the Spanish flu wherein Puglia and Campania were hit the hardest, during spring 2020 they reported some of the lowest numbers of infections. Pietrelcina’s region of Campagna saw 4,634 total cases including 431 deaths (1.3% of the total casualties), while San Giovanni Rotondo’s Puglia region saw 4529 with 542 deaths (1.6%) (Ministero della Salute, 2020). Several Pietrelcinese informants with ties to local government told me that Pietrelcina had no cases of coronavirus until lockdowns were eased, when a citizen contracted the virus ‘doing errands’ and infected their family; they were put under quarantine. San Giovanni Rotondo and the surrounding area did report some cases, including the deaths of a 34- and 49-year-old, and the hospital treated several COVID cases; doctors and nurses in the hospital, and some employed by the sanctuary, contracted it as well (GPT, 2020). The churches were shuttered, though friars said Mass and answered online prayer intentions.

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These shrines are also economic drivers. That the quarantine occurred during Easter in April and lasted
And in part to keep Irish pilgrims connected—since all trips were cancelled—a tour operator arranged for the friars in Pietrelcina’s Capuchin friary to hold a virtual rosary session and Mass in English once a month, which continue to be livestreamed on Facebook and average nearly 114,000 views per session (see Figure 8). And on June 16, the feast of Pio’s canonisation, the international association of prayer groups held a mass day of prayer across the world for those suffering for those who had died from COVID-19, the Pope, the Capuchin order, and first responders.

As of this writing in August 2020, Italy is in the government’s third phase of quarantine, where churches, hotels, restaurants, and other hospitality service providers are open with strict social distancing measures in place. Religious tourists are beginning to return to the towns, though the opening of each location has been uneven. Perhaps because Pietrelcina, albeit much smaller than San Giovanni Rotondo, is visited mostly for its outdoor locations—the homes, streets, and fields in which Pio resided as a child (Figure 9)—the first tourists were reported to have arrived almost immediately when the lockdown was eased (Carlino, 2020), thanks also to news that the geographically isolated town was ‘immune’ to the virus in the region (Liguori, 2020). However, because streets are narrow, the town has cancelled the annual feast celebrating the Madonna della Libera, which is typically held in the first weekend in August where the effigy of Mary is paraded through town; in its place was an outdoor Mass in the piazza (see fig. 10). In addition, the popular televised concert, Una Voce Per Padre Pio—a summer staple in Italy (that sometimes is also reprised live in Toronto, Canada later in the summer), which features popular singers and is held to raise awareness of Pio to newer generations, as well as to raise money for Pio-related NGOs in Africa—was moved from Pietrelcina to a TV studio in Rome this year, amid uproar by locals. The tourism minister of the town insisted that the temporary move would ensure Pio’s ‘message of love, solidarity and fraternity’ was diffused during this difficult time, and that it would be ‘an opportunity for all of the region to instate a model of supralocal development centred on tourism and better present our whole province, not only from the religious point of view but also the cultural, artistic, landscape, and gastronomic perspectives (Masone 2020). It did not fare well, though, unexpectedly losing
Figure 9: Italian Pilgrims to Pietrelcina Touching the House in Which Pio was Born.
Even the exteriors of Pio’s sites are perceived sacred.

Figure 10: Socially distanced outdoor Mass celebrating the Feast of the Madonna della Libera in Pietrelcina on August 2, 2020.
Padre Pio, Pandemic Saint

tried to diversify offerings in the site through focusing on heritage tourism, contemporary art and architecture, and even culinary tourism. ‘This is a chance to convert religious tourism to mass tourism’ one site manager in San Giovanni Rotondo reportedly said (Fisher, 2008).

Perhaps fortuitously in our new pandemic era, current trends show that this has not entirely worked.

Conclusion

In this paper, I have defined a pandemic saint as one to whom the faithful pray specifically to alleviate physical, emotional, or social suffering, and/or who is explicitly regarded by as a model for virtuous, moral behaviour, during a global outbreak of disease. This definition takes into account both the actions of popular religiosity (prayers by the faithful to alleviate suffering) and authorised religiosity (religious authorities presenting the saint theologically as a model for behaviour) (see Badone, 1990; Di Giovine & Choe, 2020). Although as of this writing the COVID-19 pandemic is far from over (and indeed is beginning to rise again in Italy and elsewhere in Europe (Pleasance, 2020)), I have argued here that Padre Pio can be considered a ‘pandemic saint’ for the coronavirus outbreak to whom Catholics are increasingly turning for the alleviation of physical, emotional, and spiritual suffering, as they did during the last great pandemic of the Spanish flu. On the one hand, Pio is a ‘rock-star saint’ (Povoledo, 2018) who is already prayed to and visited by millions for the alleviation of suffering. It seems logical that he would be invoked for this new form of suffering, too. On the other hand, his narrative—hagiographic perhaps, but certainly well-known—reveals Pio to be a model for the kind of theology of mercy promoted to the faithful by Pope Francis during the COVID-19 pandemic. During the most trying days of quarantine, Francis repeatedly urged the faithful to engage in prayerful introspection that would lead to an abandonment of ‘egoism’ and self-centeredness, and the creation of solidarity and fraternity for those hit the hardest by illness and suffering. Pio’s ministry, which emerged during the last great pandemic, closely conforms to this theological model. This is certainly difficult work, but through a close examination of Pio’s responses to illness during his life, one can see that even he gradually arrived at this understanding through prayer, introspection, and consultation with his...
Spiritual Advisors. Saints are models of moral action, says the Catechism, not in spite of, but precisely because, they are human. Understanding the development of Pio’s theology of suffering—from quite egoistical ideas to ‘victim soul’ spirituality—presents Pio as an even more compelling and humane model of just action in these trying times.

This article also concludes with an update, preliminary at best, on the state of pilgrimage at Pio’s main shrines in Italy. We are beginning to observe a broad trend towards slower, more local forms of tourism that are perceived safer, trusted and familiar rather than exotic and adventuresome. Although some view this COVID-19 period as a transformational paradigm shift for the industry (Ateljevic, 2020; Cheer, 2020; Ioannides & Gyimóthy, 2020; Sigala, 2020), it is certainly too soon—and complex—to tell (Hall, 2020). Nevertheless, there is evidence that in the short- and medium-term at least, these shrines already are sites of a new kind of ‘proximity travel.’ Both shrines are in rural settings, boast healthy weekend and day-trip tourism, and, of course, promise the alleviation of illness and suffering through interactions with the saint and his relics. Anecdotes seem to confirm this. In the last week of June—as a ‘crush of pilgrims’ flooded the hard-hit Northern Italian town of Bibione, near Venice, to view minor relics of Pio that were put on exhibition (Callarelli, 2020)—a group of bicyclists from Positano, on the Amalfi Coast, embarked on a 2-day, 480 km round-trip ride ‘to render honor to Padre Pio’ (Positanews, 2020). ‘These will be two difficult days, but it’s worth it,’ Giovanni Fusco reportedly said of the trip taken by his cycling team, Divina Costiera di Amalfi. Modeling the kind of physical suffering to help others that both Pio and Pope Francis advocated, Fusco continued,

Many were the prayer requests [they took to Padre Pio] …for friends, but also for all of the town which survived unscathed from the coronavirus, for our sick, and for all of us from Positano.

Postscript

As this article was going to press in mid-November 2020, Italy like much of Europe has instituted stricter regulations because of an increase in coronavirus cases. While not as severe as during the height of the spring quarantine, hospitality venues such as restaurants and bars must close by 11 p.m. and outdoor mask-wearing is strictly enforced. At San Giovanni Rotondo, the Casa Sollievo della Sofferenza has set aside 80 beds for COVID-19 patients, the Basilica of St. Pio and Pio’s original crypt in the Church of Santa Maria delle Grazie have been closed, and at least one friar in Pio’s convent has been diagnosed with the illness (Sangiovannirotondonet.it 2020).
Bibliography


