The COVID-19 Pandemic and Religious Travel: Present and Future Trends

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Introduction

The COVID-19 pandemic of 2020 has had dramatic effects on both the health and economic stability of countries around the world. According to www.covid19statistics.org, as of November 2020, approximately 53.3 million people worldwide had contracted the COVID-19 virus with a death toll of just over 1.3 million. The exponential rate of infection and spread of the virus led to economic shutdowns around the world as governments attempted to limit public exposure to the virus through physical distancing. By the summer, these shutdowns resulted in almost 200 million lost jobs worldwide (UN News, 2020), countries with the greatest structural weaknesses in their economies being affected the most (Ozili & Arun, 2020). Of all the economic sectors, tourism was the hardest hit, in part because travel was a major contributor to the spread of the virus (Chinazzi et al., 2020; Rodríguez-Morales et al., 2020). As Gössling, Scott, and Hall (2021) note, widespread restrictions on public gatherings and international travel bans affected 90% of the world’s population, causing most world regions to experience a precipitous drop in both international and domestic tourism. These restrictions and bans have led to at least a temporary shift towards ‘de-globalisation’ (Niewiadomski, 2020) or an ‘anthropause’ (McGreevy, 2020) and from overtourism (Dodds & Butler, 2019; Milano, Cheer & Novelli, 2019; Pechlaner, Innerhofer & Erschbamer, 2019; Séraphin, Gladkikh & Vo Thanh, 2020) to undertourism or ‘no tourism’ (Gössling, Scott, & Hall, 2021; Gowreesunkar & Thanh, 2020). The World Tourism Organization (UNWTO, 2020a) estimates that there was a 22% decrease in international travel in the first quarter of 2020, and projects that international travel in 2020 will decrease by 20-30% overall with a decline in international tourism receipts in the 300-450 billion USD range (UNWTO, 2020b).

The COVID-19 pandemic has led to a surge in academic publications focusing on both the immediate impacts of the pandemic on global travel and, more importantly, how the pandemic marks the chance to restart, reset, and reinvigorate tourism in a more sustainable way. This would be done by off-setting the resumption of unsustainable tourism practices based on transforming institutional logistics and systems of tourism based on capitalism, old business models, growth-paradigms, and trajectories through to the creation of a ‘new normal’—a tourism system more community-based and regenerative, and facilitating and minimizing structural inequalities through environmental reparation, ecological justice, and racial reconciliation (e.g., Ateljevic, 2020; Benjamin,
Tourism is embedded in many faith communities around the world, and efforts to move towards ‘hopeful tourism’ (Pritchard, Morgan & Ateljevic, 2011) or ‘human-centered tourism’ (Carbone, 2020). In this vein, the UNWTO (2020c), has suggested six ‘lines of action’ the tourism industry should take to restart in a more responsible and sustainable manner. These revolve around the themes of public health, social inclusion, biodiversity conservation, climate action, the circular economy, and governance and finance.

While seemingly utopian or idealistic in nature considering the economic base of tourism development (Gössling, Scott & Hall, 2021), these discussions around the creation of a new travel paradigm, have so far omitted any discussion regarding religion and religious travel as a critical component of this ‘new normal’ (for exceptions see Choe, 2020; Sigala, 2020). This is surprising for several reasons. First, most of the world’s population is religious or at least spiritual in some way, with almost 75% of the world’s inhabitants being affiliated with a religious, spiritual, or indigenous group, somehow commensurate with religion (Pew Research Center, 2015). These numbers, and the fact that religious worldviews underlie much of the legislation, policymaking, and views of morality, ethics, and values that occur in different cultures, make religion a pervasive force in the world today.

Second, religion has long influenced human migration and travel patterns (Park, 1994; Olsen, 2019), how people utilise their leisure time in terms of spiritual wellbeing (Kelly 1982; Heintzman, 2000), and the development of an ethos of hospitality (Sorensen, 2005; Olsen, 2011; Liu, Suolang & Lu, 2020). Religion and its related travel mobilities are at their heart ‘human-centered’, and thus should be included within this evolving ‘human-centered’ tourism paradigm.

Third, religion is a major demand driver within the tourism industry (Olsen, 2013), with an estimated 300-600 million people a year traveling both internationally and domestically for religious purposes (Timothy, 2021; UNWTO, 2011).
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Religious Gatherings and the Spread of COVID-19

The ties between mass gatherings and the spread of communicable diseases is not new (Ebrahim & Memish, 2020-a). Along with tourism, the Olympics or other sporting events, musical concerts, and religious pilgrimages have long been the subject of research related to the spread of disease (e.g., Feldman et al., 2004; Hadjichristodoulou et al., 2005; Al Tawfiq & Memish, 2012; Eberhardt et al., 2016; Oh & Flaherty, 2020). Regarding religious mass gatherings, the Hajj has long been held under medical scrutiny by European governments and world health officials since 1865 when a cholera outbreak spread by pilgrims returning from the Hajj occurred in Europe (Mishra, 2011). Since then, the Hajj has become ‘medicalized’ to the point where several local, national, and international governmental and health organisations coordinate to ensure both the health of pilgrims and to minimise the risk of communicable disease outbreaks during travel to and from the Hajj (Olsen, 2020). While other mass religious gatherings have historically contributed to the spread of communicable diseases globally, these gatherings have been woefully understudied and generally lack a systematic assessment of the spread and impact of resulting outbreaks due to the lack of data and medicalization at these events (Gautret & Steffen, 2016). This is concerning, considering that infectious diseases are the most common health problem encountered at mass gatherings (Ebrahim & Memish, in press-a), as demonstrated in the investment of Saudi Arabian and Hajj officials in mandatory vaccinations, hospitals, rapid response health teams, and cleaning teams to minimise the spread of infectious diseases at the Hajj (Olsen, 2020).

During the beginning stages of the COVID-19 pandemic, several religious gatherings contributed to the spread of the virus. For example, in South Korea, nearly 5,000 cases of the virus were traced back to a person known as ‘Patient 31’ who had worshipped in the Shincheonji Church of Jesus in Daegu (Shin, Berkowitz & Kim, 2020). The rise of COVID-19 cases in the Middle East region were attributed to pilgrims visiting religious shrines in Iran and other countries (Al-Rousan & Al-Najjar, 2020). In California, 71 positive cases of the COVID-19 virus were traced to a Slavic megachurch (Koran, 2020). Also, in Malaysia, 513 people tested positive for the virus after attending a meeting in the outskirts of Kuala Lumpur linked to the Muslim missionary movement, Tabligh, which 16,000 people attended (Teoh, 2020). These, and other mass religious events with high viral transmission rates, led government and health officials to ban large assemblies, including religious gatherings, as a part of the broader effort to ‘flatten the curve’ by implementing non-pharmacological interventions, policies, and practices (Ikhwan & Yulianto, 2020). This decision was based in part because waiting until COVID-19 and its community transmission is detectable is too late (Hartley, Reisinger & Perencevich, 2020), and since medical countermeasures are not available during the early stages of a pandemic, mitigation rather than containment was the priority (Ebrahim & Memish, 2020-a). As such, major religious festivals and communal celebrations, such as Pessach, Easter (Holy Week), Vaisakhi, Ramadan, and Purnima, were cancelled; travel along pilgrimage trails was discouraged or trails were closed; and many religious pilgrimage sites, churches, mosques, and temples were shuttered either voluntarily or via government mandate (Barmania & Reiss, 2020; Olsen & Timothy, in press; Rodriguez-Morales, Sah & Paniz-Mondolfi, 2020).

Negotiating Collective Worship and Government Directives

The closure of religious sites and the cancelling of religious festivals and events was contested by some religious groups, leaders, and adherents. For example, in the cities of Qom and Mashhad in Iran, which typically receive millions of pilgrims each year, religious leaders refused to close the major shrines even when Iran became the epicentre of the virus in the Middle East (Ebrahim & Memish, 2020-a; Ebrahim et al., 2020). In fact, the leader of the Fatima Masumeh Shrine in Qom encouraged pilgrims to keep coming to the shrine as it was a place of spiritual and physical healing—including healing from COVID-19 (OpIndia, 2020; Quadri, 2020). As a show of support for keeping the shrine open, many pilgrims licked different parts of the shrine to show that the virus was nothing to fear (OpIndia, 2020). In Brazil, Neo-Pentecostal churches minimised the impacts of the virus and publicly defied government orders to suspend their worship services, telling their followers ‘not to fear the virus, as God would protect those who have faith,’
and that closing the churches ‘would mean a lack of confidence in the divine power’ (Capponi, in press: n.p.). In India, the banning of large religious gatherings and temple closures led one commentator to note that ‘even the gods are [now] out of bounds’ (Chaturvedi, 2020: n.p.).

In Pakistan, clergy were opposed to closing religious shrines and other places of worship. As such, Pakistani lockdown policies excluded religious buildings and gatherings (Sajid, 2020). And, in South Africa, 80% of known COVID-19 cases in two provinces derived from people ignoring government directives and participating in church services and burial ceremonies (Jaja, Anyanwu & Jaja, 2020). In Gowa, Indonesia, government officials were reluctant to shut down an evangelical Muslim conference because ‘they were more afraid of God than COVID-19’ (Muhtada, 2020, n.p.). In Bandung, Indonesia, residents expressed outrage when the government suspended worship at the local mosque, accusing religious leaders of being more afraid of government officials than Allah (Muhtada, 2020). In Israel, ultra-orthodox leaders encouraged adherents to ignore government and health directives and continue with their lives as usual, believing that if they continued to pray and meet that they would be protected from the virus—that the pandemic was a punishment from God for poor religious observance. This has led to a disproportionately higher incidence of COVID-19 infection among the ultra-orthodox community than the rest of the Israeli population (Halbfinger, 2020; Quadri, 2020; Tarnopolsky, 2020). These examples illustrate how many pilgrims and religious leaders acted upon their beliefs that religious ritual was more important than following the demands of health and government officials, taking the attitude of ‘Whatever happens to us is God’s will’ (Dein et al., 2020, n.p.).

However, for the most part, faith communities have complied with government and health mandates to stop the spread of COVID-19 and to do their part to promote health among their (particularly older) congregants and the broader community. For example, in early March 2020, Saudi officials suspended year-round Umrah pilgrimages for both international pilgrims and Saudi citizens (Channel News Asia, 2020; Ebrahim & Memish, 2020c), and even though the government of Saudi Arabia has a strong track record of dealing with communicable disease outbreaks (Ahmed & Memish, 2020; Olsen, 2020), it cancelled the annual Hajj for international pilgrims (Blakemore, 2020). Saudi officials also temporarily closed the Al-Haram Mosque in Mecca and the Al-Masjid al Nabawy Mosque in Medina earlier in the year for sterilisation (Tschannen, 2020). Palestinian authorities closed the Church of the Nativity, the traditional birthplace of Jesus, while access to all of Bethlehem was closed to pilgrims by the Israeli government after news that a group of Greek pilgrims returning from Bethlehem had contracted the virus (CGTN, 2020; Yamin, 2020). Site managers at the Shrine of Our Lady of Lourdes, France, closed its healing pools to pilgrims as a precaution (Wooden, 2020), and soon after decided to close the site completely, marking the first time the sanctuary had been closed in almost a century (Mares, 2020). The Vatican announced that Holy Week celebrations at St. Peter’s Square were cancelled (Burke, 2020), and religious leaders from many faith communities encouraged the faithful to worship at home and to be tested for the virus (e.g., Alyanak, in press; Barmania & Reiss, 2020; Dein et al., 2020; Gawthrop, 2020; Yezli & Khan, 2020).

Because of these closures and the accompanying cessation of pilgrimage and religious tourism, faith leaders and sacred site managers had to adjust how they connected with worshippers and visitors amid the pandemic, demonstrating at times innovative and dramatic responses to the ‘opposing demands of collective worship and social distancing’ (Wildman et al., 2020, n.p.). The most innovative and dramatic response has been the turn to techno-religious practices or ‘technologies of enlightenment’ (Bell, 2006; El-Sayed, Greenhill & Westrup, 2011) by religious leaders to reach out to the faithful, including holding worship services and small discussion groups online, broadcasting sermons and local, regional, and international conferences via the Internet, and offering confessions via Skype or Zoom (Dein et al., 2020; Kumar, 2020; Lorea, in press). Pope Francis, for example has livestreamed daily mass (Sherwood, 2020). Other site managers and enterprising businesses have turned to virtual and augmented reality to bring pilgrims and tourist to watch or engage in rituals at sacred sites. One example is the Tower of David Initiative, which uses virtual reality to guide pilgrims and curiosity-seekers around Jerusalem’s holy sites (Tercatin,
In addition to helping with government and health efforts to mitigate the spread of the virus through physical distancing, many religious communities have also provided practical services to those affected by the pandemic, including donating protective equipment and face masks to first responders and health care workers and providing much needed food and supplies to people in need (Dein et al., 2020; Schedneck, 2020; del Castillo, Biana & Joaquin, 2020; Modell & Kardia, 2020; Walch, 2020). Many religious leaders have also invited the faithful, via social media, to engage in worldwide fasts and days of prayer to petition God to end the pandemic (Daily Sabah, 2020; Matheson, 2020). As a case in point, after the closure of Lourdes, Catholics were called upon by church leaders to participate in a novena or prayer to Our Lady of Lourdes during March 17-25 (Mares, 2020). Some religious leaders, such as those of the archdiocese of New York, have kept their churches open for a limited number of visitors to pray (Burke, 2020).

Navigating Utilitarian and Conscience-Based Approaches to COVID-19

The examples of religious communities and leaders ignoring government directives regarding physical distancing given above, highlight the tensions between reconciling religious gatherings with the implementation of preventive measures during a geographically broad health crises. On the one hand, government and health officials treat religious organisations as if they ‘are the sum of rules and rituals that can be easily changed or dictated by science’ (Istratti, 2020, n.p.). This has led to popular public discourses suggesting that faith communities ‘should change or adapt their ‘rituals’ in response to’ the pandemic because ‘religion’ in general has contributed disproportionately to the transmission of COVID-19. Thus, religious leaders and communities should be forced to cooperate with government health authorities in curbing the COVID-19 pandemic (Ali & Alharbi, 2020)—to ‘move from a conscience-based ethics to a utilitarian-based’ approach to health crises (Sawa, 2007:304). These discourses have been reinforced by many media representatives who describe these religious groups as ‘problematic’, ‘defiant’, and ‘recalcitrant’ (Istratii, 2020; McLaughlin, 2020; Wildman et al., 2020)—that

any concerns expressed by religious communities at having their religious practices suspended reflects irrational thinking, contradicting what is perceived to be a superior, inerrant, secular science (Istratti, 2020, n.p.)

—while at the same time neglecting to mention the positive ways in which most religious communities have responded to and helped slow down social transmission of COVID-19 (Dein et al., 2020, n.p.).

On the other hand, this utilitarian approach does not take into consideration the reality that in many places religion and culture are intimately intertwined—where ‘worldviews [are] defined by unique theological or exegetical premises’ (Istratti, 2020, n.p.). From this theological or exegetical perspective, religious gatherings lie at the heart of religious freedom, and during times of crisis there is a need to support people’s spiritual well-being as well as their physical health (Koenig, 2020-a, 2020-b; Peteet, 2020). Indeed, belief in the saving and healing powers of deity has forced many faith communities to have to choose between following their beliefs or government health mandates. Also, in the case of the present COVID-19 pandemic, the loss of livelihoods and an unclear immediate future has caused many people to experience a ‘deeply rooted existential anxiety’ (Peteet, in press: n.p.), leading them to turn to religion and religious communities—sometimes involving travel—in search of meaning, understanding, and physical, mental, and emotional health (Ashton, 2018; Bentzen, 2019, 2020; Bowers & Cheer, 2017; Choe, 2020; Dein et al., 2020; Heintzman, 2002; Olsen & Guelke, 2004; Smith & Kelly, 2006). This idea is illustrated in a news article exploring the closure of religious sites in India due to COVID-19. One photograph shows a group of police at Mumbai’s Siddhivinayak Ganesh temple who were charged with keeping pilgrims out. A juxtaposed photograph shows hundreds of pilgrims gathered outside of Saibaba temple in Shirdi to worship after it was closed (The Redcliff News Bureau, 2020), illustrating the importance placed upon congregating with like-minded believers to work through emotional and spiritual stressors.
However, the seeming heavy-handedness in which some governments around the world have acted in the name of public safety, banning communal worship without consulting religious leaders, has led to complaints regarding the inappropriate or unbalanced targeting of religious gatherings over other forms of gathering—such gatherings include not only protests but also locations where one could shop (see Ellis, 2020; Movsesian, 2020). This led some religious communities to believe that certain public health initiatives are directly opposed to their freedom to worship and could feel that they, rather than the virus, are under attack (Barmania & Reiss, in press: n.p.).

The governor of California, for example, banned singing and chanting in worship services due to concerns over the airborne spread of the virus (Huston, 2020), while in Greece, government officials fined church-goers (Istratii, 2020). These seemingly unfair and draconian restrictions and the backlash of religious communities against these measures underscore the continuing paradox between religion and spirituality and ‘secularist spheres dominated by institutionally sanctioned biomedical worldviews’ (Lorea, in press: n.p.; see Agamben, 2020) and the accompanying separation of religious ‘conscience (as belief) and its embodiment (as practice)’ within ‘Western epistemologies of ‘religion’ and humanistic notions of conscience’ (Istratii, 2020, n.p.).

**Religious Travel Within the ‘New Normal’**

As noted above, there have been several calls from tourism and media officials and academics for a reset of tourism post-COVID-19, especially as it pertains to the needs of host communities and the natural environment. Early evidence suggesting that environments in overvisited urban areas have begun to rehabilitate naturally as a result of the travel bans (e.g., Brunton, 2020; Wengel, 2020) has only intensified these calls. While envisioning and enacting a full reset of the tourism system would require fundamental changes, cooperation, and buy-in from tourists, businesses, destinations and policy makers (Sigala, 2020), of concern here is what role pilgrimage and religious tourism will potentially play in this reset and how this reset will potentially change the practices of faith communities, particularly in the face of future pandemics. While attempts to prognosticate the future is futile at best, based on the preceding discussion, four interrelated themes are presented here to elucidate potential future trends in, concerns regarding, and the development of post-COVID-19 religious travel.

**Continued Demand for Religious Travel?**

While the pandemic has temporarily stopped and possibly fundamentally changed the ways in which religious travel and rituals are performed (see below), there are at least three reasons why pilgrimage and religious tourism may not see any long-term effects from the present health and economic crisis—at least, once international borders open and travel bans are lifted. First, as noted earlier, in some religious traditions pilgrimage is obligatory and a means of obtaining salvation. While it is possible in some instances to commune with God or gods without traveling to sacred sites, in the case of the Hajj this pilgrimage is required because it not only influences the physical, emotional, and spiritual wellness of believers in the present but also it affects their standing in the afterlife. As such, demand for pilgrimage travel will always exist. As well, in cases where local religious buildings were closed, although live-feed video streaming of virtual and augmented reality may suffice as temporary stand-ins for performing religious rituals or visiting sacred sites during the COVID-19 outbreak, there is ultimately no substitute for ‘being there’ (Mitchell, 2002). This is particularly true in cases where religious doctrine and praxis call for the performance of corporeal rituals in specific spaces and places designed to enhance connections between humans and gods (Eliade, 1959; Thiessen & McAlpine, 2013).

Second, as one of the oldest forms of mobility (Olsen & Timothy, 2006; Butler & Suntikul, 2018), pilgrimage and religious tourism have long been drivers of travel and tourism. This is in part because gathering is at the heart of religion, where believers meet as a faith community in sacred places to strengthen and help each other temporally and spiritually through ritually embodied performances. As such, travel to sacred spaces in this process of gathering is important (Hetherington, 1996; Mazumdar & Mazumdar, 2004; Knott, 2010). With the global reach of the current pandemic and the number of resulting deaths, as well as the general suspension of travel and the closure of religious sites, it would not be surprising if there is an increased demand in
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Travel wanes but typically not to the same extent that leisure and business travel do (Collins-Kreiner et al., 2006; Ron & Timothy, 2019; Singh, 1998). Therefore, pilgrimage and religious tourism are generally viewed as ‘recession-proof’ (Singh, 1998), ensuring that pilgrimage and religious tourism will continue to be salient drivers for the revitalisation of the world’s tourism economy. Therefore, pilgrimage and religious tourism should serve as a thriving tourism business post COVID-19.

Religious Travel as Sustainable Travel?

Those who have called for a tourism industry reset propose several changes that need to be incorporated in the ‘new normal’. From a sustainability perspective, one of the changes scholars and media commentators have suggested is creating disincentives for non-essential travel, limiting long-haul religious travel through taxation, and providing incentives for carbon-neutral tourism technologies to lessen the impact of tourism on global climate change and natural environments at different scales. While limiting long-haul travel would privilege business and high-income earners and re-define international tourism as an elitist activity (Groundwater, 2020), the focus would be on local and regional tourism scales and regulating tourist flows according to certain sustainability standards (Fletcher et al., 2020; Prideaux, Thompson & Pabel, 2020).

A focus on short-haul or local and regional tourism would be part of what has already been promoted as ‘slow tourism’, which involves tourists slowing down, focusing on more ecologically friendly trips, enjoying the journey, engaging and immersing one’s self into local cultures and attractions. Slow tourism also implies a greater focus on enjoying local and regional attractions and sometimes eschewing long-haul tourism (Dickson & Lumsdon, 2010; Gardner, 2009; Fullagar, Markwell & Wilson, 2012; Wearing, Wearing & McDonald, 2012). Some forms of pilgrimage and religious tourism fit well within this ‘slow tourism’ paradigm. Pilgrims and religious tourists are generally seen as somewhat ‘gentler’ travellers who have higher aspirations than the typical tourist, with the former being more ethical and sensitive towards local cultures, religious traditions, and the natural environment and more willing to enter into inter-religious dialogue (Howard, 2012; Gunesch,
Indeed, walking pilgrimages may be among the most environmentally friendly modes of travel, at least in terms of their environmental footprint, particularly as it relates to climate change! As well, pilgrimage and religious tourism is a ‘soft’ form of tourism (Lusby, 2017), which is an alternative to mass tourism. Like slow tourism, soft tourism focuses on mutual understanding[s] between the local population and their guests [while] not endanger[ing] the cultural identity of the host region and... tak[ing] care of the environment as best as possible (Broggi, 1985, p. 286).

As such, pilgrimage and religious tourism, that seemingly is environmentally sensitive and ‘human-centered’, should be welcomed in this restructuring of tourism.

However, just because pilgrims are perceived as being ‘gentler’ does not mean that they are, as the ideal does not always manifest itself in reality. This is the case when it comes to mass pilgrimage events (e.g., the Kumbh Mela and the Hajj), for example, where religious travel may not be as environmentally sustainable as it appears. As Shinde (2018) notes, during many pilgrimages in India, the sheer number of people on the move makes it difficult for any sense of environmental sustainability to occur. For example, Shinde outlines the negative ecological and hygienic impacts that hundreds of thousands of pilgrims participating in the Dnyaneshwar Palkhi pilgrimage procession towards Pandharpur have on the communities in which they stop along the route. Most of these communities do not have adequate sanitation and housing facilities to cater to such large numbers of pilgrims. Shinde (2020) also highlights how pilgrimage rituals in several sacred cities in India lead to congestion, waste generation, and wear and tear on religious objects and sites. In particular, devotional items offered to the Devi, such as food and garlands, are often thrown into the local sewer system or into the nearby river as ‘ritual litter’, adding to an already overburdened waste system. Similarly, Qurashi (2020) presents several issues regarding waste management at the Hajj, including the presence of unrecycled plastics and slaughterhouse waste. Even with a strong governmental waste management plan, the 1,800 to 2,000 tons of waste that pilgrims generate daily does not get disposed of in a timely manner because of the lack of sanitation workers. In these two cases, mass travel to pilgrimage destinations, whether by air (Hajj) or by walking (Dnyaneshwar Phalkhi), as well as the waste generated at pilgrimage destinations (both cases) will add to the negative environmental impacts that come with any type of travel. As well, in each case there is either a lack of infrastructure to mitigate environmental impacts (e.g., poor waste management systems in Indian cities) or a lack of policy implementation (e.g., lack of sanitation workers in Mecca).

In addition, Shinde (in press) and Qurashi (in press) note a frequent disconnect between adherence to environmental theologies and the pilgrimage practices among religious adherents. For example, even in religions with a strong environmental ethic, such as Islam and Hinduism, the attitudes of pilgrims and even religious leaders towards the environment are in stark contrast with their theologies. For example, Shinde (2020) notes how pilgrims and religious leaders at many sacred sites in India feel that while pilgrimage does create a negative impact on the urban and natural environment, because they are doing the will of the gods it is not their fault, and that dealing with the negative environmental consequences of pilgrimage is the responsibility of local and regional governments. As such, there is a lack of a strong formal governance framework within which government and religious leaders work together regarding environmental management (Shinde & Olsen, 2020). Qurashi (2020) also demonstrates that pilgrims at the Hajj seem indifferent to the waste created at the event. Like in India, many Hajj participants believe it is the government’s responsibility to deal with pilgrims’ environmental impacts. Thus, in these two instances, there seems to be a large gulf between being aware of sustainability principles and putting them into practice, as there is in many religious contexts (Senbeto, 2020).

As such, any discussion regarding a ‘new normal’ for tourism needs to include religious leaders, as not only do they have a profound influence on the behaviours of adherents (Laruin, Kay & Fitzsimons, 2012; Sigala, 2020), they also play an important role in developing and maintaining tangible and intangible religious heritage, which is an important part of the world’s tourism assets (Timothy, 2021; Olsen & Esplin, 2020).
The Further Medicalization of Religious Travel?

Any positive outlooks on the future of pilgrimage and religious tourism will be conditioned on how governments balance religious freedom and the right of assembly with broader societal health concerns in times of crises in the future. Will future pandemics raise the same restrictions on travel mobilities and shutter the tourism industry, thereby further infringing on religious rights of assembly? Or, will health officials create a forward-thinking framework that will allow travel, including religious travel, while mitigating the impacts of future pandemics?

Ferngren (2014:4-6; see also Amundsen, 1996:1-29) suggests that there has been a historical evolution in the intersections between religion and medicine:

- Medicine being subsumed by religion;
- Religion and medicine being partially separated;
- Religion and medicine being completely separated and compartmentalised, and;
- Religion being subsumed by medicine.

With the present pandemic, it is clear that religion is being subsumed by medicine, where aspects of health that were once the purview of religion are now being overtaken by medical professionals. This phenomenon is not new, for, as noted above, the Hajj has long been a subject of international oversight by European powers based on Western medical and sanitary standards to minimise the risk of disease transmission between Hajjis. However, as also noted, there has been little in term of medical oversight and standardisation at other religious mass events (see Griffin, Radhakrishnan & Griffin, 2018). But since the rise of COVID-19, health controls related to mass religious gatherings beyond the Hajj have increased substantially (Olsen, 2020), including calls for greater medicalization and institutionalisation of mass religious gatherings. For example, David and Roy (2016) call for the creation of an international and interdisciplinary associations designed to develop policies and standardised practices to meet the health challenges of mass religious assemblies. Ebrahim and Memish (2020-a) also call for an institutional approach, stating that

> Institutions with the mandates for outbreak monitoring and response should keep an inventory of mass gatherings and provide advance warnings and recommendations about outbreaks to the organizers including information on event cancellation, crowd size limitations, or alternatives.

This emphasis on broader institutional oversight at religious gatherings is partly because most event organisers do not have the expertise, knowledge base, capacity, and monetary resources to deal with health issues, including infectious diseases, at these mass events (Ebrahim & Memish, 2020-a).

The priority of government and health officials is to ‘protect…the public and ensure global health security’ (Yezli & Khan, 2020:3), even if it comes at the cost of social, civil, and religious liberties, and undoubtedly there will be more viruses with unpredictable vectors and modes of transmission in the future. As such, depending on the size and scale of religious gatherings, international organizations, including the World Health Organization (WHO), will play a greater role in the planning, strategic development, and creation and implementation of mitigation policies and practices related to the transmission of infectious diseases. Any medicalization model that is implemented will likely follow the Hajj model, where mandatory vaccinations, expansion and coordination of health facilities, and the use of technologies to monitor pilgrims are necessary (Olsen, in press). This model, however, is better implemented at mass religious gatherings that are international in scale, where coordination between pilgrim-generating countries and pilgrim-receiving countries with accompanying international support is more easily facilitated.


> acknowledging the special role of religious leaders, faith-based organizations, and faith communities in COVID-19 education, preparedness, and response,

the purpose of the document was to provide evidence-based guidance and recommendations to religious communities to
of tourism spaces to make them contact-free, and redesigning experiences to cater to smaller group sizes (Serra & Leong, 2020; Sigala, 2020). However, this is somewhat at odds with some religious views of risk during pilgrimage. Historically, as well as presently in some cases, austerity, hardship, sacrifice, and risk are an expected part of any authentic religious journey (Nordin, 2011). Indeed, the element of risk may be viewed as a necessary component in pilgrimage, where the risk of serious injury or death may lead to a person earning more merit. While people still perform pilgrimages in the face of danger, such as pilgrims participating in the Karbala pilgrimage through ISIS-occupied Iraq (Nikjoo, Tazavizzdeh & Di Giovine, in press) or Polish pilgrims walking to the Jasna Gora monastery in Czestochowa despite warnings from government officials regarding the COVID-19 pandemic (Charlish, 2020), most of today’s pilgrims and religious tourists are risk adverse, as perceptions of risk are generally ‘based on assessments of future probabilities of risk rather than [existing conditions] in the present’ (Korstanje & Howie, 2020: 53). Considering modern transportation technologies, the growth of all-inclusive package tours catering to pilgrims and religious tourists, and the structural and constrained nature of travel, journeys to dark tourism attractions with religious connotations might be the closest travellers wish to get to a risky situation (Korstanje & Olsen, 2020). At the same time

As such, while religious leaders and managers of mass religious gatherings are acutely aware of this risk aversion and are concerned about the myriad of health-related issues that can occur at these events, questions arise regarding whether any future medicalization of mass religious gatherings will be done in conjunction with religious leaders and broader faith communities or rather imposed upon them. For example, once a vaccine for COVID-19 is available, will site managers at Lourdes be able to determine when they can re-open their healing pools to the public, or will health officials have to give the okay? Will Shiite pilgrims be allowed to continue to touch or kiss sacred relics, or will government and health officials put a stop to this? In sum, will government and health officials compel or work with faith communities to alter or limit centuries-old ritual practices in the name of physical distancing and pandemic mitigation in the future?
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_The Death of Communal Rituals?_

Worldwide travel bans to mitigate the spread of COVID-19 have limited the ability of religious communities to travel, gather, and worship. While most religious leaders and communities have acquiesced to these limitations, the expectation was that such limitations would be temporary and that freedom of religious practice would not be so drastically curbed. This raises questions as to what happens when future pandemics occur with unpredictable vectors and modes of transmission. Since medical countermeasures are not available during the early stages of a pandemic, mitigation strategies like those used with COVID-19, are likely to be implemented again. What does this mean for the future of religious gatherings, rituals, and travel, considering that these situations can exacerbate vector transmissions on a global scale?

One of several impacts of the restrictions on religious travel and gatherings has been the way in which religious worship and practices have changed. As noted earlier, the use of ‘technologies of enlightenment’, virtual worship services and pilgrimages, and the call by many religious leaders to pray and worship at home, are not only altering how religious communities function in the short term, but also raising questions regarding the importance of sacred space in the performance of communal rituals. Lorea (in press: n.p.) suggests that changes to the ways in which people have worshipped and religious leaders have ministered during the pandemic—where

- the fabric of gatherings, the sense of togetherness, the meaning of congregation,
- the ritual praxis of pious bodies have changed dramatically across sectarian boundaries

—could possibly be long lasting. These changes might mean that

- ritual innovations might outlive the duration of the pandemic and become the new praxis.
- Digital sacraments and new re-mediations of rituals are most probably there to stay.

Lorea further argues that this new praxis will cause religious scholars to ‘rewind their ‘embodiment’, ‘sensory’, and ‘material’ turns … and devise new methodologies to study ‘the disembodied and desensoralised religious phenomena that have appeared after COVID-19.’

Indeed, one of the main effects of the pandemic may be the desensoring of religious rituals. Pilgrimage and religious tourism are embodied, sensory experiences—the smell of incense, hugging statues, kissing relics, shaking the hands of fellow believers, touching or ingesting holy water, walking with fellow pilgrims on pilgrimage trails—all of which have been a part of religious rituals and praxis for centuries. However, they may also make religious travellers more susceptible to infectious diseases. If, as Korstanje (2020) suggests, future tourists, as potential carriers of not just the COVID-19 virus but viruses in general, may be viewed as a potential threat by communities and countries (e.g., Jakarta Post, 2020; Laurent, 2020), the same sentiment will undoubtedly arise with regard to religious travellers. Indeed, with pilgrims and religious tourists being blamed for much of the spread of COVID-19, limiting the sensory component of religious ritual may be a distinct possibility in the future.

This would mean that faith communities may have to improvise and find new spaces in which to gather and perform religious rituals. While it is true that many religious rituals can be performed individually or outside of a dedicated place of worship, some rituals cannot, such as the temple ordinances undertaken by members of The Church of Jesus Christ of Latter-day Saints (Packer, 1982; Olsen, 2006) or participating in pilgrimage rituals at the Hajj. At the same time, future pandemics will likely once again close sacred spaces, many of which may be located far from the faithful and require long-haul travel. If travel prohibitions become more frequent in the future, one possibility to overcome these constraints could be to create new sacred sites that cater to religious adherents at a local and regional level. The re-creation of sacred spaces is something that occurs in diasporic immigrant communities, where they attempt to ontologically map, transplant, or recreate and venerate sacred places, landscapes, and pilgrimage rituals from their home countries (Vásquez & Garbin, 2015; Prorok, 2003; Olsen, 2016, 2019). If these re-creations are not a viable option, and if governments argue that constraints on the practice of religious rituals do not infringe on freedom of religion, and that changes to religious rituals and practices made by faith communities during the COVID-19 pandemic demonstrate that sacred space is unnecessary, is it possible that one day society will live in...
a post-sacred world, where the inability to gather together will mean that religious communities are communities in name only?

Towards a New Post-Secular Normal

In the 1960s, several social commentators suggested that religion, and therefore pilgrimage and religiously motivated travel, would disappear in the face of globalisation and rational economic progress (e.g., Berger, 1967; Luckmann, 1963). However, this globalisation thesis has not come to pass. In fact, religion has stubbornly continued to persist to the point where some commentators believe that we live in a post-secular world, in which there has been a resurgence, or at least a growing importance, of religion (De Vries & Sullivan, 2006; Habermas, 2008). However, religion and its importance to people around the world still does not seem to be taken seriously, at least within the Western world, even with the rise of the spiritual tourism market and a drastic increase in visitation to religious sites in the last few decades (Olsen, 2019). Indeed, the COVID-19 pandemic seems to have clearly marked a stark division between religion and science today.

In this context, the present pandemic is only a warning shot. There will be other pandemics in the future, and since, as noted above, preventive measures are all that can be done at the beginning of a pandemic, there will likely be more closures of religious sites, pilgrimage trails, and communal worship services soon. In this vein, Yezli and Khan (in press) argue that ‘further bold and unpopular measures are likely to be introduced’ in curbing future outbreaks, and that these measures will be done ‘in the interest of public health despite its potential economic and political consequence’ and will come at the expense of ‘the personal financial, mental and emotional impact on pilgrims.’ This will mean that tensions between religious communities and health officials will become starker, especially if multiple successive pandemics lead to the perpetual closure of sacred sites, pilgrimage trails, and limited access, or no access, to communal religious rituals.

Granted, ‘In a pluralist society, different worldviews inevitably exist. Atheists [as well as people from a wide socio-political spectrum] may find it absurd that a person disregards substantial risk of infection in order to attend an “in person” service’ (Barmania & Riess, in press: n.p.). However, being in a post-secular world means that post-secularism, rather than postmodernism, should be the theoretical lens with which to deal with the present and future pandemics within the ‘new normal’ paradigm of tourism. When a vaccine for COVID-19 has been developed and administered, there will still be a heightened awareness and concern regarding the potential for transmitting communicable diseases through religious rituals. Informed and included faith leaders may be more willing to promote health messaging, convince adherents to follow government mandates, and develop and encourage more sustainable pilgrimage practices (Modell & Kardia, 2020; Murbarak, 2020). Considering some of the hard questions that will need to be asked in the future regarding pilgrimage and religious tourism, including waste management and hygiene, mandatory queuing, potentially extending the dates of religious festivals and events, and monitoring religious routes and trails to ensure physical distancing, it will be critical to have religious leaders who are both informed and included in efforts to mitigate the effects of future pandemics, as well as to incorporate religious norms and values in these efforts to balance the sacred and secular needs of people in a post-secular society. As such, decision-making regarding, and the implementation of, a ‘new normal’ must integrate the concerns and views of religious leaders and communities.
References


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