

April 30, 2020

Mexico City, Mexico

Dear friends in Christ,

As you can imagine, this is a very difficult newsletter to write, though thankfully not because we are going through any kind of health or personal difficulties. Rather, other than being content that our work in Mexico is able to carry on and that all the people we know and work with here are well, there is not a lot of good news to share. But we rejoice in the countless blessings we continue to enjoy even in these times and we pray that all is as well as can be with you.

Many of you have written asking how we are, and I can't tell you how much we appreciate your kind notes. It's wonderful to have so many people thinking about us and praying for us, as we are for you. In this newsletter, instead of sharing news items, I thought I'd let you know how things have gone the last couple of months, what the situation is like right now in Mexico, and what we are anticipating that the future may hold in Mexico and similar places. I'm also including some links from New York Times articles that you can click on if you are interested in knowing more.

While by early March there was already much uncertainty as to what might happen here in Mexico, things still continued much as normal. As usual, International Women's Day was celebrated here on March 8 with marches in the street and other events, but they mostly took the form of a protest against the violence and exploitation of women in Mexico. This problem has been getting more attention in recent years since things have been getting worse rather than improving, especially the killing of women, which in Mexico has come to be called "femicidio" in Spanish (see [HERE](#)). A national poll found that, among women over the age of 15, 66% have experienced some type of aggression, including physical (34%), emotional (49%), economic (29%), and sexual (41.3%). In the days leading up to March 8, there were two especially grisly murders, including the rape and murder of a seven-year old girl, that heightened the tension and awareness even more (see [HERE](#)). Hundreds of thousands of women marched throughout the country, including over 80,000 in Mexico City alone.



On Monday, March 9 the protest continued as women throughout the country went on a one-day strike called "One Day Without Women." It affected virtually all of the businesses, schools, offices, and other workplaces. Even many of the women who work at home took the day off. It was the first time that this had been done in Mexico, and as you can imagine, it had a huge impact (see [HERE](#)).

The following Saturday, the Mexican government announced that because of the COVID-19 virus, schools would be closing as of March 20, and businesses and offices began closing around that time as well. Since then non-essential businesses have been closed and most of the country is in lockdown.

At about the same time, we learned that ELCA Global Mission was requesting that its missionaries return to the U.S., although they would have a choice to stay in the countries where they were working. Like most of the ELCA missionaries in Latin America, we decided to stay where we are for a number of different reasons. Among these are that we do not have a home in the U.S. but own our home here in Mexico and thus have a safe place to stay. We also have access to good medical services. Above all, however, Alicia has been spending a great deal of her time taking care of her two brothers over the past year, who have had health issues, and she needed to continue to care for them, especially during these times. Both are single. One lives at the house where Alicia grew up and the other lives nearby, about 45 minutes from where we live. Alicia is the youngest in her family.

In addition, Alicia's oldest sister has had health problems and lost her husband two years ago. She lives with her daughter Conchita, who is a medical doctor. Since Conchita would be attending to COVID-19 patients and thus would be at risk of being infected, Alicia's sister moved into the house with her two brothers in order for Alicia to help take care of her as well. They are able to quarantine, so we hope that they can stay safe as well.

The last day I gave class at the Theological Community was March 17. Since then, we have gone to online learning and will continue to work online for the rest of the semester, which ends in June. I am continuing my normal workload, therefore, which includes not only the classes for the Theological Community but the courses I teach in our Lutheran Seminary's online program.



So we are well-stocked with what we need and are able to be safe during these days. I have been busy with my classes and other related activities and mostly need to leave the house only to walk the dogs. We have a large park less than a block away, which is never crowded – usually I will only see about 10 people there during my walk, all at a distance, so it is very safe. Other than that, it's necessary only to go to the market or supermarket every week or so, but there again people are all keeping their distance and we feel well-protected. Both of our daughters are fine as well. Elizabeth and her husband Matt are doing well in Minneapolis, and Monica is in Amsterdam in the Netherlands. Fortunately, they feel relatively secure in their jobs, although they have all been working from home.



Since we are in touch with them and are able to keep up with the news in the U.S. and the world through cable TV and an online subscription to the New York times, I am well-acquainted with how things are going in the U.S., Europe, and around the world. Although you may have seen some things on the news regarding the COVID-19 situation in countries like Mexico, I would like to share more with you so that you may have a better idea of our situation, which in many regards is very different from the U.S.

Here, as in most of Latin America, we are still at least several weeks from what is expected to be the high point on the curve in infections, and perhaps even 2-3 months away. We are expecting things to get much worse, unfortunately, and I would like to explain why. The main reason is that governments in countries like Mexico simply do not have the resources to deal with situations like this. The health care systems and the economy are already fragile. Even prior to the crisis, access to adequate health care for most people was in many ways limited.

About 55% of workers in Mexico earn their living in what is called the “informal economy.” This means that they do not have a bank account (much less a credit card), get a paycheck, or pay taxes, and are not registered at any place of employment. Their work is not monitored by the government.



They live day-to-day as merchants, domestic workers, and providers of different services, such as those related to tourism. They include people like restaurant workers, construction workers, agricultural workers, musicians, taxi and minibus drivers, mechanics, haircutters, and care-takers. often working out of their own home. These workers and their families must cover their own medical expenses and do not have insurance of any type, though the government does have some voluntary medical insurance that people can buy.

Unfortunately, these are the people that are being hit the hardest by the situation (see [HERE](#)). Because the economy is for the most part shut down, most have no way to earn money and have no savings. If they become sick, they have nowhere they feel that they can go, even though the government is attempting to make medical care available to all. There simply are not enough resources, however, and medical facilities in marginalized areas are especially limited. Just to give you an example: A few weeks ago our niece Conchita, the doctor, began feeling sick after having attended to COVID-19 patients at the two hospitals where she works. She previously had had to purchase her own protective equipment, which she reuses, and of course doctors in Mexico are generally middle-class rather than wealthy. When she reported ill, she was told to stay home and get tested for the virus, but she had to pay for the test herself – it cost her over \$150 (US dollars) – since the government cannot afford to pay for much testing, not even for many medical workers. She then had to wait five days for the results. Fortunately, she was not infected, but that meant going back to work at the two hospitals.

This also means that the reports about the number of COVID-19 cases in countries like Mexico do not reflect reality. The best example of this right now is in the country of Ecuador, which has been one of the hardest hit by the virus in Latin America. According to official statistics from the country, less than 1,000 people have died. However, in one region alone the death rate has gone up from around 2,000 deaths per month to around 9,000. The situation is unbearable, with people and even clinics leaving corpses out on the streets or sidewalks to be picked up, where on occasion they lay for several days (see [HERE](#)). On CNN in Spanish, one woman said she had lost her husband, both of her parents, and a brother in a five-day



span. However, because Ecuador's government does not have the resources it needs for testing, it cannot officially confirm that the deaths are COVID-related, so they do not appear in the statistics. For that reason, the official death count is less than 1,000.

Yesterday, I talked to Yuly Alonso, one of our seminary professors, who lives with her parents in one of the heavier-populated marginalized areas outside of Mexico City called Chimalhuacán (population 820,000 – only about 18 U.S. cities are larger than Chimalhuacán alone!). Yuly told me that their next-door neighbor had died from the virus, a man whom they had known for years, and



also another person in her neighborhood. She knew of five other people that had the virus and were hospitalized. She also mentioned a couple of other things that are typical in Mexico right now. While people in middle-class residential neighborhoods are staying home, people in largely-populated areas like hers are not. Instead, children are out playing, and people are out in the street as normal. In many cases, this is because they need to work to earn something to eat. However, many people still do not believe what the government is

saying and either think that the virus is a hoax or believe that, if they get sick, they can be quickly cured with medicine or simply by doing something such as holding their breath for a while. Many trust in amulets, images of the virgin or the saints, or other good-luck charms to protect them.

Because they are leading life as normal and are not observing social distancing, there can be little doubt that the virus will spread even more quickly in such areas and deaths will increase considerably. Only when things get bad enough will people finally believe that they need to isolate, yet by then it will be too late, and many will still need to work, saying that they prefer risking infection than dying from starvation. Even if the government had more resources, it would be almost impossible to control the situation in places like Chimalhuacán and force people to practice social distancing.

The situation will probably grow worse for other reasons as well. In areas like Chimalhuacán, people have more health problems. Mexico has one of the largest rates of diabetes in the world, and coronary problems are also widespread, making the population especially susceptible to the COVID virus. Without adequate testing, it is impossible to make good decisions about how to control the outbreak and consider how to gradually relax social-distancing and other measures. Mexico's economy depends especially on petroleum production, the tourism industry, and remittances from the U.S., yet these sources of income have all fallen drastically. The health care system may also reach the breaking point soon in many places if things continue as they are.



To make things worse, fear of infection with the coronavirus has led to acts of aggression and violence against health workers in Mexico. When people see a doctor or nurse in uniform, they think they will infect others and refuse to let them use public transportation or enter stores. One nurse had chlorine poured on her. Others were attacked by the family members of a mother who died of the virus because they did not let them see the mother before she died. Soldiers of the Mexican National Guard must now patrol outside of hospitals (see [HERE](#)).

Unfortunately, the situation will be much the same in other developing countries around the world. This past week I received an email from Rev. Dr. Rafael Malpica, Executive Director of ELCA Global Mission, in which he shared a reflection by Dr. Mark Jacobson, an ELCA medical missionary in Tanzania. Here are some excerpts:



“Increasingly, it is clear that when 80-90% of the population lives hand to mouth and by daily labor, that there is no possibility of lock down or sheltering in place or even physical distancing. And when governments attempt to apply this rather western approach, it is unenforceable and even leads to rioting and chaos.... The mortality impact of this pandemic while numerically large, I believe, will be small compared to the long term impact on the communities we serve as their economies crash, as their health care systems are not only overcome acutely but become bankrupted by trying to respond to the surge, and where even the very fragile governments of places like Sudan, Somalia, and South Sudan are at risk to be further impoverished, fall apart, or even overthrown. A country like Tanzania has tourism as its leading revenue source for hard currency. Now that is shut down until next year for sure....

“On top of the economic crisis which is impending, the current baseline for health systems in many of these countries is that they are overwhelmed even before the epidemic hits.... [T]hey likely will soon be stretched to the breaking point as supplies run out, as staff realize that their own safety is in jeopardy, and when staff have nothing left to offer their patients and lose their commitment and morale.... With no flattening of the curve, the virus will spread rapidly and tragically carry off the vulnerable and in a relatively short time, leave a population with herd



immunity to pick up the pieces and begin again. I have more knowledge of Africa than other parts of the world. In the African context, I actually think that their familiarity with epidemics, social unrest and civil strife, droughts and floods, and even genocide may make them more resilient than we are here in the west. Familiarity, however, is not synonymous with acceptance nor acquiescence. Yet, Africans live with less of an illusion of being in control of life and may be better prepared to move on, to move forward once again....

“In the US, we have a safety net in the federal government with its ability to pump trillions of dollars into helping the economy recover including 75 billion now for hospitals which are literally losing their shirts in lost revenues due to Covid.... But no country in Africa has the economic capacity to recover from this on their own.... And when the virus has burnt itself out, the governments of the countries we serve in will not have trillion dollar recovery packages, the hospitals and schools and congregations will not have the support needed to resupply, re-equip, and replace lost staff, equipment, and supplies. The profound economic challenges to be faced will need even greater resources to address than did the virus surge itself....

*"I'm sure many of us are already asking this same question, how do we respond going forward? How are we going to respond as a church and as faith based NGOs, even as we anticipate our own funding to be decreased due to the personal financial uncertainties of our own members and supporters.... Perhaps now we have an opportunity to try something new, either as individual programs or by combining in some new way. We don't know what we are headed into but maybe we are being called to 'Be bold!' and forge a new way to respond, after the surge is passed...." (end of quote from Dr. Jacobson)*

*As I mentioned at the outset of this newsletter (which was originally only going to be two-three pages long!), this is a very difficult newsletter to write. I don't want to be alarmist or a scaremonger, but I think it is important for you to know what reality looks like in countries like Mexico. My intention is not to shock you or ask you for anything other than your prayers, but to do what Dr. Jacobson says: invite you to begin reflecting on how we can all respond, especially as a church and as faith-based NGO's. All of our churches are already facing difficulties of their own due to this crisis, yet it is as we care for others that we also care for ourselves. More than ever, now is the time that we need to step up and be the church that our Lord calls us to be.*



*Finally, and on a more positive note, I would like to mention that one of the good things that is coming out of the present situation is that we are able to be more in touch through the internet and social media. Yesterday, I recorded a sermon for one church this Sunday and I would be happy to do more things like that with many of you. This could be sermons, studies, or simply a message to share, and might also involve simply being present at one of your services, Bible studies, or other activities, as time permits. I could also record a video for you to share if you would like. If you would like me to do any of those things, of course, I want to assure you that whatever I share will be a message of hope and faith rather than any type of gloom and doom! So please, let me know if I can support you in that way or any other!*

*Once again, Alicia and I thank you deeply for your support for our ministry here. Thank you also for taking the time to read this. I'm sorry that it came out so long, but I hope it's helpful! In the sermon I recorded yesterday, I noted that this was the first time I ever remember being told that the best way to love my neighbor is to stay away from him or her! I also mentioned that we are between Easter and Pentecost, like the disciples who were behind closed doors in Jerusalem during the same period, getting ready for the day when Jesus would pour out his Spirit upon them in order to let them loose on the world so that they might "infect" people everywhere, not with a virus, but with a contagious love that knows no limits or bounds. Together with you, we pray that day will come soon for all of us as well!*

*Yours in Christ,*

*David Brondos  
ELCA Missionary in Mexico*

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