The New Mexican-Americans: International Retirement Migration and Development in an Expatriate Community in Mexico

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If you did a Google search right now on the subject of U.S.-Mexico immigration, you would probably find thousands of resources, documents, and web-pages all dealing with what is often referred to as the “immigration problem”. The question is generally consistent across many fronts: how to deal with the millions of undocumented Mexican immigrants from Mexico who are seeking a better life in the U.S.? While this kind of immigration between the U.S. and Mexico certainly is important, it is not the only kind of migration between the two countries. While much of what may be deemed “dominant” migration theory details the migration experiences primarily of so-called “labor” migrants and “South-North” migrations between areas of lesser development to more developed regions, important exceptions exist and are notably understudied.

While scholars of traditional migration theory have studied the millions of immigrants who have come to America in search of a better life, they have largely ignored those who have left. In many ways, it is somewhat obvious as to why American emigration...
has been dwarfed by the larger field of immigration studies. Immigration into America is deeply rooted in all facets of American society, from government policies to demographic distributions to national symbols like Ellis Island or the Statue of Liberty. Americans are constantly reminded of their immigrant heritage, whether it be walking through Chinatown USA, watching the news, or even looking into one’s own ancestry. For scholars, the American immigration experience is readily amenable to be studied, owing to the increasing availability and diversity of data sets and qualitative analyses.

As opposed to the somewhat regular concentrations and flows of immigrant groups into America, emigration from America, different from so-called “return-migration”, is largely a diffuse phenomenon. Hindered by very few data sources, knowledge about those who leave America is not readily available. There is no symbolic heritage or deep-routed history in American emigration. Despite historical indifferences to those who have left, it is clear that new ways of thinking about migration are beginning to penetrate studies of international migration. Recent publications within the last decade have increasingly highlighted the growing role of emigration for both sending and receiving societies.

These recent innovations and additions to migration theory have come about largely in the context of a globalizing world in which the exchange of goods, people, and culture has never been easier. More than ever, members living in developed regions of the world find themselves headed for smaller, developing regions of the world in order to find both economic prosperity and often-times a new or different lifestyle. While the larger field of American emigration remains somewhat diffuse and global in nature, the important sub-field of international retirement migration is characterized by an unprecedented regularity and spatial concentration. Accordingly, purposeful studies can be conducted in retirement hot-
spots with large concentrations of retirees, particularly with a focus on the expatriate communities they form and how they affect local host regions. More than ever, retirees find themselves searching not just regionally within their own countries but also internationally. The majority of retirees from developed countries of the North who look internationally for places to retire generally tend to look towards locations in the South, sometimes referred to as the Sun Belt, because of what some scholars term “sun and money” (Williams et. al. 2000). For America, this highlighted Mexico as a key choice retirement destination.

With more and more frequency, many Americans, both retired and working, are heading South of the Border to find a better life. As we embark on the 21st century, the migration road between Mexico and the U.S. is not the one-way street we might have imagined it to be, and new forms of migration deserve the attention of scholars and policy-makers alike. While similar international retirement migration trends are beginning to be highlighted in Europe (Williams et. al 2000), several uniquely American factors make retirement migration to Mexico more important than ever.

The U.S. Census Bureau has estimated that the US population over age 65 will more than double between 2000 and 2030, while the total population will only increase by 29 percent (U.S. Census Bureau 2005). Accordingly, large changes in the demographics of the U.S. will create unprecedented numbers of baby-boomer retirees who will increasingly explore alternative and affordable options. As the Migration Policy Institute attests, “The skyrocketing cost of medical and nursing care paired with increasing life expectancies have led to growing doubts that Medicare, Social Security, and private retirement plans will be sufficient for a decent retirement living for all but the most fortunate of retirees” (Migration Policy Institute 2006). Even at present rates of retirement to Mexico, the shear volume of
baby boomers would yield a population of over 1 million U.S. retirees in Mexico by 2020 (Otero 1997). Additionally, a recent Gallup poll states that 40 percent of US residents are somewhat or very worried about not having enough money during retirement (Gallup 2005). Along with monumental shifts in demographics, the increasing ease and accessibility for international travel and communication, as well as the lasting economic conditions created over a decade ago with the implementation of the North American Free Trade Agreement (NAFTA), make permanent residence South of the Border easier then ever.

In addition to the economic and demographic “push” factors that make international retirement appealing, the rapid increase in media coverage has created a steady stream of “pull” factors as well. Focusing just on Mexico, media coverage by shows like ABC World News with Charles Gibson, Fox News, and newspapers such as USA Today have all had feature stories on retirement in Mexico. Most of the coverage focuses on the excellent exchange rates between the peso and the dollar, the low cost of living, and the readily available supply of cheap labor Mexico offers. In addition to popular media coverage, retirement in Mexico has received sufficient attention from publications focused entirely on retirement, such as the American Association of Retired Persons (AARP) Magazine. With the rapid increase in internet access and usage in the United States, an abundance of resources and information is readily available that deals specifically with retirement in Mexico. Many businesses have taken advantage of the Baby Boomer’s increased appetite for affordable options and their wide use of the internet as a main source of retirement information. Real-estate companies such as Caldwell Banker have set up extensive web sites that detail almost every aspect of living and retiring South of the Border. Companies like Focus-on-Mexico have created week long “tours” designed to help give potential new
retirees an idea of what life is like to be retired in Mexico. Countless other companies, such as Mexico-Insights.com and Med to Go, all offer informational services about retirement in Mexico, often times charging a fee for “leaning seminars”, or offering free information as an incentive to promote real-estate.

Other pull factors come from the retirees themselves. “Insider” guidebooks and online forums offer retirees the opportunity to share their experiences with new potential retirees. Books such as *Head for Mexico: The Renegade’s Guide* and *Midlife Mavericks: Women Reinventing their Lives in Mexico* are part of a collection of books by retirees aimed at sharing their experience as retirees in Mexico and encourage new potential retirees to be a part of something radical and unique. Lastly, emerging organizations and support in Mexico, both privately and from the Mexican government, also create significant pull factors.

Less than two years ago, the *Asociacion Mexicana de Asistencia en el Retiro* was created to “address the demographic trends in the 50 + sector, concentrating on the needs of the generation of approximately 100 million Baby Boomers that will retire in the near future and the services they will require”(Amar.org.mx 2009). This represents the first national, nonprofit in Mexico aimed at specifically promoting and informing the development of senior life in Mexico, targeting specifically the needs of American and Canadian expatriates. While the Mexican government has given much attention to the promotion of tourism, it is only beginning to see the tremendous potential of long-term development from retirees and accordingly has begun offering convenient perks, such as specialized visas for retirees and the ability for expatriates to buy into its social security system, *Instituto Mexicano del Seguro Social* (IMSS).
Given the abundant push and pull factors that encourage an increasing trend towards retirement in Mexico, adding to already well-established retirement communities, there has never been a more important time to study the implications of such a migration. Despite the impending importance of international retirement for host and origin communities alike, relatively little research has focused on this kind of international migration in the context of Mexico. The relatively few studies available, such as Truly(2002, 2006), Otero (1997), Warner (1993, 2007) and Mexican Policy Institute (2006), have all recognized the need for additional research on this relatively unexplored yet very significant phenomenon. Truly (2006, 170) asserts, “Although previous empirical studies may have suggested that retirement abroad was inconsequential, the travel habits of today’s baby boomers indicate otherwise. Many developing countries are targeting retirees in order to stimulate local and regional economic development. This increase in advertising and promotion for retirement in certain areas…underscores the need for better understanding of the impact of the influx of North American attitudes and ideals upon these destinations”.

Historically, the relatively sparse research that does exist usually falls under the following categories: 1. Research, primarily in the 1970’s and 1980’s that focused on developing a community profile of retirement hot-spots such as Lake Chapala, Mexico (See Stokes 1981 or Truly 2006 for a complete list). 2. Literature focusing on the implications of national retirement migration within the U.S. (see Longino 1996 for example). 3. Research that focused on the implication of international retirement migration in Europe (see Williams et. al. 2000 for example). Only recently within the past decade and a half has more in-depth research begun (See Truly 2002, 2006; Warner (1993, 2007) and Otero (1997) as examples).
The most recent literature on international retirement to Mexico has begun exploring some important aspects of this emerging type of international migration. Otero (1997) sought to identify some of the demographic characteristics of retirees who head South of the Border. Truly (2002, 2006) has studied extensively the reasons why retirees make the decision to retire to Mexico, their characteristics, and utilizes personal interviews to characterize changing trends in the kinds of people retiring to the Lake Chapala Riviera in Mexico and their attitudes. He primarily focuses on international retirement to Mexico and the Lake Chapala Riviera in terms of geography. Sunil et. al. (2007) has also focused primarily on the reasons retirees choose to move to Mexico.

Much of the research has suggested that health-care plays a very important role in the lives of expatriates, both in their decisions to move to Mexico and the experiences they have during retirement (Truly 2009, Warner 1993, 2007). Despite the relative importance of health-care, only Warner (1993, 2007) has explored it at length. Warner focuses primarily on the viability of extending Medicare to Mexico for retirees who choose to retire there and are eligible. While Warner has studied extensively the implications of Medicare for the retirees and the U.S. as a nation, retiree effects on host community are absent from their analysis. To date, no one has evaluated the way that expatriate health-care has affected the infrastructure of health-care (accessibility, quality, etc) on host communities.

Despite several assertions that retiree’s can bring about profound social changes to host communities (Otero 1997, Truly 2002), most international retirement migration studies tend to view development rather simplistically. Studies such as the Migration Policy Institute (2006) have noted the large amounts of human and financial capital that retirees bring to host regions, but only marginally analyzed how such large imports of capital become manifested
in host communities. Initial explorations of expatriate philanthropy in host communities have identified some of the key ways expatriates mobilize their resources and time for charity endeavors (Dagen Bloom 2006), but largely the ignore informal philanthropy of retirees, such as relationships with service-workers and maids or individuals who volunteer their human capital skills acquired during their time in the labor force apart from formal settings.

In the absence of clarity and focus, “development” as it has been traditionally analyzed in international retirement literature, becomes synonymous with the mere presence of financial and human capital, paying little attention to how specific sectors of host communities might grow. Traditional modes of thought in the arena of migration and development typically thought in terms of remittances sent from receiving countries back to developing sending areas. The new and emerging field of international retirement migration promises new modes of thinking about migration and development, focusing more on developing countries as areas that benefit not from remittances but retired senior citizens.

Given the gap in existing literature with regards to expatriate impacts on host communities, this study is landmark in its in-depth attention and focused assessment of how development might occur in host communities. Rather than blindly asserting that the mere presence of retirees automatically leads to development, this study benefits from a focused assessment of how development occurs in the context of the daily lives of retirees and focuses primarily on the health-care sector. In focusing on a particular segment of society, this study contextualizes development in a manner that presents clear notions of how development actually may occur at the individual level. In analyzing how individual retirees possibly contribute to development, clearer assessments can then be attributed to how they may play out at the community level and necessarily lends itself to more practical policy
recommendations. Much of this study also seeks to provide useful examples of how a productive dialogue can exist between traditional “dominant” migration theory and the contemporary sub-field of emigration and international retirement migration. Accordingly, this study incorporates three main research agendas: 1. Can a productive dialogue exist between traditional “dominant” migration theory and more contemporary emigration and international migration patterns, or are they bound to be isolated phenomena? 2. What factors play an important role in the migration decision and integration? 3. How has the presence of expatriate retirees affected their host communities, both in terms of health-care and more largely community development?

It is hypothesized that despite their unique areas of concentration, “dominant” migration theory and the emerging migration fields of emigration and international retirement migration benefit from a useful dialogue, centered upon the key theoretical building blocks that have emerged in the arena of “dominant” theory. It is believed that while migration theory as a whole will benefit, the more contemporary and emerging fields of emigration and international retirement migration will benefit the most. Lifestyle considerations and cost-of-living factors will most likely play a big role in the migration decision. Additionally, integration will most likely vary along feelings towards host and expatriate communities and language skills. It is hypothesized that retirees will utilize their estrangement from the labor market towards positive philanthropic endeavors. More specifically, I hypothesized that more advanced health-care resources are made available because of both the highly concentrated population of expatriates as well as their general interest in improving their own health-care options. Development is hypothesized not only
as a product of formal philanthropic organization, but also in large part from the informal relationships retirees form with local service workers and maids.

This study consists of five chapters. Chapter one provides an introduction to international retirement migration (IRM) and highlights key contemporary trends that make it relevant to several disciplines. Chapter two provides an overview of current literature on retirement migration and poses the question as to whether or not any dialogue can exist with so-called “dominant” migration theory. Chapter 3 details the specific region of this study, Lake Chapala, Jalisco, Mexico and presents key findings from field-work into the nature of migration decisions and integration into host communities. It cites examples of how theoretical concepts from traditional international migration theory can be applied in the context of international migration theory. Chapter four highlights key findings from field-work that detail how the expatriate community has aided in the development of the host community at Chapala, with a specific focus on health-care. Chapter five provides an overview of key findings and highlights important areas for future research in IRM.

Methodology

The results of this study come from field-work completed primarily in the Lake Chapala region of Mexico but also draw on more limited experiences in Guadalajara and Puerto Vallarta. The field-work was completed during December 2008-January 2009.

The first research agenda dealing with the notion of a dialogue between “dominant” migration theories and emerging theories is largely facilitated by comparing the literature of each category respectively and providing key juxtapositions to emphasize points of interest in both fields. Additionally, key moments in analyzing the experiences of the expatriates I
interviewed will provide examples of how established migration theories may be applied in particular contexts. “Dominant” migration theory is defined to encompass the theories and empirical findings of migration that has focused largely on the movement of people from areas of lesser-developed countries to those of more developed countries and in large part is focused around labor migration. It is typified by works such as *The International Handbook on Migration* (Hirschman et. al. 1999) and *Rethinking Migration: New Theoretical and Empirical Perspectives* (Portes and DeWind 2007). Emerging migration is defined to be the more contemporary and emerging accounts of movement from developed countries to developing countries. The term “emigration” as it will be used in the context of this study will refer to the departure of members from developed countries to developing countries with a particular focus on the United States. International retirement migration is defined as a sub-field of emigration, characterized by the movement of retired migrants from the developed “North” to the developing “South” and is largely defined by amenity preferences. Emigration is embodied by works such as Wennersten (2008) and international retirement migration is typified by the works of Williams et. al. (2000) and the Migration Policy Institute (2006). The term “expatriate” will refer initially in the literature review to any member who has emigrated from a developed country to a lesser-developed one with the intent of permanence (i.e. voluntary and long-term). In analyzing field-work data, the term expatriate (expat) will refer exclusively to the retired migrants living permanently in Mexico, particularly in the expatriate community of the Lake Chapala region. Additionally, “Chapala” will refer to the entire expatriate community at Lake Chapala (*Municipio de Chapala.*).
The second and third research agendas are informed primarily by over 50 interviews with local retirees, health-care providers, and other key-informants. Experiences with health-care are also complimented by a series of hospital and clinic visits and a visit to a local retirement-home, all of which were deemed to be important health-care resources of retired expatriates either by previous literature or from local informants. Interviews averaged over 1-hour in length and ranged from a half-hour to over two-hours in length. As much as possible, interviews were conducted in the homes of retirees or the health-care settings of local health workers and physicians. The majority of retirees who were interviewed were born in America and lived in America for most of their lives prior to retiring in Mexico, with a few Canadian retirees who added additional perspective. A sample of interview agendas can be found in the appendix for both the retirees and health-care workers. Subjects were initially selected through an online forum and afterwards were asked to make suggestions about others who might be interested in speaking. Due to uncertainties in the true population of expatriates in the region, random sampling will not be an effective research method until more accurate data figures are available. One benefit of the retirees interviewed for this study is the fact that many were marginally involved with American civic associations like the American Legion which have traditionally been the target of the sparse previous research that does exist. Additionally, several retirees were selected through chance-encounters in public spaces, hopefully adding a voice that may not be captured in traditional samples. Physicians and healthcare workers to interview were chosen either through the recommendation of retirees who patronize them or by previously established literature and/or publications. All of the subjects I interviewed appear with pseudonyms and all of their comments were anonymous.
Chapter 2: The Literature

Despite the increasing relevance of international retirement migration (IRM), the number of formal academic assessments of IRM can easily be counted on both hands. Before characterizing the literature that does exist, it is useful to explore the question, why is so little attention paid to this form of migration?

While there are several possible explanations and viewpoints to address this agenda, there is overwhelmingly no overriding conclusion and most likely different non-mutually exclusive factors are at play. The first important factor rendering American emigration somewhat difficult to study is the relative absence of the American State, both in facilitating emigration and collecting data. The Census Bureau has not even attempted to monitor emigrant counts abroad since a failed program in 1999 (Wennersten 2008, aaro.org, 2009). Additionally, the U.S. does not issue exit visas to those who leave the country lawfully and the Immigration and Naturalization Service discontinued its process for collecting data on emigration in 1957. Because much of migration theory develops from categorical delineations (i.e. types of visas, legal vs. “illegal”, etc) of the nation-state, as well as the data it collects, it becomes clear that the field of American emigration suffers from a relatively invisible State (in both allowing free emigration and neglecting to collect data). Upset over the idea of the U.S. Census to discontinue counts of American’s overseas in 2010 due to “cost effectiveness”, Gloria Otto, a member of the American Citizens Abroad group, lamented: “How can Americans abroad be recognized as a valuable asset (economic, political, cultural) when it is not even known how many there are?” (Wennersten 2008, Appendix A)

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3 American is used to describe citizens of the United States
Different, yet all the while related, is one of the most obvious factors preventing wide-spread attention to American emigration: America was and is a nation marked, symbolically and demographically, by the immigrant experience. For the majority of migration theorists and scholars, migration is almost ubiquitously marked and framed by the American experience of immigrant reception and more largely what may be termed “South-North” migrations (Portes and DeWind, 2007). Heeding the observations of Portes, migration theory is largely characterized by an “amorphous mass of data and a series of concepts whose scope seldom exceeds that of a particular nation-state (Portes, 1999, 32). One could extend that notion to include the fact that migration theory generally will only apply to a particular “direction” as well: almost universally, immigration is seen as a phenomenon marked and studied by movement from a developing nation to a developed one. While there are a few exceptions, such as the study of return migration and certain skilled-labor migrations, this tends to be the rule for most contemporary migration theorists. America can be seen as one of the most important points focus of most modern migration theory, and it is only recently that so-called cross-national or “trans-atlantic” migration studies have been integrated into theoretical frameworks (Portes and Dewind 2007).

We see then that both the state and the historical focus of migration-theory have important influences that have created a particular migration precedence. In many ways, it is quite clear as to why such precedence should be present. With regards to the State, the sheer volume and scale of 19th and 20th century immigration to the U.S. has never been reproduced or imitated, either historically or contemporarily.

Never before have recruitment, promotion, and globalizing trends come together at one time to form the vacuum that lured millions of immigrants to come to America. Sheer
imbalances between rates of immigration to the U.S. and relatively smaller rates of
emigration from the U.S. native-born population have rendered the former much more
important, historically, sociologically, and demographically. Additionally, as the great
migration theorists attest, never before has immigration involved so many people who are
concentrated in so few areas. Portes and Rumbaut (2006) identify seven major metropolis
areas in the United States where over one-third of all legal immigrants settle. To contrast,
American emigration is largely a global phenomenon with no one area (or country) as a
location of spatial concentration, and has a relatively mobile migrant population and
accordingly is much more diffuse and difficult to study coherently.

Despite the historical demographic, social, and spatial concentration factors that have
rendered American immigration a large focus of migration theory, other more ideological
explanations exist. Wennersten (2008, 2) asserts:

Social commentators have been reluctant to focus on those aspects of our history that
ideologically contradict the story of America as a chosen Edenic land…there is a
continental insularity to American culture that until recently precluded serious thought
about emigration…we have so powerfully internalized the myth of America as the land
of affluence and opportunity that we find it difficult to believe that anyone would want to
leave the country.

While there could in-fact be some historical and social truths to such a statement, it is largely
difficult to assess in reality. Nonetheless, Wennersten’s point raises important questions
about the important links between the study of migration and ideology as outlined by
Hirschman (Hirschman 1999). The historical and contemporary social and demographic
contexts of migration, as well as selective practices and data-collection by the nation-state,
have all played a role in inhibiting the development of American emigration as a formidable
area of sociological and importance. Additionally, it is debatable as to whether or not ideological agendas also contribute to its neglect as a segment of migration theory.

**Retirement Migration: A “North-South” Phenomenon**

In general, IRM scholars have tended to isolate migrant motivations, assimilation (or lack thereof), and impacts to host countries within the confines of a rather narrow but emerging sub-field. Williams et. al(2000) comment that current IRM theory is “found wanting”. As a sub-field of study in the area of emigration, IRM suffers from a relative shortage of empirical accounts. In the absence of empirical accounts, theory remains largely speculative and confined to empirical inferences and typologies, usually within the confines of a particular region or community. The following section highlights key emerging accounts of IRM and more largely retirement migration, identifies gaps in the literature, and provides a few important examples of how dialogue might occur with general dominant migration theory. It will provide the necessary background information to analyze recent field-work done in Chapala, Mexico, the largest North American expatriate community in the world.

Despite the emerging growth in literature on IRM, accounts as early as 1973 can be found on the subject. Fischer (1973) provided one of the earliest accounts of American international retirement in his book *Why Americans Retire Abroad*. His novel account of IRM is largely anecdotal and speculative, relying on personal travel experiences abroad. Other inquiries consisting largely of dissertations provide the earliest accounts of retirement hot-spots (see Truly 2006 for a complete list). Within the last two decades, research has rapidly emerged and generally falls into three categories: 1. Studies of retirement migration *within* the United States, detailed by authors such as Longino (1987, 1996). 2. Studies of
European IRM, including regional case studies and more recently comparative efforts such as Williams et. al. (2000). Studies of American IRM, which includes both regional case studies and more recent comparative efforts such as the Migration Policy Institute (2006). Both Williams et. al.(2000) and Migration Policy Institute(2006) represent the best and most contemporary analyses of IRM and provided a good template and many insights that inform this study.

Unlike traditional “labor” migrants, retiree migrants are said to be “amenity” seeking, seeking regions that provide attractive comforts like a warm year-round climate or a lower cost of living. I hope to use empirical evidence and previous literature however to show that this is largely an overly simplistic portrayal. They are very different from traditional migrants in both their relative location outside of the work-force and in their overall position in the life-cycle. Retiree migrants are generally much older than so-called labor migrants who tend to be much younger and predominantly male (Castles, 2007).

As a whole, IRM literature focuses on what can be characterized generally to be a “North-South” phenomenon. In Europe, this meant the mass migration of retirees from the UK to places such as Costa del Sol, Spain and other regional settlements in Portugal and Italy. In North America, it has been propagated first by mass internal migrations within the U.S. to so-called Sunbelt regions, such as Florida, Arizona, and California. More recently, focus has been given to IRM characterized by large migrations of Americans and Canadians to areas like México, Panama, and Costa Rica. Before detailing the specific Mexican-American context that informs the present study the most, it is important to highlight general trends in the field. The focus will begin with larger trends and characterizations of IRM that
generally can be segmented into the following sections: migrant profiles, choice to migrate and location, and integration and impacts on host regions.

**Retiree Migrant Profiles: Who Migrates?**

In alignment with prevailing accounts of emigration trends, the few comparative studies that exist highlight retirement migration as a highly-selective phenomenon. Although much is to be attributed to speculation due to inherent sampling difficulties, retired migrants are thought to be generally well-educated and well-traveled. Williams et. al.(2000) assert that in the European context, retirees are well-off, with above-average levels of education and an employment background in areas like business, management, and other professional sectors. They additionally point out that migrants tended to be “geographically mobile” in their earlier lives, citing previous colonial and international labor links. In the American context, the Migration Policy Institute finds similar results, stating that migrants possess significant human and financial capital. They conclude that retirees are much more likely to hold advanced-degrees, have higher incomes, and generally a high level of retirement benefits (Migration Policy Institute 2006). Wennersten reaches similar conclusions, but makes the important point that many retired migrants possess a relative-wealth, meaning that they are socially selected because of a variety of factors but financially may be comparatively elite only in their respective host countries. Regardless, it is generally accepted that one must have a certain base-line of accumulated resources and retirement-benefits in order to overcome initial barriers posed by international mobility.

Williams et. al. (Williams et. al. 2000,17): review the literature and conclude with several key trends in the kinds of people who migrate

1. The migration rate among people aged 60 years or more is generally lower relative to the rates through the working ages
2. Most migrations by older people (as at all ages) are very short distances (<10km). Generally moves made by older men are longer than those by older women.
3. Long-distance migrations are mainly undertaken by the more affluent, owner-occupiers and married couples. The most characteristic long move is from a large metropolitan area to a region of lower population density and higher environmental amenity.
4. Around the modal retirement ages, there is a modest and brief rise of the migration rates—this peak is more sharply defined among men than a similar rise at a slightly lower-age for women. The average distance of retirement peak moves is comparatively long, and they are usually dominated by couples without others.
5. Among those 75 years or older, there is an exponentially rising rate of migration with increased age.
6. At these advanced ages, women’s age-specific rates of migration are higher than men’s. Given that more women than men survive to these ages, the characteristic migrant in advanced old ages is a widowed woman moving alone.
7. In advanced old age, women tend to have a higher rate than men of migration into institutional accommodation.

The Migration Decision: Why They Leave and Where They Go

Studies on the reasons retirees choose to migrate vary greatly and often-times may be regionally specific (Williams et. al. 2000). In spite of varied regional characterizations, several key notions exist about why retirees make the decision to migrate. The earliest and most-theoretical accounts for the migration decision come from a series of studies focused primarily on regional migration within the U.S. Longino and Litwak (1987) and Longino (1996) have studied this topic in-depth. They characterized the migration decision as a developmental model of later-life movements. As Williams et. al. (2000) highlight, the model consists of three successive-phases of movement that each possess unique residential requirements and migration objectives. The first involves early retirement, in which positive environmental and amenity considerations dominate. Next, the onset of poor health-conditions requires a second-move in order to accommodate such conditions (support services and networks). Lastly, the final stage in migration is characterized by locations within close proximity of care-givers or support networks and/or into an institutional setting.
Larger trends in aging and development also provide insight as to the conditions and context of migration decisions. These trends are quite varying however in general they can be characterized by a few common themes. The first is the global expansion and development of economic production and development. Globalization is far-reaching in its effects, and the majority of IRM scholars have attributed it to several key areas of influence. The first involves the increasing likelihood for contemporary retired cohorts to have been involved in some kind of international mobility, ranging from military assignments to labor migration to affiliations with foreign relatives. The second involves the rapid development of transportation services, making it easier and more affordable than ever for both regional and international travel. Finally, globalization has created an unending compendium of shared international sources of information, propagated by global corporate affiliations, the internet, and a variety of other growing media outlets. More than ever, information, cultures, and goods are being shared and disseminated on a global scale. Authors increasingly have identified the apparently decreasing importance of “place” in the global exchange of people and goods (Wennersten 2008).

IRM theorists have incorporated globalization into much of their analyses. For example, the Migration Policy Institute (2006) has cited not only the relevance that increased ease in travel has played in creating former ties between migrants and their choice destinations, but also have pointed towards the importance that shared information sources like the web have played in migration decisions. As it will be shown in the context of the expatriate retirement community of this study, the propagation of media, folk-literature and/or “how-to” guides, as well as the strong influence of regional development companies, all have influenced migration patterns. It is important to now raise an important point of
dialogue with dominant migration theory that has yet to be explicitly or purposefully explored and hopefully will illuminate an example of how IRM can productively dialogue with the larger field and provide a unique twist on a familiar theory.

The idea that the emergence of a global economy and exchange of goods, people, cultures, and information has had a profound impact on immigration has historically been explored in general dominant migration theory. Douglas Massey has highlighted the increased role of global relationships on immigration as part of larger so-called World System Theory (Massey, 1999). He comments that “ideological and cultural connections are reinforced by mass communications and advertising campaigns directed from the core countries” (Massey 1999, 42). Under this premise, the world is seen to be composed of a “core” of developed regions like the U.S., France, Britain, and Germany and that information about certain lifestyles and living conditions are transmitted to a” periphery” of smaller developing nations. Accordingly, periphery members increasingly are saturated with a lifestyle that they cannot achieve in their present countries and thus migration occurs (see also Portes and Rumbault, 2006).

Taking this same notion, an interesting point of dialogue exists between the field of IRM and dominant migration theory. On the one hand, one could see the mass migration of amenity-seeking migrants as an effective assertion of this kind of theory. Migrants leave, even from the so-called “core”, because they are embedded with lifestyle expectations that they cannot fulfill given their present living conditions, much like those who may leave the periphery. This happens for example when retired migrants living in the “core” make a calculated association between differentials in the cost-of-living in so-called “periphery” regions, causing them to seek locations that allow them to stretch their resources and
attain(or come closer to) such a lifestyle. Contrastingly, as I hope to illuminate further with my case-study, one could see the effective choice to move from the core to the periphery as a resistance to such a lifestyle. In this sense, retiree migrants leave developed core regions in search of what they believe are regions in the periphery that do not subscribe to traditional capitalist lifestyles and consumption patterns.

In addition to the rise in global developments that have made IRM a growing reality, authors point out several other dynamic changes, both cultural and generational. Wennersten(2008) believes that Americans are increasingly “bored” with the “sterility” of American culture, pointing out that today’s retirees are part of a “latte-generation” that is cosmopolitan in its interests. This kind of “cultural dissonance” as Wennersten would categorize it, is much in line with larger modes of emigration, both of younger and older cohorts. Wennersten also points out the idea that in a post cold-war era, previous stigmatizations associated with expatriation no longer exist as an ideological or cultural barrier. IRM scholars also point towards changing characteristics in today’s retirement cohort, citing increased life-expectancies and advancements in medical care (Williams et. al. 2000). Additionally, today’s retired generation is seen to have relatively higher amounts of education and income, further increasing their likeliness to migrate. Overall, a combination of global information sharing, ease of travel, and cohort changes in lifestyle experiences have created the conditions necessary for the rapid evolution of IRM.

Studies in IRM that detail why migrants choose particular destinations vary somewhat depending on region, but generally share a set of common-themes. Contemporary analyses have pointed to a warm but temperate climate and a lower cost-of-living as the most important factors influencing particular choices in location (Williams. et. al. 2000, Migration
Policy Institute 2006, Wennersten 2008). (Williams et. al., 2000, 30) identify a set of “minimum” requirements for choice-destinations as follows: 1. An attractive climate and physical environment 2. Minimum infrastructure in terms of roads, water and power supply 3. A relatively secure and congenial social environment 4. A stock of suitable houses or means to provide them relatively quickly 5. Appropriate retailing, associations, and mass media for resident foreign communities As I will illuminate later, the location for the case-study of the community being researched possesses all of these so-called “minimums” and a variety of additional “bonuses”, attracting large amounts of retirees.

**IRM Communities: Integration and Impacts**

International migration involves a complex transition for many retired migrants who often-times migrate distances of over 3000 miles. Often times they are “transplanted” from their previous lifestyles into new cultures and communities and their assimilation can vary greatly depending on a number of factors. Williams et. al.(2000) argue that transition and assimilation vary by regional choice. In areas with larger concentrations of retirees, they argue that assimilation is somewhat superficial with host communities, with the majority of expatriate retirees interacting primarily with other expatriates (Williams et. al. 2000). They highlight language ability as the main factor inhibiting their interaction with local populations. The Migration Policy Institute echoed similar findings in Mexico and Panama, highlighting the existence of “enclaves” as the main feature of expatriate social life (MPI, 2006). Both agree that there are notable exceptions in which certain kinds of retirees find themselves more in-tune with native lifestyles and culture, resulting either from a marriage to a native spouse or previous work experience.
The presence of large groups of expatriate retirees to choice-destinations has inevitable impacts on local host-communities. Several scholars have explored the large potential for the local development of host-regions (Otero 1997, Williams et al. 2000, Migration Policy Institute 2006, Wennersten 2008) and generally cite an overall positive influence. Additionally, other scholars have noted the profound influence retiree communities have on the built-environment (Truly 2006, Dagen Bloom 2006). The main area of contradiction lies in the area of rising real-estate costs and an increased cost-of-living, often times being portrayed as effectively “pushing” local residents towards marginal areas (Dagen Bloom 2006, Truly 2006). Despite quantitative measurements of the human and financial capital retirees bring, as well as limited qualitative accounts into the formal philanthropic endeavors retirees participate in, development accounts of retiree communities on host regions tends to be accounted for in a generalized and simplistic manner. I hope to provide a more nuanced account of development impacts, by analyzing both the development of a particular sector of the host-community (health-care) as well as in providing ethnographic accounts of more informal influences of development.

Health-Care: A Dividing and Decisive Factor

Health and well-being has been identified as one of the most important factors in migration decisions, lifestyles, and ultimately their future migration habits. Williams et al. (2000) devotes an entire section to “health and well-being”, noting that many migrants choose to retire to particular climates and regions that promote a healthier lifestyle. They cite numerous retiree accounts of “feeling better” in tropical environments and an increased propensity for migrants to live a more active-lifestyle. They also note that, particularly in the European context, retiree populations place possible strains on local health services since
recent bilateral agreements have allowed for certain benefits to transfer from different regions throughout Europe. They note that this can be problematic since many migrants may not register with government entities, essentially extracting resources without allowing for additional capital allocations that are largely determined by population counts.

In the American context, an absence of bilateral agreements makes health-care a much more impending factor for the lifestyle of retired expatriates. Most retirees are at an age when health begins to rapidly decline, and in the absence of necessary access and coverage, many retirees either seek alternatives or return to their origin-countries in order to receive appropriate coverage. Warner (1993, 2007) argues that health-care coverage is one of the most impeding factors on retiree well-being and sustainability in host regions and has proposed a series of policy considerations that detail how coverage under Medicare could be exported to such regions. Missing however from Warner’s accounts is an in-depth analysis of how retiree health-care experiences affect local infrastructures and resources. Lastly, before characterizing the particular area chosen for this study, it is important to highlight a few key contextual factors that allow for unique IRM experiences in the context of North America and more specifically the U.S. and Mexico.

**U.S.-Mexico Policies and IRM to Mexico**

As previous IRM scholars have noted, policy considerations host in sending and receiving countries play a large role in the experience and development of retiree communities abroad. Ties between the U.S. and Mexico have historically been governed by large exchanges of goods and people. As the Migration Policy Institute suggests, the influx of hundreds of thousands if not millions of Mexican migrants each year add to an already significant established population of over 11 million migrants and have brought an about
increased focus on U.S.-Mexican relations (Migration Policy Institute 2006). Additionally, the advent of the North American Free Trade Act (NAFTA) in 1994 that called for the immediate elimination of duties on half of U.S. imports to Mexico and a gradual phasing of all other tariffs by 2008, has created unprecedented changes. For IRM, this meant that many retirees could enjoy several large-chain retail stores and so-called “creature-comforts” in Mexico, further increasing the ease in transition to the host country. The U.S. is Mexico’s largest trade partner and Mexico is the largest trade partner of the U.S (Davy and Meyers 2005). Foreign Direct Investment (FDI) has accounted for 40-80 percent of Mexico’s total FDI from 1993-2005 (NIGSC 2006). Remittances sent back to Mexico from migrants in the U.S. is said to total over $20 billion in 2005 which was more than all FDI for that year (Inter American Development Bank 2006). In 1994, a national crisis in Mexico lead to the devaluation of the peso by more than one-half in which the U.S. government proceeded to loan Mexico over $50 billion dollars to eventually recover, a signal that the Migration Policy Institute asserts as a sign that “the U.S. values the strength of the Mexican economy” (Migration Policy Institute 2006). Other governmental policies regarding residency status and rights to welfare services also play an important role in facilitating IRM.

The U.S. freely grants permission to the majority of U.S. citizens to travel unrestricted to foreign countries such as Mexico, more often than not without documenting such migration. On the receiving end, Mexico has provided a series of governmental policies that facilitates easy transitions and mobility for retired migrants; several key policies are highlighted by the Migration Policy Institute (2006). First, Mexico does not require visitors and/or tourists to have a visa to remain in the country, instead they are given a “tourist card” which lasts for 90 days and can be renewed regularly. Many retirees in fact make quarterly
visits to the border to renew existing tourist cards. Mexico also has special visa categories for foreign retirees: both immigrant and non-immigrant *rentista* visas. Both are designed for persons of any age who do not work in Mexico and are economically self-sufficient ($1,000/individual/month or $1500/couple). Immigrant visas allow for permanent durations in Mexico and shorter-term durations also. The immigrant and non-immigrant *rentista* visas are valid for one-year after which they must be renewed and then last for four more years. After such a period, those with non-immigrant visas can apply for immigrant visas and those with immigrant visas can apply for *inmigrado* (lawful permanent residence) to remain indefinitely. Mexico requires those who wish to naturalize permanently to renounce their previous citizenship unless they were born as Mexican nationals under which they are allotted dual-citizenship privileges. Retirees can apply for visas *after* entering the country and there are currently no caps on the number who can enter.

In addition to special visa categories that make IRM an easier transition, several property laws appeal to retirees as well. In Mexico, foreigners are allowed to own property with the exception of particular areas on the border and coast. An important exception exists however in which they can then set up a “trust” or *fideicomiso* with a credit institution like a bank and essentially they become the rightful beneficiary to the trust for 99 years and can benefit from the sale or use of the property/land. They must also sign a Calvo Clause which states they will not seek foreign intervention in jurisdictional matters of property rights and must register all purchases with the Foreign Relations Ministry. U.S. retirees migrating to Mexico are allowed import exemptions during the first six-months of their visas and generally pay very little property taxes as is the norm in all of Mexico.
Lastly, important policy considerations which allow for U.S. retirees to gain access to public welfare services, particularly with regards to medical care, play an important role in the life-styles and experiences of retirees. Foreigners are eligible to buy into the Mexican social-security system (*Instituto Mexicano del Seguro Social*). As will be evident in empirical analyses of this study, this is a major point of comfort for many retirees who cannot use their rights as beneficiaries of Medicare in Mexico. Additionally, foreign residents are eligible for an over 60 discount card in Mexico if they hold permanent immigrant visas (FM-2) and apply through the Institute for Elderly Adults (*Instituto Nacional de las Personas Adultas Mayores* (INAPAM)).

**IRM Communities in Mexico**

*Figure 1: International Retirement Migration Communities in Mexico (Warner 2007)*
As the above figure displays, there are several popular retirement destinations in Mexico that have varied histories and concentrations of foreign expatriates from North America. In general, they vary from more exotic beach-locations such as Los Cabos or Puerto Vallarta to colonial cities such as San Miguel de Allende. In terms of population, history, and formal establishment and influence of the expatriate community, Lake Chapala was chosen as the site of this study since it has the largest population and concentration of retirees and is accordingly is an important region for case-studies about how this type of migration can affect host communities and how expatriates assimilate to a new lifestyle in the presence of formally established expatriate institutions and resources. Previously literature on the area also allows for productive comparisons.

Chapter 2 has highlighted several key points as they relate to international retirement migration. It began with an exploration into possible reasons why the field is only beginning to receive the attention of scholars from a variety of different fields from sociology to economics to geography. It provided a review of current IRM literature and posed an initial exploration as to how dialogue might exist between emerging accounts of IRM and well-established theory in dominant migration theory. It concluded with a brief overview of the importance health-care plays in IRM communities as well as a section detailing the specific U.S.-Mexico policies that have affected IRM and a list of the most developed IRM communities of Mexico. The following chapter explores the Lake Chapala region in detail and analyzes evidence from field-work to draw potential conclusions about the migration decisions and lifestyles of expatriate retirees in the region.
Chapter 3:

Lake Chapala: Largest North American Expatriate Community in the World
In order to understand the context in which community development takes place, it is important first to have an understanding of the general characteristics of the community in which it takes place. Some of the most informative characteristics of a community as they relate to development include a general overview of the built environment that migrants share with the host community, as well as the socio-economic characteristics of the host community. Community level indicators such as average levels of education, income, and population density provide an indication of how communities might be developed. The following section opens with a general assessment of several socioeconomic indicators of the host community including an overview of major industries and other community-level indicators. The section concludes with an overview of the built environment that migrants share with the host community.
Municipio de Chapala: Jalisco, Mexico

Lying just over 40 km south of Guadalajara, the second largest city in Mexico, is the largest lake in Mexico: Lake Chapala. The lake is surrounded by various smaller towns and villages as well as an abundance of open farmland. While there are inhabitants on the majority of its shores, one of the largest municipalities on the lake, located on its northern shore, is the most important area of emphasis for this study. The municipality (municipio) of Chapala is significant for several reasons. It is the premiere choice for the majority of expatriates who choose to come to Mexico and within it is the largest concentration of North American expatriates, in the town of Ajijic.

Chapala is the first municipality on the lake that one encounters heading south from both the city of Guadalajara and Miguel Hidalgo International Airport. It will be explained later in more detail that this close proximity to Guadalajara, and all of the resources that are available in a large city is very appealing to North American retirees. With first-rate shopping, restaurants and cultural exhibits, Guadalajara is an important buffer between the small-town Mexican atmosphere of Chapala and the commercial amenities of the United States. A large airport with many direct flights to various destinations throughout the U.S., as well as top-rate medical facilities, also provide an increased sense of comfort and ease for many transitioning expatriates. In addition to the preference Chapala receives from the expatriate community, it is also a favorite weekend location for many of the inhabitants of Guadalajara (Tapatios). Many middle and upper-class Tapatios purchase second “weekend” homes in Chapala. Additionally, many working class Mexicans from the city head south to Chapala on tour buses where they make day trips to enjoy the lake. Traffic can back up for
miles on Friday nights entering Chapala and Sunday nights exiting Chapala as large crowds of *Tapatíos* come and go between Chapala and Guadalajara. Although exact numbers are not known, some believe the population of Chapala nearly doubles on the weekends.

**Population**

Because of the somewhat transient nature of many inhabitants of the Chapala area, exact population figures are somewhat difficult to come about. The weekend crowd of *Tapatíos* and seasonal fluxes in expatriates make census procedures very difficult. Many expatriates choose to spend their time living part-time in Chapala during the winter months and then return home for spring and summer, effectively earning the nickname “snowbirds”, as they are referred to locally. The census data that is available estimates a population of 43,345 people as of 2005 (*Jalisco.gob.mx* 2009). Despite the influx of retired expatriates, the stable community of locals in Chapala is relatively young:

![Percentage of Population By Age Chapala, 2005](chart1.png)

*Chart 1: Chapala Population by Age (adapted from COEPO 2009)*
The number of expatriates that live in Chapala at any one moment is extremely difficult to predict. Some estimate a stable full-time expatriate population to range from 3,000-4,000 people, to more than double or triple that figure (Migration Policy Institute 2006). Foreign expatriates are not required to register with an embassy, and the existence of possible criminal populations further inhibits accurate counts. The Lake Chapala Society, the largest civic association in the area dedicated to the expat community, has an estimated 3700 members. Despite variable estimations of the true population of expatriates who inhabit the Chapala area, upon visiting the area one gets the sense that they are a significant part of the community and can be seen participating in all facets of local life in the area.

Despite the idealized “sleepy village” atmosphere that is often attributed to the Chapala, it is not as uninhabited as many make it out to be. The following chart displays the region’s population density as compared to two other municipalities of reference:

![Chart 2: Population Density of Chapala (COEPO 2009)](image)

As the above chart illuminates, Chapala has a population density of approximately 112 people per square-kilometer. Jocotopec and Puerto Vallarta are used as reference areas and
represent two distinct area-types. Jocotopec is a largely agrarian region located west of the municipality of Chapala and has a population density of about 98 people per square kilometer. Puerto Vallarta, one of the largest and most popular tourist destinations in Mexico, is used as a density reference and has a population density of about 169 people per square kilometer. Chapala then is somewhere in between the rural density of Jocotopec and the denser tourist municipality of Puerto Vallarta. Despite not being as “sleepy” as it has been romanticized to be, it is easy to see why the Tapatios from Guadalajara view the Chapala region as “the country”, since they come from a municipal zone with a density of over 8,500 people per square-kilometer, or more than 75 times as dense.

**Socioeconomic Conditions**

Historically, Chapala thrived largely off of the natural environment of the lake with fishing and farming as the main staples of its economy. Written on the shield of Municipio de Chapala is the slogan “Harmonia de Elementos, Sol, Tierra, Agua, y Viento”, which
translates to “Harmony of elements, sun, earth, water, and wind” (*Enciclopedia de los Municipios de México* 2009). With time however, the once pristine waters of Lake Chapala rapidly deteriorated due to irresponsible dumping practices, chemical pesticides from farming, and other runoffs that can be largely attributed to lake’s proximity to Guadalajara and its population of over 5 million people. Fishing is still a valuable part of the region’s economy (albeit now more symbolic) but has never recovered from the environmental damage that the lake is only beginning to recover from now. With the rapid influx of foreign expatriates towards the latter half of the 20th century and a steady flux of vacationing *Tapatios*, other industries have since prevailed. The largest industries in the area over the past decade include construction, manufacturing, commerce, tourism, and other service-related industries that cater towards a growing foreign expatriate community and increased local tourism that has resulted from several revitalization projects(*Enciclopedia de los Municipios de México* 2009).

Several socioeconomic indicators are made available through the 2005 Census and indicate that the Chapala region is relatively better off socioeconomically than many parts of Mexico, but is still not on par with the larger urban metropolis of Guadalajara. The chart on the below details the different poverty levels of the Chapala region and several areas for comparison as well.
The Mexican Census uses three categories of poverty that each correspond to different living conditions. *Alimentaria* represents the incapacity to obtain the most basic necessities such as food and water or that all available household income is spent on such necessities (coepo.jalisco.gob.mx 2009). *Alimentaria* is the highest poverty level as classified in the Mexican Census. In comparing this poverty level in the municipality of Chapala with other regions in Jalisco, one sees that Chapala is comparatively better than the national average but not quite as well off as urban areas such as Guadalajara or heavy tourist zones such as Puerto Vallarta. On average, the municipality of Chapala exhibits about 75 percent less extreme poverty than the national average; however, when compared with urban areas such as Guadalajara Chapala has over 130 percent more extreme poverty. *Capacidades* refers to the insufficiency of available household income to afford necessary expenses that include necessities such as healthcare health-care or education. Lastly, *patrimonio* refers to the inability to afford necessities such as health-care, clothing, housing, transportation, or

**Chart 3: Poverty Levels by Region (COEPO 2009)**

The Mexican Census uses three categories of poverty that each correspond to different living conditions. *Alimentaria* represents the incapacity to obtain the most basic necessities such as food and water or that all available household income is spent on such necessities (coepo.jalisco.gob.mx 2009). *Alimentaria* is the highest poverty level as classified in the Mexican Census. In comparing this poverty level in the municipality of Chapala with other regions in Jalisco, one sees that Chapala is comparatively better than the national average but not quite as well off as urban areas such as Guadalajara or heavy tourist zones such as Puerto Vallarta. On average, the municipality of Chapala exhibits about 75 percent less extreme poverty than the national average; however, when compared with urban areas such as Guadalajara Chapala has over 130 percent more extreme poverty. *Capacidades* refers to the insufficiency of available household income to afford necessary expenses that include necessities such as healthcare health-care or education. Lastly, *patrimonio* refers to the inability to afford necessities such as health-care, clothing, housing, transportation, or
education. With *alimentaria* representing the most impoverished of inhabitants and *patrimonio* of the most moderate level, all three bear similar trends in Chapala as compared to regional and national markers: a somewhat better well-being than national estimates but still not on par with cities such as Guadalajara or tourist areas such as Puerto Vallarta.

In analyzing the per-capita income figures of Chapala, similar trends to the distribution of poverty levels by region follow: where as the national average per-capita income was at just over $9,000, the average per-capita of Chapala was about $12,700, or roughly 40 percent *higher*. When compared to Guadalajara and Puerto Vallarta, Chapala has an average per-capita income that is approximately 13 and 18 percent *lower*:

**Chart 4: Per Capita Income by Region (COEPO 2009)**

Despite its relative well-being as compared to national averages, it still represents margins much lower than the U.S. average in 2005 at $34,586. While per-capita income figures must be seen as relative to the respective cost-of-living, there is no doubt a grave disproportion in comparing Chapala (and Mexico) with U.S. figures.
Lastly, the Chapala region is characterized by similar trends in the area of education as well. In line with the other socio-economic factors taken into consideration here, Chapala does not exhibit an educational average on par with Guadalajara and Puerto Vallarta however it does have a relatively higher average when compared to adjacent agrarian regions such as Jocotopec as well as the rest of the country. The chart below displays the average years of education for Chapala and other relative markers:

![Average Years of Education, 2005](image)

**Chart 5: Average Schooling by Region (COEPO 2009)**

Socio-economically, Chapala is a region marked by relative prosperity within its immediate locality and national averages, however still falls behind larger cities such as Guadalajara and tourist areas such as Puerto Vallarta. Additionally, the region is much lower socio-economically when compared to certain U.S. indicators such as per-capita income levels. It is unclear as to if/how many expatriates make it into the Mexican census figures.
and how they affect reported socio-economic factors in the region. Regardless, it will be a main agenda of this study to argue that the expatriate community has brought and will continue to bring valuable forms of human, financial, and cultural capital to the region, positively affecting the community and its native population.

**Expatriate Community: Built Environment**

David Truly (2006) has written extensively about the built environment of the Lake Chapala and the relationship it bears with the cultural geography of the region in terms of expat lifestyles and integration. To provide a similar full-account in this study would be exhaustive and repetitive and therefore is purposefully omitted. The following section provides a brief overview of the Lake Chapala region, highlighting the general demographics of each region within the *Municipio de Chapala, Jalisco*. The expatriate community, although increasingly representing newer nontraditional locations on the lake, is generally concentrated within the municipal boundaries of the *Municipio de Chapala*. The boundaries begin with the town of Chapala and continues westward through the *fraccionamientos*, or subdivisions, in areas like San Antonio until finally ending at the western limits of the village of Ajijic.

**Town of Chapala**

Coming into town from Guadalajara, a modern highway turns into a smaller paved road that runs through the town of Chapala. One is immediately greeted by a large Soriana food store located at the north edge of the town of Chapala. The main street running through town is colored with various shops, small restaurants, and various street vendors and eventually the road ends at the northern edge of Lake Chapala where there is a brand new *malecon* or walkway that runs along its shores with various restaurants and a recently opened
night-club. As the main road into town ends, one has the option to either turn right or left, each of which yields a very different landscape and built environment.

Turning left brings the visitor to the town of Chapala, where the population demographics are heavily oriented towards the host community. Traditional Mexican architecture and homes can be found along the streets that run eastward through Chapala. Additionally, the few hillside residences in Chapala generally represent some of the poorest populations in Chapala as I observed their living conditions when I took a wrong turn trying to locate a retiree’s house. The town of Chapala is home to the lake’s largest church and also is where one will find the regional bus station and central market. Prices in the town of Chapala have generally remained much more affordable than those closer to Ajijic where the foreign community is largely centered and has created significant rises in real-estate prices. Some retirees I interviewed chose to live in Chapala because of its affordability; others cited a desire to interact more with the host community. The photos below in image 1 provide some photographs of the town of Chapala.

Image 1: Photos of the Town of Chapala

Highway into Chapala

Chapala Malecón
Chapala-Jocotopec Highway and San Antonio Tlayacapan

Taking a right from the main highway (carretera) into Chapala leads to the main highway that runs from Chapala all the way westward to the town of Jocotopec. After turning onto the highway, gradually sings begin to appear in both English and Spanish and the built environment begins to change greatly. Although some traditional village-like environments dot the highway, the obvious change towards fraccionamientos, or subdivisions, gradually dominate both sides of the road. The fraccionamientos vary greatly in style and some appear very modern while others seem fairly aged. Many of the fraccionamientos are gated however several gates seem to be inoperable and/or abandoned. They vary in the composition of their residents, with several subdivisions that contain a majority of Americans, Canadians, or a mix of other expats with occasional Mexican neighbors. If one focuses hard on at the top of the valley walls to the right of the highway, one encounters a kaleidoscope of walls and generally modern facades. It is on these valley walls that the most expensive residencies are found, ranging from a few hundred thousand dollars into the millions. As Truly (2006) attests, many of the most expensive residences are
either hidden behind walls or not readily visible, a trend he believes is representative of changing migration patterns among the retiree population. It is also on the valley walls where the best views of the lake can be found which has created a boom of development in order to cater to retirees who wish to take advantage of such views and/or partake in a greater isolation from both host and expat populations. Many of the retirees I interviewed lived in the various subdivisions along the Chapala-Jocotopec highway and in the San Antonio area on the opposite side of the rapidly developing valley walls. Only a few retirees I interviewed lived in gated communities on the valley walls, however the ones that did gave me a tour of their houses and of the spectacular view they had of the lake. Image 2 below shows some of the fraccionamientos and large houses that dot both sides of the Chapala-Jocotopec highway and are indicative of the changing trends of development in the area.

Image 2: Fraccionamientos along the Chapala –Jocotopec Highway: Old and New
After passing the various *fraccionamientos* on the highway toward Jocotopec, one enters the village of Ajijic which is undeniably the center of the expatriate community at Lake Chapala. Many streets display signs entirely in English and it is hard not to pass by foreign retirees, even on smaller side-streets. Closer to the lake in the south side of Ajijic is the Lake Chapala Society (LCS) which consists of over 3700 members and caters exclusively to the foreign expat community. Nearby to the LCS is a large plaza which is routinely full of expatriates and is a center of community life in the village. Despite the overwhelming presence of expatriates in Ajijic, many Mexicans live in the village as well and some believe that it is most representative of a symbiotic relationship between host and foreign communities (Truly 2006). Many of the homes are traditional Mexican homes whose outsides are painted so as to represent the artistic origins of the community and nearly all of the streets are made of cobblestone.
Continuing on the main highway through Ajijic, one passes into the village of San Juan Cosala, famous for its thermal waters. This town marks the beginning of the *Municipio de Jocotopec* and eventually the highway ends in the town of Jocotopec, a largely agrarian-based area. A few retirees I interviewed lived in San Juan Cosala, which seems to retain almost no signs of expatriate life and generally land and property in the area tends to be much cheaper.
The previous sections have provided crucial information about the socioeconomic characteristics of the primary regions that retirees inhabit and the built environment that the expatriate community has created and inhabits. This information serves as an important backdrop for analyzing expatriate migration habits as well as the context in which development occurs. The following section provides a brief history of the expatriate community.

**Expatriate Community: History**

The history of the expatriate community in the area of Lake Chapala dates back to the late 19th century and is synthesized at length in the work of Stokes (1981) whose dissertation addressed the social dynamics of American life in the area and how the presence of Americans three decades ago affected the region. A synthesis of her work is provided in Truly (2006) and will serve as the basis for the following historical account. Accordingly, the lakeside expatriate community evolved out of an idyllic “vision” of Porfirio Diaz that saw the area as an international resort “connected to the grand city of Guadalajara by rail” (Truly 2006, 171). Stokes accordingly creates five stages that characterize the evolution of the expatriate community at Lake Chapala: 1. A *discovery stage* that lasted from the end of the 19th century to the turn of the 20th century 2. A *founder stage*, from the early 1900’s to mid 1950’s 3. An *expansion stage* from the mid 1950’s to the early 1970’s 4. An *established colony stage*, from the mid 1970’s to the late 1980’s and lastly, 5. A *modern stage*, which began in the early 1900’s and continues to the present (Truly 2006, 171)

**The Discovery Stage**

The discovery stage consists in large part from the period that is related to the presidency of Porfirio Diaz who ruled Mexico from 1876-1911. Diaz actively promoted the
region as a popular destination for both wealthy Guadalajara elites as well as foreigners who could build vacation homes and migrate to the area. Among popular American visitors was the American aviator Albert Braniff who built a home in Chapala during this time and was known for his large fiestas. A railroad was eventually established in 1889 that provided access from the north. An Englishman named Septimus Crow developed a portion of the lake that is now the Montecarlo Hotel in 1895 which would mark the beginning of significant real-estate developments of the area (Truly 2006, 171). Crow would encourage his non-Mexican friends to come visit, marking an initial influx of foreign visitors to the region and eventually in 1908 a European entrepreneur named Christian Schjetnan created a tourist-development company in the U.S. and even imported a prefabricated yacht club. Other foreign traveler’s followed suit and the region began to show up in the travelogues of people such as Mrs. Ethel Alec-Tweedie and Carl Lumholtz (Truly 2006, 172). Despite the initial growth of Chapala as a popular tourist destination, it was inevitably doomed to bust with the advent of the Mexican Revolution in which the beginnings of stability would not appear until the 1920’s.

The Founder Stage

The next period of the development of the foreign community at Lake Chapala came in the 1920’s when a rapid influx of artists and writers began to inhabit the area. Additionally, weekend visits from the Tapatios from Guadalajara also continued to promote tourist developments in the area. Artists were largely interested in the region because of the isolation it provided, the climate, and its freedom from many of the traditional constraints of American society as well as the “intellectual stimulation” provided by other artists (Stokes 1981 cited in Truly 2006). Additional fame came to the area when D.H. Lawrence published
his novel *The Plumed Serpent* in 1926 and many other writers, playwrights, and artist followed-suit with a varying level of success (Truly 2006). One of the writers, Neill James, was particularly important in her development of the foreign community at Lake Chapala by creating a variety of philanthropic endeavors to help out the local Mexican population as well as by donating her house to be used as both a library and the eventual location of the headquarters for the Lake Chapala Society. The Lake Chapala Society continues today as the largest civic association in the region that caters to expatriates and is a foundational component of retiree philanthropy and the adjustment of foreign retirees to a new life in Mexico. They provide several social groups and clubs, such as culinary clubs, bridge clubs, art clubs, etc and organize several formal events and charity groups for the expatriate community. The Lake Chapala Society (LCS) will be explored in more depth later in the chapter in terms of the lifestyles and integration of expatriates to the Chapala region. The artists and writers who first inhabited the region beginning in the 1920’s would lay the foundation for the consolidation of the area as a formal expatriate society in the following expansion stage.

**The Expansion Stage**

Beginning in the mid-1950’s until around 1970, the foreign community of the Chapala region began to formalize through as series of developing businesses and structural transformations. The Mexican government finished paving the Chapala road late in the sixties, ushering in a steady increase of foreign inhabitants. Additionally, foreign-owned businesses like the hotel La Posada and a weaving and embroidery factory set-up by foreigners also came to fruitions. These structural changes began to welcome a new type of visitor, characterized as “middle-class, sometimes affluent, and most significantly retired
(Truly 2006, 174). The formal emergence of organizations like the American Legion and the Lake Chapala Society also helped create the structural conditions that promoted migration and offered an already established network of resources for new expatriate arrivals. Additionally, publications in English such as *The Colony Reporter* also were established in the mid-to-late 1950’s. In 1958, the areas first *fraccionamiento*, or subdivision, Chula Vista was completed, marking the first established development that targeted specifically the foreign population and “was billed as an American housing development complete with a 9-hole golf course, a motel, and an interdenominational church” (Truly 2006, 174). Despite its relatively rapid development, difficulty in travel along the Chapala highway still deterred many from inhabiting Ajijic, located west of Chapala. This phase in the evolution of the foreign community in the Lake Chapala region marked the first transformation of the region into an established destination for those who desired its “low cost of living, it’s climate, proximity to Guadalajara with its vast array of cultural amenities, and the low cost of household servants there allowed a style of life that many visitors could not afford in the United States.” (Truly 2006, 174). Accordingly, retirement to Lake Chapala was no longer privy to the secret knowledge of a few and it was actively promoted in areas like the U.S. and Canada as an established paradise for foreign expatriates through several guidebooks and other published literature on the area.

**The Established Colony Stage**

This stage marks the period when Stokes conducted her research (1977-1980) and is characterized by an increasingly foreign presence in Lake Chapala as a whole, as well as an increase in the development of the village of Ajijic as a main “enclave” for the expatriate community: “restaurants serving pizza and hamburgers opened, and a supermarket and liquor
store catered to immigrant tastes and preferences. Purified water became readily available, and the number of English-speaking individuals offering services from hair styling to architecture increased” (Truly 2006, 175). The presence of foreign-targeted fraccionamientos also increased to more than 18 as early as 1973 (Stokes 1981). Additionally, factors such as “view, security, and convenience” began to characterize the booming real-estate market of the area, with many retirees seeking a favorable location near the new center of the foreign community in Ajijic as well as others who sought to build larger homes on the hillside, offering priceless views of the lake (Truly 2006, 176, Stokes 1981). The 1980’s then brought significant growth in the infrastructure of the Lake Chapala region, with many advances in the availability of amenities like telephone service and indoor plumbing as well as a significant increase in real-estate development and an increased presence of full-time foreign retirees.

The Modern Stage

The early 1990’s were characterized by continued growth that followed developments patterns of the 1980’s with some boom and busts that varied according to events such as the Zapatista uprising of 1994 or the devaluation of the Mexican peso. In 1994 however, the passing of the North American Free Trade Agreement (NAFTA) brought a rapid influx of American companies such as Wal-Mart, Sam’s Club, and Home Depot, forever changing life in Mexico, particularly in the context of the expatriate community at Lake Chapala. Initially present in Guadalajara, these big-box retailers made life in Mexico even more appealing to new potential expatriates who could now enjoy many of the good and services they were used to in the United States. This brought about a rapid increase in foreign retirees to the area and as a result, real-estate prices sky-rocketed, sometimes tripling or even quadrupling.
In November 2008, Wal-Mart opened its doors officially to the expatriate community when it opened its newest store right in the middle of the expatriate community, between the villages of Chapala and Ajijic. This opening marked the first of many planned retail stores in the Chapala region, including a Starbucks and twenty other retail spaces currently under construction. The opening of Wal-Mart meant retirees no longer had to travel 45 minutes North to Guadalajara to access many of the goods they loved from home, something that traditionally happened on periodic planned shopping trips to Guadalajara, organized by civic associations such as the Lake Chapala Society. Increases in the late 20\textsuperscript{th} century and early 21\textsuperscript{st} century in communication and travel also allowed for satellite TV, internet access, and cheaper direct flights to the U.S. which marked a high-point in the availability of so-called “creature comforts” to the foreign population. Despite the real-estate booms of the late 90’s and early 2000’s, the recent economic downturn in the U.S. and increasing crime-coverage of Mexico by U.S. media focusing on drug-trade and violence begs the questions as to how this will affect the retirement decisions of the baby boomer generation and the fate of the expatriate community of Lake Chapala.

**Expatriate Community: The Migration Decision**

Only two publications exist that have sought to detail the reasons retirees migrate to the Lake Chapala region. Truly(2002, 2006) believes that “traditional” migrants to the region sought both a better lifestyle, including a lower cost-of-living, while still desiring to integrate into the local Mexican community, where as “new” migrants to the Lake Chapala region are increasingly seeking to “import a lifestyle”. He attributes this new wave of migrants to events such as NAFTA which have allowed for these migrants to live similar lifestyles with similar “creature comforts” as the United States. Additionally, he believes
that changing modes of infrastructure in the built environment of Lake Chapala have allowed for a true isolation from the host society to occur and that this new migrant population is much more critical of the host culture. Sunil et. al. (2007) provides survey and interview data that categorizes retirement migration decisions to Lake Chapala according to four categories: financial circumstances, the natural environment, a sense of community and friendship, and a better quality of life. Truly (2002) has attempted to compare the experiences of retirees to prevailing theoretical notions in the fields of geography and tourism. Sunil et. al. (2007) briefly mentions the characteristic differences in the motivations of expatriate retirees in how they contrast with traditional labor migrations. Neither has attempted to reconcile migration decisions and/or their integration with theoretical premises from dominant migration theory. Additionally, neither addresses how retirees first come to learn about or experience Lake Chapala, a key component in considering policy implications. The following section outlines the demographic characteristics of retirees interviewed for this study, how they first learned about or experienced Lake Chapala, and why they chose to migrate to the region. Notable exceptions to traditional reasons for migration will be addressed and a brief commentary on how dominant migration theory can be utilized to postulate particular reasons for migration will also be discussed.

**Demographic Characteristics**

The 36 retirees interviewed for this study together come primarily from the United States, representing 13 different states with California and New Jersey as the most represented origin locations. Six Canadians were also incorporated in the study, four of them were from Ontario while the other two were from Toronto. Collectively, retirees average time spent living full-time in Mexico was about 4.5 years. Approximately two-thirds of the
retirees interviewed were married with the rest being single, divorced or widowed. In agreement with previous literature, the majority of retirees who were interviewed were professionals and/or generally well-educated (Williams et. Al.2000; Migration Policy Institute 2006; Wennersten 2008); professions included for example: doctor, nurse, administrative judge, oil executives, county planner, engineers, elementary school teacher, director of physics laboratory, professor, police officer, wall-street executive, military veterans, contractor, as well as a clinical sexologist. Interesting exceptions included several cases of couples or migrants who continued to work online or a woman who traded life as a CPA in the states to become a local preschool teacher in Mexico. Despite the somewhat professional majority in retirees who were interviewed, several of them mentioned having to survive off of pensions that were as little as $900/month and many of them cited instances of financial hardships during retirement. In general, a majority of the retirees were over 60, however there were notable exceptions such as a couple in their early forties and a woman in her early forties, both of which had young children who lived with them and attended school in Mexico.

The majority of retirees interviewed had significant international experiences, many of which visited Mexico frequently for vacation or work. There were a few exceptions of people who had never really had much experience internationally, but they were a minority. Lastly, a significant number of retirees interviewed mentioned some kind of experience or interaction with Mexican friends, co-workers, or culture at some point while in the U.S. Such was the case for example with a woman who managed a warehouse in which many of the workers were Mexicans, or the case of a woman who grew up in Southern California very close to the Mexican border and had a Mexican housekeeper and gardener as a child.
Discovering Lake Chapala

In order to understand why retirees migrate to particular areas in Mexico such as Lake Chapala, it is important to understand how migrants first came to learn about or experience their host communities. While the retirees interviewed for this study exhibited a diverse set of ways in which they first encountered or heard about living at Lake Chapala, they generally can be organized into the following categories: internet, friends, family, book/magazine, or travel.

**Internet:** By far the most popular method of discovery for the Chapala region was through the internet. This was the case for retirees who may have been investigating international retirement migration in general or for people who were focusing on retirement in Mexico. A variety of sites are available that provide accounts in great detail of retiree lifestyles at Lake Chapala, including detailed descriptions of everything from real-estate to medical care to how to raise pets. Additionally, it is common to find elaborate comparisons in cost comparisons between the U.S. and Mexico (i.e. a movie in the U.S. cost $8; in Chapala it cost $2). It is not uncommon to find idealized videos on sites like Chapala.com, depicting a utopian lifestyle available at a “fraction of the cost”. Many websites are operated by real-estate promotion companies such as Focus-on-Mexico (focusonmexico.com) and provide ample information about how potential retirees can participate in exploratory trips to the area to find out more. The following account of one woman from Cleveland is a good example of how easily Chapala can be found, even accidentally, on the internet:

I have an antique boat, a 1963 Chris-Craft antique boat. We got to do some river boating and I enjoyed that. So I went looking for a place, an inland lake, where I could have a little cabin and put the boat in… Well, It turns out that on page 5 of the Google search after I looked at all the sites was lake Chapala!…It was intriguing the things that I found out about reading about the lake was about the community and about the expat community…I’m
talking too much about Mexico to Jim because now I’m on the internet… Finally we made the plans to go

In many cases of the retirees interviewed, even if they had initially heard about Lake Chapala from a friend or a coworker, the internet almost always served as a main source of investigation for new retirees considering retirement to the region.

Friends/Coworkers: Many of the retirees interviewed spoke about first discovering Lake Chapala through a friend or a coworker that had ended up retiring to the area or was looking to retire to the area. Often times new potential retirees first contact with the region came from first visiting friends and in some cases even online acquaintances (something that will be discussed later). They end up visiting friends who have migrated to the area and eventually many factors influence them to personally consider moving to the area as well. The following account from a retired couple who originally worked in the U.S. as a physician and a nurse elucidates on how important friends and coworkers are in disseminating information about retirement in Lake Chapala:

We had a business after we worked ER…one of the people that is here was a partner of ours at that time. They retired 5 years earlier than we did, her husband was a fire chief and she was an RN. They moved down here and traveled to lots of places in Mexico looking for a place to retire to. They decided on this place, we came down and visited them half a dozen times in the 5 years and then when we retired we moved down

Family: Several of the retirees spoke of family being an important method for both hearing about and eventually retiring to Lake Chapala for the first time. Family sometimes means that they heard about Chapala through parents, who either considered retirement to the region, or retired to the region permanently. Such was the case with the following Canadian retiree:
My mom and dad moved down here with my grandmother in 2001…They did a lot of research looking for the best place to retire. My mother died February 17, my dad died April 8…I had my 94 year-old grandmother and I needed to come down to take care of her…We are not normal retirees but my parents were.

In addition to those who have had parents move down to the region previously, many of the retirees, particularly males, told of being “dragged” by their wives to visit Lake Chapala for the first-time. One retiree attests, “The reason I’m down here is because of my wife, it is the honest truth…if I didn’t golf, I’d be bored stiff…If I had my choice, I would have gone to Arizona instead of here…I’m fairly pro-American “. Others were more accepting of the possibility of retirement to the area, usually after taking an exploratory trip or from information encouraged by their spouse:

My then wife indicated she was tired of living in Los Angeles, there was a hum she couldn’t get out of her head because the 405 freeway made a loop right near our house…That was right near the LAX and heavy trucks would go by 24/7…I was open to it…We came down on an exploratory trip…After a few days in Ajijic, my wife said “I feel like I’m home”

**Books/Magazines:** Several of the retirees who were interviewed mentioned reading about Lake Chapala in a book or a magazine. There is a sea of folk literature and “how-to” guides written about an idyllic lifestyle at Lake Chapala, living in paradise for next to nothing, as well as about the social experiences expatriates have when they begin to live full-time in the area. One retired county planner explained how she first learned about retirement at Lake Chapala:

I did about 5 years research before I retired, I knew I wanted to retire to Mexico and I bought a book online, written by a woman who is now a very good friend of mine…It was called “Midlife Mavericks: Reinventing your life in Mexico”… That kind of drew me here.

A few of the retirees I interviewed also mentioned reading articles in the *AARP Magazine* that initially sparked their interest to the region. Many of the publications about Lake
Chapala are readily accessible through online stores such as Amazon.com as well as in many travel stores throughout Mexico.

**Travel:** Almost all of the retirees I interviewed had been to Mexico at least once, many of them several times, prior to retiring in Mexico. Their experiences varied, from that of “typical” beach resort trips in areas like Cancun or Puerto Vallarta, to those who wanted to discover a more “authentic” Mexico in visits to colonial cities such as San Miguel de Allende Guadalajara. While most of the time these trips did not involve visiting Lake Chapala, several retirees mentioned how their travels to other parts of Mexico eventually lead them to the region. This was the case of Chris and Howard who converted an old Greyhound bus into a traveling RV and spent over a decade traveling throughout Mexico. They had never been to the Lake Chapala region before but explain how a set of health circumstances in their travels forced them to seek care in Guadalajara where they eventually discovered Lake Chapala:

> We have been here in Chapala 4 years…Before that we had lived in a bus traveling in Mexico…We had known a few people from our beach travel that had settled here, but that’s not why we came here…We had people we met in beach parks who told us about this doctor in Guadalajara…We decided that we needed to stay close enough for ongoing treatment…we couldn’t afford Guadalajara and the smog really bothered us…We discovered though that this was the best place to live

Many retirees also mentioned that they had visited Guadalajara and had taken a day-trip to the Chapala area, something several local tourist agencies actively promote as something to do for foreign visitors to the city. Some of the retirees interviewed told about how particular chance-happenings ultimately lead them to the Lake Chapala region. This was the case with one retiree who explained how she stumbled upon a classified ad in the newspaper while looking for a babysitter that lead her to spend the next decade of summers traveling down to a beach cabana in Mexico which eventually brought her to Lake Chapala four decades ago:
I became divorced when my kids were 3, 5, 8...I was looking one time for an ad for someone to take care of my boys. I saw this ad that said “Cabana on the beach in Mexico $75”…That’s all it said. I called this man and asked “where is it” He said it’s about 15 miles north on the beach of Ensenada…It’s a 48 foot, 2 bedroom trailer with a 28 foot building on the side of it that’s the full length…I said “what does the $75 cover?”, and he said a year and I said “what kind of dump is it”? He said, “It’s not a dump, it’s pretty nice…it’s probably not like your American home but by Mexican standards it’s pretty nice”…Finally he said “why don’t you come over and get the keys and why don’t you go down there and spend a few weeks?”…We went down there and I came back and signed a ten-year lease! During that time, every couple weeks I would say to my boys: “Put your finger on somewhere on the map and we’ll spend a few days there”…They put their finger one time on lake Chapala!…We came on over here and when we got to the top of the mountains, I saw the lake and I saw the village and I told the boys “you know this is a strange feeling I have but to me this feels like home and when I retire this is where I’m gonna live”…I came back later in life and confirmed this is where I want to be

The retirees I interviewed provided various explanations for how they first became acquainted with the area or Mexico in general as a place to retire, however almost all of the cases exhibited some element related to an emerging global economy. Those who cited the internet and other written publications as sources allude to the growing ease of communication and diffusion of information in a globalized world. Those who cite previous travel experiences inevitably allude to the relative ease of travel that has characterized a new global age and may bear some relevance to Massey’s point that globalization has tended to “promote the movement of people by reducing the costs along certain international pathways” (1999, 42). In this manner, inexpensive and/or direct flights between cities like Houston and Guadalajara can be seen as a product of that integration, allowing for all Americans to reap the benefits of travel around such pathways. Indeed the majority of retirees I spoke to fly to or even take a bus to Houston for relatively cheap, reaping the benefits of both trade routes established by NAFTA (i.e. flights between major cities) and bus networks created largely through the existence of transnational networks in the U.S.
Choosing to Migrate: Why They Come

Following Sunil et. al. (2007), this section uses the four typologies developed by them to analyze which categories retirees interviewed for this study fall under and if there is any evidence that suggests new categories should be created. They identified four general categories of motivations for retiree migrants: financial circumstances, the natural environment, a sense of community and friendship, and a better quality of life. These categories are admittedly broad and serve as a general outline for organizing retiree motivations and in reality retirees emphasize multiple factors that motivated their migration decision but often times will emphasize one thing as a main component of their decisions. They will be complemented, contradicted, or complicated by incorporating ethnographic excerpts from interviews conducted with retirees and key-informants, especially by exploring in some circumstances the biographical factors that contributed to such a motivation.

Financial Circumstances

Almost all of the retirees I interviewed mentioned some reference to financial circumstances that influenced their decision to migrate to Lake Chapala. Such a broad category however does not really tell the story of the diverse economic factors that influence different retirees to migrate indefinitely to Mexico. While traditional IRM literature has tried to attach the ubiquitous label of “amenity-seeking” to expatriate retirees who come to areas like Mexico, my research suggests the possibility that many retirees may actually retire out of necessity. In these types of migration decisions, many retirees find that they are unable to afford basic costs of living in the U.S. such as health-care or property taxes. These migration decisions are inherently very different from retirees who may choose to retire to Mexico because of a choice to live a different lifestyle and can be differentiated in analyzing whether
or not migrants could afford basic living expenses in the U.S. vs. those who want to maximize the economic utility of their resources above and beyond basic costs of living in the U.S. like health-care, property taxes, rent, food, etc. The following retiree story helps illuminate the kinds of migration situations that might evolve largely out of necessity.

**Box 1: “Affordable Health-Care and Private Education”**

Not all of the expatriates I interviewed were of “retirement age” (i.e. 55+), and some were as young as 40 and even had young children. The Smith family is from Denver Colorado and they live with their 1 year-old son and their 4 year-old daughter. It took me a while to find their house as it was located in a modest neighborhood with an obviously Mexican predominance. As Bob phrased it quick clearly in the beginning of our interview, he told me that the reason they came to Mexico was “health-care and children’s education”. He explained their situation to me:

“When I retired I had a pension with no medical insurance at all. At that time the choice was $1400 per month to pay for cobra, which was over half my pension, or come up with Plan B. Plan B became move to Mexico, we looked into it and down here were on IMSS now, it cost us for the first year $750 and after that it’s about $600 a year. .. The private school’s here I can afford and they are fantastic.”

His wife Donna worked as a CPA in the U.S. but discontinued working after the birth of their 1 year-old son. She has since managed to find a job as a pre-school teacher at a local school “teaching English to 4 year-olds”. Bob was forced into early retirement after suffering an injury in a car-accident, further inhibiting their options. The Smith family is much younger than the majority of retirees who migrate to the area by more than 20 years in most cases and their unique age and family situation highlights possible new and important trends in migration. They complicate traditional perceptions about how expatriates may integrate and assimilate into both expat communities and local host communities. They had no previous travel experience in Mexico or internationally with the exception of one trip to Cancun. Additionally, they had no previous friendship or kin networks that tied them to the area. Their situation highlights the idea that increasingly more and more younger migrants may find expat living in Mexico as a viable alternative to life in the U.S., particularly when certain family situations like theirs places severe financial strains on households. Accordingly, migration is very much linked to being able to afford basic expenses such as health-care or private education. At least two other households I interviewed were around the age of the Smith’s, one of which also has a young daughter attending school locally in the host community. Apart from the Smith’s, the other younger household’s have found supplemental income through work over the internet, another product of a globalized world that may increase the presence of not just retirees but of younger professionals working over the internet may also bring young children with them when they migrate. The Smith’s did share some common characteristics with general retirees too, such as their decision to come down on a “trial” basis which meant trying out Mexico for a given period of time and ultimately deciding whether or not to make a long-term commitment:

“The best plan for us was to come down and make a 1 year commitment...we found a place and made a 1 year lease on it with the expectation of deciding at the end of that year whether to stay or go and I can tell you right now we’re staying, its already been decided.”

An interesting aspect of my interviews with the Smiths was the fact that I completed them separately with both Bob and Donna and that they arrived at different conclusions about how their “trial” was going so far after about 4 months. As the above quote illustrates, Bob seemed to have already concluded that they were ready to commit long-term to Mexico. Donna on the other hand did not seem as convinced:

“It’s different then I thought it would be...We’re still considering going back. I like a lot of things about Mexico; I got a job here and that part is nice but we’re still considering other options”.
Several other retirees I interviewed expressed similar financial pressures related to the ability to afford even basic necessities in the United States. The same woman whose story was alluded to earlier that originally discovered Lake Chapala after renting a beach cabana for $75 a year told me she could barely afford to pay the property taxes on her $150,000 house for 1 year with her less than $900/month social security check. As a single mother who worked in many different jobs, retirement to Mexico came largely out of necessity, although her acquired love for Mexican culture also drew her to the area. A group of U.S. veterans I happened to run into one morning at a local coffee shop also expressed financial necessity as a main reason for coming to Chapala and that several of them could not even afford rent, utilities, and food in the United States. On the other side of the spectrum are retirees such as a retired physician and registered nurse who I met and interviewed. They explained their financial circumstances as such: “We can live on a little and play a lot…we can live entirely on my social security and use the rest for travel and play”. These retirees represent a very different group of migrants who come to the Lake Chapala region largely as a means of stretching their already significant resources and retirement benefits so as to maximize their lifestyle experiences.

**Natural Environment**

With a yearly average of about 68 degrees and an altitude of 5,000 feet, Chapala has one of the best climates in the world and is often times referred to as “The Land of Eternal Spring”. Almost every retiree I interviewed mentioned climate as one of the big factors that influenced their decision to migrate. Although the lake is very scenic with rolling clouds, an abundance of lakeside sunsets, and green mountains during the rainy season, surprisingly few of the retirees mentioned natural “beauty” as a big drawing factor but several told anecdotes
of enjoying sunsets on the lake or admiring storms during the rainy season. Not all retirees however appreciated the weather as a luxury fit for wearing shorts and Hawaiian shirts year-round; many of the retirees I interviewed spoke about how the climate affected their health and well-being. Box 2 on the following page contains a series of excerpts from retirees and local informants about how the climate of Lake Chapala has affected their health and well-being. In addition to the excellent moderate climate of the region, there is a series of natural hot-springs that are said to promote healing in the body. Several retirees I spoke to visited the balneario regularly, a resort-like area with natural hot springs and palapas to sit under located in San Juan Cosala, less than a 10 minute drive from the heart of Ajijic:

**Image 4**: *Balnearios located in San Juan Cosala are very popular among expatriates in the region*
An increased sense of health and well-being was mentioned by several retirees I interviewed. Many of them pointed to the climate or environ of the Lake as a main reason for feeling better. One retiree I interviewed explained it to me like this:

“The Climate here is fantastic… I have artificial knees and I’ve had carpal tunnel surgery in my hands and so I felt good here! It takes about a week after you have been here to start feeling better, I don’t know whether you have noticed it or not. I think it’s the negative ions coming off of the lake and water and we’re enclosed by mountains and so that air doesn’t get away.”

Other retirees I interviewed mentioned that the moderate year-round spring climate allowed for them to live a healthier and more active lifestyle. They mentioned that being able to experience moderate temperatures outside increased their willingness to “get out of the house” and participate in outdoor activities. One couple explains their experiences:

“She plays tennis, we walk everyday 2 or 3 miles in the morning, we walk up to the Mercado and get our things we want for dinner or the meal that day. I have a motorcycle and friends I ride with… we have our other hobbies that each of us do too… I make furniture for friends of mine… It seems like our days are gone… We are busy everyday, all-day long… frequently we don’t start the car for 2 or 3 weeks, we walk everywhere!”

Despite the several retirees like those previously mentioned who believe that a more active lifestyle is available due to the climate, others seem to disagree:

“You bring your good habits and your bad habits with you… I think that if you’re looking for a lifestyle where everybody will do everything for you, you can have it here. Now, there is so much more use of cars than there were 4 years ago… I don’t think that just because it’s pretty here and warm that that means people are more active. If you played tennis before, you play tennis still, if you golfed, you golf. If you came here thinking you were going to take up golf, when you find out you have to walk the lengths, your not going to do it”

Some of the retirees I spoke to mentioned “feeling better”, but could not quite identify why that was the case. One woman told me how she used to be in a wheel-chair prior to coming here and that she and her husband came down to Mexico taking over 40 medications combined and that now she no longer needs a wheel-chair and that together they are only on about 5 medications. Many also mentioned having lost lots of weight coming to Mexico, but were unsure how or why, occasionally pointing to a “healthier and more natural selection of food”. Even some of the local Mexicans in Guadalajara told me of Lake Chapala’s reputation as a place of healing and several taxi drivers spoke of the thermal waters available. One native Physician who has lived in Chapala for over 20 years and is a trained in alternative medicine, such as homeopathy and natural medicine explained to me that Chapala historically has been seen as a “place of healing”, dating back to indigenous origins:

“Here in this area, in the ancient times, this was considered as a sacred place for healing because we have the thermal baths at San Juan Cosala. The Island of the Alacrán (small island in the lake) is seen by the Huicholes as the Fifth Cardinal Point and every year the Huicholes come and make a religious practice on the Alacrán island and they were the doctor’s of the Aztecs… Chapala has a long history of healing.”
A Sense of Community and Friendship

At least half of the retirees I interviewed mentioned that the presence of an established expatriate community played a big part in their decision to migrate to Lake Chapala. Despite the somewhat idyllic label of “community and friendship”, migrants in this category may have migrated to the area in order to use established community resources in an instrumental way. Several of the retirees I spoke to mentioned the appeal of having established organizations such as the Lake Chapala Society (LCS), a civic association catered specifically to the expat community with over 3700 members. The LCS offers an abundance of resources, services, and people who, as I will comment on in greater detail in the next section, greatly aid newly-arrived migrants in adjusting to their new life in Mexico. The LCS provides help with a large variety of services ranging from immigration papers to health-care to where the best place to get your pet-groomed is. They provide an annual directory as well with a list of all members contact information and a list of hundreds of local services expats routinely utilize.

Some of the retirees I interviewed mentioned that they first became plugged into the expatriate community at Lake Chapala through people they had met online. With the retirees I interviewed, almost all of them who mentioned forming relationships with migrants who were already living at Lake Chapala or were considering moving to the area were women, all-though it is unclear as to whether or not gender actually plays a role in establishing networks pre-migration. The following story of the Wallack’s is an example of how some migrants establish pre-migration ties to the area and the expat community.
Box 3: “Hey, it’s you!”

The Wallack’s are a couple from Cleveland Ohio and they first found out about Chapala when Patti was looking on the internet for a place they could go boating. At first, Patti was very intrigued to learn about the unique expat community she read about online that lived at Lake Chapala and eventually she joined an online women’s forum that consisted of women who lived at Lake Chapala or who visited frequently and were considering living their full-time. It is after she joined this network of women that she really felt the desire to visit Chapala for the first time. Matthew, however, was not enthusiastic about the idea at all and was getting tired of hearing Patti constantly talk about Lake Chapala. Patti explains their initial experiences best:

“Matthew doesn’t like change...I’m talking too much about Mexico and he’s getting tired of hearing about it, because I’m on the internet and now I’ve got a group of woman: there’s about 50 women, some of them live in Mexico, some of them have visited, some of them are coming to visit. So, I have something new everyday to tell him and he’s tired of hearing about it so he says to me, “you get twenty-minutes a day” to talk about it...Well I couldn’t keep to that...So finally he throws up his hands and said “make the plans to go so you can get this out of your system and we can move on with our lives”. “

Patti made plans for them to visit the area over Thanksgiving and Matthew reluctantly accompanied her to visit the Chapala region. Matthew explains his experiences with that initial trip and his expectations for Mexico and the Lake Chapala region:

“I didn’t read up on any of the material that she gave me and so I’m reading it on the plane and we’re getting ready to land in Guadalajara and I’m not even 10 pages into the book and I’m thinking , “What am I gonna do, is this going to look like a Spaghetti Western with Clint Eastwood’s crowd riding down the street?” Well, I get off in Guadalajara and it’s a modern airport and they got cars and we drive over here to lakeside, and it’s a beautiful little village.”

After having arrived at Lake Chapala, Matthew is quickly surprised at how many people Patti has managed to be in contact with and how many “friends” they already had even before they visited for the first time. He explains how this new network of friends, established entirely online by Patti, gradually introduced him to a special night in Mexico that played a big part in convincing him to eventually come:

“Some people meet us and were walking around on the cobblestone streets and it’s just as charming as can be. Around seven or eight o’clock at night, a van pulls up with about 6 or 7 women that my wife knows. They pile us up in the van and they take us over to Chapala to an outdoor Mariachi concert with the premiere Mariachi band in the world! Were doing tequila shots, under the stars in Mexico listening to Mariachi music, I was pretty much gone right there!”

Patti explains what happened the next night with Matthew:

“The next day was the beginning of the fiesta period...the first night we get there and were on the plaza, all of these people were expecting us! Now back then, Ajijic was a lot smaller than it is now, even though it was only about 5 years ago. Everybody knew that we were coming! He would be walking out on the street and people would say “Hey, its you!” Are you Matt Wallack from Ohio? We’ve been expecting you, come on and have coffee!”...What they did was as a group, they had cocktail parties and went to lunch...When women came into town with their spouses, the spouses were expected which was really something unusual for American men...They don’t expect to go somewhere and know people...So this conduit of women was a really important factor in that...And all that week we walked around and met people and even had Thanksgiving at someone’s house”
Cumulative Causation and IRM

At this moment, it is important to link a particular phenomenon of traditional migration theory with the accounts of the Wallack family. Gunnar Myrdal (1957) was the first to introduce the concept of *cumulative causation* before Massey(1990) later reintroduced to the field. Cumulative causation argues that over time, international migration becomes self-perpetuating, progressively increasing the likelihood of future migrations to an area. As Massey (1999, 45) points out, “causation is cumulative in the sense that each act of migration alters the social context within which subsequent migration decisions are made, typically in ways that make additional movement more likely.” He identifies eight situations in the literature where the idea of cumulative causation has been applied and I believe three of those to be particularly relevant to international retirement migration in the context of Lake Chapala.

The first way in which cumulative causation may work with the Lake Chapala region is related to the idea of social capital. Under this notion, migration tends to become “self-perpetuating” once a critical mass of migrants have arrived, primarily because as more and more migrants arrive, the subsequent costs for future migrations becomes reduced each time a migration event occurs and increases the likelihood of more migration which in turn reduces costs even more in a cyclical manner(Massey 1999). In the case of Lake Chapala, the highly concentrated and rapid evolution of the expatriate retiree community has greatly reduced costs for future migrations. This primarily occurs through the abundance of online forums, civic associations (Lake Chapala Society, American Legion), and informational seminars that are available to greatly aid new migrants in transitioning to a new life in Mexico. Additionally, informal bonds and friendships made among individual retirees and
couples also promote information sharing and help reduce migration costs. Because many of the migrants who settle in the Lake Chapala region have large amounts of human and financial capital, they can readily mobilize those resources for expat community initiatives like the Lake Chapala Society, which in turn aids new-comers in performing all the necessary steps for a successful migration. Realtors are available to find rentals or homes for sale, new-comers seminars frequently occur weekly and disseminate valuable information about what to bring, how to travel, and various insider tips on successful living and transitioning to the area. Additionally, as opposed to much of the labor migration to countries like the United States, retirement migration to Mexico is completely legal and even encouraged by the Mexican government, which in turn magnifies the efficiency and diffusion of information to new-migrants. Unlike many of the underground or humanitarian groups that form in support of labor migrants, the completely legal context of IRM allows for migrants to actively participate in civic associations and to write books and make websites without the fear of legal action against them. Accordingly, social capital and information-sharing becomes institutionalized in the form of civic associations and other organizations that can be regularly accessed by new migrants in a very structured and methodical manner.

For the Wallack’s, the dissemination of information initially to Patti was the result of information-sharing that is only possible in a globalized world. Before even boarding their plane, the Wallack’s already had dozens of friends who could provide them with information about living in the area and how to successfully migrate. In addition to the information they gained through Patti’s online forum group, their friendships and social capital translated into real returns when they finally visited Lake Chapala: they did not have to worry about
transportation issues (“They picked us up in a van”) and they had a readily accessible network of friends who served sort of ambassadors to the region during their initial trip.

Cumulative causation has also been identified in the context of labor migration as a characterization of newly acquired concepts of tastes and lifestyles as migrants make planned short-term trips with the intention of returning to their origins (Massey 1986, 1999). For labor migration, this meant returning home after acquiring a certain amount of financial capital or skills. During migrant’s time spent on short-term goal-oriented trips, they acquire new tastes and lifestyle expectations and Massey(1986) has argued that this increases the odds of migrating again which in turn creates a cyclical increase of return trips and eventually possible full migration. Since retiree migrants are no longer part of the labor force, the context of this type of cumulative causation takes place in a different context, but still retains its spirit.

For Matthew Wallack, his initial trip to the area was meant to be an exploratory trip and a way to appease his wife so that in his mind, she could get over her obsession with the area once and for all. It turns out however that in his trip to the area, his very “Mexican” experience with the mariachi band, fiesta periods, and fireworks ultimately sparked new tastes in his mind and openness to a new kind of lifestyle. In this sense then, his initial exploratory trip turned out to engender new ideas about how he might be able to live in retirement and ultimately made him partake on future trips which eventually lead to full migration. Upon returning to the U.S., Matthew realized he could not experience the fiesta periods and mariachis that he fell in love with while visiting Mexico and ultimately played an important role in drawing him and Patti to the area as full-time residents.
Lastly, we can think about cumulative causation in relation to IRM and the Wallack’s experience as it relates to the particular values and behaviors that proliferate at the community level as a result of continued migration (Massey 1999). In the context of the Wallack’s, the fact that they were “expected” by so many people automatically placed them in a dense and established social network that placed certain expectations and values on their behavior (i.e. they were expected to visit and expected to participate in the events that their group had planned for them). As the Wallack’s left, their ties with previous and newly acquired friends continued to connect them with the region and inevitably increased the probability that they would migrate since full-time migration became valued as something normative and expected after visits to the area. These behaviors were both reinforced at the personal level (“Hey, it’s you!”) and on a normative level (“when women come into town, their spouses were expected”). As new migrants are affected by behaviors and expectations and eventually migrate themselves, they in turn create a denser network which further increases the diffusion of expected values and behaviors (i.e. more people are encouraging expected migrants to live in the area full-time) and hence may be termed cumulative.

**Better Quality of Life**

For the retirees interviewed in this study, quality of life took on several different forms. For many, a better quality of life was synonymous with maximizing the utility of their fixed income so as to “Live on a little and play on a lot” as one couple explained it. Accordingly, sometimes it is classified under categories such as financial considerations, even though it is more related to lifestyle choices. For others, a better quality of life meant the ability to access a variety of cultural activities and the ability to travel with relative ease and affordability. Many retirees cited the proximity to Guadalajara as an important factor on
many fronts. The proximity of Mexico’s second largest city meant that a large and modern metropolis was readily available as a contrast to the “small village” feel of Lake Chapala and that travel back to the U.S. was necessarily that much easier. Additionally, Guadalajara has sometimes been called the most “Mexican” city because of its historic cultural heritage that included the mariachi plaza, large marketplaces and crafts, or its’ arena for *lucha libre* and close proximity to the town of Tequila.

Some of the retirees I interviewed naturally fused health and well-being as important characteristics that have improved their quality of life at Lake Chapala. Despite the somewhat generality and ambiguous meaning of “quality of life”, by far the most popular element retirees commented on was how different “Mexican life” was from life in the U.S. or Canada. Retirees who mentioned differences in lifestyles in Mexico as something very different from life in the U.S. tended to be a part of three general categories. One group exhibited what Wennerston (2008) would call cultural dissonance (see pg. 27) or a perceived negative attribution to lifestyles and values associated with origin countries and neutral or indifferent to host cultures⁴ (escapists). Another group is neutral or indifferent to the culture of sending regions but greatly admire host culture (admirers). The last group exhibits both disdain for the lifestyle and culture sending regions and an appreciation for that of host countries (escaped admirers).

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⁴ Given how confusing and complicated definitions of “culture” can be, it suffices for this section to say that culture is the associated lifestyles or values of a particular region or population
Box 4: Cultural Ideals and Migration Decisions

**Escapists:** I used the term escapist to refer to those retirees who focused much of their comments on things they did not like about the United States but did not mention a particular appreciation or appeal of Mexican culture or lifestyle. They were a minority among most of the retirees who mentioned cultural ideals as a main reason for migrating but nonetheless are likely representative of at least some portion of the expatriate population.

**Escaped Admirers:** I used the term escaped admirers to describe those retirees who focused much of their comments on their migration decision on the realm of things they did not like about the U.S. or Canada, but also commented on what was appealing about life in Mexico in well. As opposed to the escapists, escaped admirers made up the majority of retirees I interviewed who focused on cultural ideals as an impetus for migration. Two main examples from retirees I interviewed highlight this typology of migratory decisions:

I happened to run into a father-son pair of military retirees at a local coffee shop near where I was staying. They possessed an aura of solitude and indifference but nonetheless I decided to take the initiative to talk with them as I was sure they wouldn’t normally be captured by traditional research to the area. We got to talking and eventually after I assured them that I was not from the U.S. government, they trusted me enough to allow for an interview. One of them was a former Green Beret and the other a U.S. paratrooper. They seemed to emphasize an inherent distaste for life in the U.S. and an appreciation that Mexico possessed what it lacked. For them, much of it revolved around a notion of “freedom” and “liberty”. When asked why they came to live in Mexico, the son responded:

“Liberty, seriously liberty...I’m a U.S. paratrooper and this country has freedom, ours is not...I could go for days on that. This country still has freedom and liberty and personal rights.”

Before he could finish his father interjected:

“You got a right here to be stupid...If you want to put 10 people on the back of a pick-up truck, go ahead! But, if you get in a wreck and kill somebody because someone is in the back of the truck, their family is not gonna sue your ass because you were driving and you had ‘em in the back...You got the right to be stupid, but your not gonna get a ticket for being stupid...You have the right to be stupid!”

A retiree I interviewed from Canada explained to me how she was tired of the fast-paced, money-driven lifestyle where she lived and at the same time how much she admired more traditional values in Mexico:

“We were born and raised in the Toronto area...we’ve been moving father and farther away from that because of the rat race. We were looking to get away from that whole money mentality and this is so amazing! It’s all about family, it’s all about celebration...it’s a whole different priority to life”

**Admirers:** Categorically the opposite of escapists, I used the term admirer to refer to those retirees who came to Mexico because of an appreciation of Mexican culture, people, or lifestyle but did not have any obvious complaints about life in the U.S. or Canada. One retiree explained how she became fascinated with Mexican culture:

“Until I was 13 I lived in the Imperial Valley of California, close to the Mexican border, and we had a Mexican house-keeper and a Mexican gardener... from the time I was “this high”, my family remembers me saying over and over, “I could live on Mexican food”...my heart has just always been in Mexico”
The typologies created in Box 4 are certainly not representative of all the reasons retirees choose to come to Lake Chapala in terms of cultural ideals and in reality many retirees probably are motivated by more complex ideologies. Nonetheless, the categories I proposed represent the majority of retirees I interviewed and serve as a good spectrum of different ideal types. Truly (2002) has mentioned the possibility of what would be a fourth category that is characterized by those who come to Mexico with no real appreciation for Mexican culture and a desire to “import a lifestyle”. Since NAFTA, the presence of stores like Wal-Mart (one recently opened in Ajijic) has allowed for new migrants to come and replicate a previous lifestyle only that lifestyle can be intensified and/or altered because of the lower cost of living in Mexico and a labor surplus. Despite Truly’s characterization of what he believes is a new trend in migrants to the area, none of the retirees I interviewed seemed to fit this ideal in terms of their decision to migrate although many certainly lived lifestyles that resemble elements of that typology.

**IRM and World System Theories: From Periphery to the Core**

Another important link with traditional migration theory exists in the context of the cultural ideals many of the retirees spoke to me about in terms of their decision to migrate. As mentioned previously in Chapter 2, traditional “World Systems Theories” have accounted for several structural explanations of why migration occurs between a capitalist “core” and an increasingly dependant “periphery”(Massey 1999). Under traditional labor migrations, one connotation of this theory posits that core countries transmit “information about lifestyles and living standards in the developed world, and commercials prepared by foreign advertising agencies inculcate modern consumer tastes within peripheral peoples”
(Massey 1999, 43). Under this premise then, labor migrants in the periphery seek to migrate to the core in order to satisfy the kind of lifestyle that they acquire through capitalist penetrations and media diffusion originating from the core. Since almost all connotations as such of world systems theory are based on an assumption of migrant’s relation to the labor market, its explanation is somewhat limited when applied to IRM. Retiree migrants are necessarily disconnected from ties to traditional labor structures and thus their migration habits will vary as a result. After visiting the Lake Chapala region and conducting my interviews and participant observation, it occurred to me that it is possible that a different version of this theory acts in a different way with expatriate retirees.

Instead of migrations from the periphery to the core, expatriate retirees in Mexico migrate towards the periphery from the core. I believe there are two possible explanations for this. As mentioned previously in Chapter 2, it is possible that retirees who come to the Chapala region are in a sense trying to fulfill consumer styles and lifestyles that are consistent with traditional media diffusions from the core. In this manner, retirees try and benefit from high exchange rates and excess labor so as to try and come closer to lifestyle expectations that could never be fulfilled if they had stayed at the core. Because retirees are on a fixed income, they are no longer in a position to follow traditional mobility ideologies of the core because they no longer are a part of the labor market that allows for such a mobility to occur (at least ideologically). They migrate to Mexico where they encounter a labor surplus and cost of living that allows for them to hire multiple service workers, maids, and gardeners so as to come closer to an idealized image of being “wealthy”. This is in tune with the kind of people Truly (2002) identifies as “importing a lifestyle” and was evident from my own observations of the area but did not readily surface in my interviews. Instead, many of
the retirees I interviewed spoke of their desire to partake in an idyllic lifestyle that was necessarily different than traditional consumption-oriented lifestyles and identities at the core.

Many retirees told me that once you are estranged from the workforce in the U.S., you simply seem to have “no place” or “meaning” in society. Scholars such as Otero (1997) have mentioned how this might apply in the context of IRM, noting that many retirees may perceive host cultures to be more amenable to those no longer formally tied to the labor market. In my own interviews, many of the retirees mentioned that Mexico offered a culture where “growing old was easier” and that the Mexican lifestyle is not as focused on wealth or on someone’s professional status. Instead, they spoke of a family-oriented culture that valued “living” over working. This was even evident in the language retirees used to describe their retirement location as well.

Many of the retirees referred to their retirement location as a “sleepy little fishing village” and it is interesting to think about why they are attracted to this image. It is possible perhaps that the “sleepy” or “small-town” references to their retirement location are a way to assert their desire to be a part of something that is quiet and not “busy” like the booming cities and high-growth regions many of them came from. The emphasis on the “fishing village” aspect of their language is perhaps a way to idealize their town as a traditional region that is outside of the commercial and high-tech industries that characterize the core and its capitalist nature. It is interesting that many of them continue to assert this ideal in their language and image of Lake Chapala even though fishing has largely declined in the area ironically as a result of new industries like construction that are made possible by the retirees.
This is perhaps a reason why many retirees were upset when Wal-Mart opened in Chapala and that new commercial real-estate has boomed.

In terms of how communication and the diffusion of information, the case of lake Chapala is an example of how the periphery acts as a resistance to lifestyles and consumptions styles posited by the core. Information is dispersed to the core from the periphery in a variety of different methods. Informally, large networks of migrants who live in the region share information about their idyllic lifestyle to friends and family still living in the core. Hundreds of guide-books and memoirs written about retirement to areas in the periphery also help diffuse information to the core about alternative lifestyles. These lifestyles bare a particularly strong relation to populations such as retirees since they are necessarily more oriented towards a life that is estranged from an identity based on labor relationships and the workforce. Lastly, a rapid increase in businesses promoting retirement to the area has produced media and advertisements specifically promoting lifestyles that are possible only in the periphery. The image below is one example of how companies promote an idyllic lifestyle in the periphery; it comes from the website of one of the largest commercial promoters of Lake Chapala for retirement and one notices the presence of traditional Mexican cultural symbols that are used, as well as scenic pictures and a big picture of statues that are located in the town of Chapala that are of traditional Chapala fisherman (i.e. promoting the image of the area as a “sleepy fishing village”).
Expatriate Integration at Lake Chapala

The lifestyles of expatriates who choose to migrate to Lake Chapala are necessarily complicated in terms of their integration with both the expatriate community as well as the host community. Despite this complexity, it is useful to utilize ideal types in order to paint an overall picture of expatriate life at Lake Chapala. Taking into account previous literature, my interviews, and participant observation, I have come up with four ideal types of expatriate lifestyles as they relate to their integration with host and foreign communities: full expat integration, dual integration, full host integration, and non-integration. As these are ideal
types of a spectrum, most if not all retirees, will fall somewhere in between various ideal types and the author recognizes that attempting to categorically represent levels of integration naturally relies on many assumptions, including the idea that integration is actually something that can occur in society and that it can be measured. Integration is seen both as a desire to be a part of a community as well as the possession of necessary linguistic and cultural skills that either facilitate or hinder full-integration. In this sense, a retiree could claim to participate very little in activities with other foreign expatriates because of their love for Mexican people and culture, but lack the linguistic ability that would be necessary for full integration into the host community. The diagram below represents proposed ideal types in terms of levels of expatriate integration:

Diagram 1: Ideal Integration Types
Full Expat Integration

At one end of the spectrum of ideal migrant integration is full expat integration, which is an ideal type in which expatriate migrants are fully integrated into the expatriate community and not integrated at all with the host community. It should first be stated that “integration” is naturally a broad and ambiguous variable that will inevitably lose some meaning when it becomes operationalized into observable and/or measureable qualities and characteristics. Since full expat integration is an ideal type that represents the end of a continuous spectrum, very few if any retirees would truly fall at the edge of this spectrum. In the context of this study, full expat integration will be defined as an expatriate whose social network (including friends and family) consists entirely of foreign expatriates and whose interaction with the host community occurs only through commercial transactions (i.e. buying groceries, maids, gardeners, services). Additionally, the migrant has no desire to integrate with the host community, desires integration only with the expatriate community, and most likely speaks little to no language of the host-community and has very little knowledge of host community culture. I did not meet any retirees who embodied all of the characteristics that describe this kind of integration, but it is feasible that in very rare cases migrants may be classified at this extreme spectrum.

Full Host Community Integration

At the opposite end of the spectrum is the category of full host-community integration. Full host community integration is defined as an expatriate whose social network consists entirely (apart from family) of members of host communities who

5 Another disclaimer about the use of the word culture: the author recognizes the difficulty and inherent ambiguity in the term and that its meaning is widely debated. As with before, culture is operationalized as a knowledge and/or possession of the particular values, traditions, and behaviors of a population or region.
themselves were either born or are fully integrated as members of the host community and whose interaction with the expatriate population is limited to utility (i.e. only interacting when using services, asking advice, etc). Additionally, they possess the linguistic and cultural skills necessary to integrate into host communities and have no desire to integrate with the expatriate community. As this is also an ideal type in a spectrum, I did not meet anyone who matched all of the characteristics of someone who is fully integrated into the host community but did meet very few expats that possessed many of the ideal characteristics. For most expats, even if they could theoretically become fluent in the language of the host community and be very knowledgeable of cultural ideals and practices, their foreign heritage will necessarily always separate them to some degree from native-born community members. Additionally, it is difficult to imagine expatriates who have no desire at all to interact with the expatriate community, although a few retirees mentioned high levels of resentment towards it.

**Dual Integration**

In between the ideal types of full host and expatriate community integrations, dual integration represents the migrant who is fully integrated into both the expatriate community and the host community alike. Their social networks ideally consist of members from both the host community and the expatriate community and they possess an equal desire to be a part of each community. Additionally, they possess the linguistic and cultural skills necessary to be a part of each community and participate in regular activities of each community to an equal degree. This is perhaps the most difficult ideal type to achieve, although it is feasible that certain rare migrants may be able to come close, such as a
Mexican-American that migrated early on in life to the U.S. and returned to Mexico for retirement.

**Non-Integration**

The last ideal integration type is that of non-integration in either community. Non-integration means that a migrant’s social network consists of neither expatriates nor members of the host community. Additionally, they have no desire to integrate in either community outside of utility and may not possess the cultural or linguistic skills necessary to integrate. This ideal type is probably most closely related to a possible “hidden” population that desires to remain secret for a variety of reasons related to crime or politics. There have been reports of similar migrants who live undiscovered at Lake Chapala but in any case are probably very rare.

This section has attempted to pose a novice overview of certain ideal types of integration in the expatriate community and is admittedly over-simplistic. In the absence of quality data and previous inquiries in the literature, this model necessarily is rather general and can and should be altered and enhanced accordingly and it is in reality it is likely that migrants can move *fluidly* through the conceptual diagram and not just on paths dictated by the solid lines. In the mean time, it could be used as a broad typology for classifying types of integration and Box 5 on the following page identifies how one might go about classifying real migrants using the proposed ideal-types diagram.
Box 5: Ideal Integration Types Model: Sample Classification

The following is a novice example of how the proposed ideal integration types diagram might be used to actually classify an empirical example somewhere on the diagram. Laurie Smith, the wife who is part of the Smith family featured in Box 1, will be used as a case study to test out the proposed conceptual diagram. When asked about her feelings about each community she shared the following:

**Expatriate Community:** “There’s just not a lot of younger people here. There’s not much night-life other than people eating out…There’s just not much going on…We’re members of LCS and Joe’s a member of the American legion…We don’t go hang out over there, most of the time we go to LCS people are asking us. “Are you visiting your mom or dad”

**Host Community:** “We deal with a lot of the vendors that are around here…It’s difficult because my Spanish is not that good…It’s really difficult to make friends unless you can share common interests…The way a Mexican would grow up, you know another woman my age, would probably be a little different….I don’t know that we have a lot in common”

“It’s a little run-down, it surprises me that there is that many Americans here…I don’t want to say the place is a dump, but there’s a lot of graffiti…When you drive down there’s vacant fields and there’s dogs running all over and cobblestone streets…I don’t think they take a lot of pride in what they have…they don’t fix up their place. Their ok with mediocre, which I guess is just different than I’ve lived my own life”

Based on the comments Lurie shared about her experiences and thoughts about the host and expat communities at Lake Chapala, I classified her accordingly on the above conceptual diagram. The first criterion for measuring integration as I have operationalized certain variables deals with the desirability to integrate into either network/community. Based on how critical Lurie’s comments were about the host population, even in light of her daily interaction with host community members at her job as a preschool teacher, I placed her on a path towards non-integration. Her critical attitude towards Mexican culture and characterization of its “mediocre” nature can be seen as a good indication that she may not even desire to integrate with the host-community and therefore she was not placed on a path that was connected with dual integration. Additionally, her limited language skills also hindered ability to move towards host-community integration. Her comments on her inability to relate to the local expat population largely because of age placed her even closer to non-integration.6

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6 It is important to note that just because Laurie may be classified to be on a proposed point on the conceptual diagram does not mean that she necessarily won’t change positions over time nor does it mean that she necessarily has to follow the paths of the solid-lines (i.e. she would not necessarily have to move closer to being non-integrated in order to move towards host-community integration). Additional research and data can help to clarify what paths may exist on this basic conceptual schema.
Health-care development is of crucial significance to areas such as the Municipio de Chapala in Mexico because of its geographic location. As Dussault and Franceschini (2006, 12) assert, “Geographical distribution matters a lot, since it determines which services, and in what quantity and quality, will be available. Imbalances raise problems of equity (services not being available according to needs), of efficiency (surpluses/shortages) and of effectiveness of services, let alone of satisfaction of users”. Despite being relatively close to the large city of Guadalajara, many key-informants in the region explained to me that it was more a curse than a blessing for the region’s health-care development since the lure of the city constantly drained the region of the necessary health-care personnel, equipment, and resources. Chapala is relatively close to Guadalajara (about 40 km), but often times large traffic accumulations can lengthen round-trip visits to more than 3 hours in length. This
means that many working-class Mexicans in Chapala may be highly discouraged from seeking treatment in Guadalajara until conditions deteriorate to a critical level in which unnecessary complications begin to occur because of such delays. In order to access specialized care and emergency hospital treatment located in Guadalajara, an adequate emergency medical system of transport is required to ensure both the rapid and efficient transportation of sick and injured patients and to stabilize life-threatening conditions en-route.

Given the unique challenges to health-care that Chapala faces because of its geographic location, in terms of access to resources, facilities, and quality care, this chapter will argue that the expatriate community greatly aids in addressing these health-care deficiencies. Health-care development occurs primarily through five avenues:

1. Formal fundraising and philanthropic organizations
2. Contributions to Instituto Mexicano del Seguridad Social
3. Demand for medical personnel and medical facilities
4. Sharing of human capital through individual retiree philanthropy
5. Social capital through relationships with service workers

The following chapter provides a brief overview of the Mexican health-care system followed by a brief overview of expatriate health-care experiences and concludes with an exploration of how health-care development occurs via the expatriate community through the five aforementioned methods.
Mexican Health-Care System: Overview

The Mexican health-care system has traditionally been very segmented but has recently undergone several major reforms within the past decade. Mexico has a three-tiered health-care system that consists of a public sector with two main branches and a private sector. The Public sector consists of two main branches: the Social Security (IMSS) branch and the Ministry of Health (MOH) branch. In 1946, Instituto Mexicano del Seguridad Social (IMSS) was created in order to cater to an increasing formal workforce resulting from industrialization and development during Mexico’s milagro (miracle) years beginning around 1940. Funding for IMSS is shared among employee contributions (mandatory for formal employment), employer contributions, and a general federal fund. IMSS is available and mandatory for all formal employees and optional for those who are self-employed. Within IMSS, several sub-branches exist among different public sectors, such as oil workers, military, and other public servants. Foreign retirees who live in Mexico are eligible to purchase into IMSS for about $300(USD)/year with annual increases in premiums adjusted for inflation and age. There is an initial two-year waiting period in which only catastrophic coverage is available and after that, most health needs are covered (including some prescriptions) with the exception of pre-existing conditions. Patients are assigned a general practitioner who they must receive referrals from in order to see specialists and advanced procedures require pre-authorization (much like a U.S. HMO). IMSS has been the topic of recent debates as decreased funds have been available and the general trust is expected to be depleted within the next decade (Warner 2007). About half of Mexico’s population is covered by IMSS.
Until 2004, Mexican citizens who were not eligible for coverage under IMSS had to visit a variety of regional health-posts and had no financial protection against catastrophic events. In 2004 however, the Mexican government introduced the \textit{Seguro Popular} which offered coverage to the other 50 percent of Mexico’s population not covered through IMSS. \textit{Seguro Popular} is available to any Mexican citizen who is not eligible for coverage under IMSS and is funded by a combination of a sliding-scale payment system and federal funds. Those covered by \textit{Seguro Popular} can receive primary care in one of many newly established \textit{Centros de Salud} and can seek advanced care in larger regional hospitals where they are offered financial protection for catastrophic events. \textit{Seguro Popular} emerged out of a larger initiative by the Ministry of Health called \textit{National Health Program: 2001-2006} in which serious health-reforms were initiated, such as increased regulatory standards for public-health facilities, a decentralization of funds to be allocated according to family enrollment figures per municipality, and an increased choice of primary-care physicians (Ministry of Health 2003). A separate program, IMSS \textit{Oportunidades} is available in many rural areas in Southern Mexico in which those without coverage through IMSS can obtain coverage in certain facilities.

Despite new modes of access and coverage provided by the Mexican health-care system, at least 21 percent of IMSS beneficiaries and 28 percent of non-beneficiaries also use private health-care (Ministry of Health 2003). The private health-care system varies widely in quality and access and at its highest level it is comparable to the best facilities available in countries like the United States and at the lowest level can be inadequate and substandard. Of those who turn to the private sector for care, many do so at the higher level in order to receive the highest quality of care and at lower levels in order to increase “responsiveness”
that is perceived to be lacking in some public facilities (Barber et. al. 2007). Of those who seek care at private facilities, 94 percent pay out of pocket and only about 6 percent have private insurance (World Health Organization 2006). Mexico spent 6.4 percent of its GDP on health-care in 2005, which is less than half that of the U.S. however recent health-care reforms have predicted relative increases for the future.

Regulation of health-care in Mexico is the responsibility of the Secretaría de Salud which oversees the Norma Oficial Mexicana in conjunction with the Consejo de Salubridad General, which outlines a standard level of care that must be required and details requirements for specific procedures. All public-health facilities are required to seek certification by the Consejo de Salubridad General by participating in a self-survey and eventual third-party inspection that focuses on adherence to the Norma Oficial Mexicana and has been the subject of increased scrutiny with the recent mergence of Seguro Popular (Barber et. al. 2007, Warner 2007). Private health-care facilities are not required to be certified, but many still seek certification by the Consejo de Salubridad General and even international agencies such as the Joint commission on Hospital Accreditation as a means for public displays of quality to potential patients.

Physicians in Mexico are required to receive an initial degree of Médico Ciurjano, which usually requires 4-5 years of education in which they are required to participate in a mandatory year of social service with a public health-facility, often times in rural areas, prior to being able to practice freely. Those who wish to specialize must take a general exam and score in certain percentiles before spending 2-4 additional years of training in a specialty and are required to pass board exams every five years in order to retain licensure. Physicians can practice as solo practitioners or in group practices in both the private and public sectors or a
combination of both. Although on the rise, litigation in health-care is not a big phenomenon in Mexico and most doctors do not carry malpractice insurance.

**Health-Care at Lake Chapala**

The health-care options available to the expatriate and host communities in the Lake Chapala region generally consists of:

1. Public *Centros de Salud* and *IMSS* clinics
2. Private primary-care physicians
3. Private clinics with specialists
4. Alternative medicine practitioners
5. Treatment by physicians at pharmacies

Within the *Municipio de Chapala*, there is both an IMSS clinic for patients with IMSS and a *Centro de Salud* available for those with no coverage or *Seguro Popular*. IMSS patients must first visit the local clinic before being approved to see a specialist or have a procedure performed in larger IMSS hospitals located in Guadalajara.

There are a variety of private primary care physicians available in nearly all regions and residential zones at Lake Chapala and they vary in terms of price, specialty (i.e. internist vs. general practitioner), and the populations that they serve. As I will comment on shortly, there is an established network of physicians who treat a large number of expatriate patients, many of which bring in specialist from Guadalajara to meet with patients on particular days of the week. There are generally three main private clinics available to the community, each with a varying degree of equipment and specialist available to utilize. The Ajijic Clinic and the Maskaras Clinic are two popular clinics among the expatriate population and have both existed in the area for over two decades. They are run by English-speaking physicians who
regularly bring in specialists on various days of the week and have x-ray and lab equipment available for use. There is a local Red-Cross clinic that provides service on an ability-to-pay basis with limited equipment available. It is also is the central hub for emergency response vehicles and coordination, which relies heavily on the support of the expat community as I will detail in more depth shortly.

**Image 6 : Ajijic Clinic, one of three main clinics in the Chapala region**

In addition to the formal clinics and physicians available, a variety of informal and alternative medical treatment is available. Homeopathy, naturopathy, massage-therapy, chelation-therapy, and acupuncture are some of the many alternative medical treatments available in many places in the lakeside region and are operated by a combination of physicians, healers, and other alternative practitioners. Physician consultations are available at many local pharmacies in which a physician either owns or consults with the pharmacy and usually prescribes a medicine to be bought at the pharmacy. Increasingly, home-healthcare is becoming more readily available in the region as well as an increase in private
nursing home facilities available. There are no hospitals available as of yet anywhere in the region and any hospital care currently requires traveling to Guadalajara.

After interviewing over 50 retirees, physicians, and key-informants, I found the majority of expats tended to utilize primarily three main physicians locally for primary-care needs in which they pay out-of-pocket service fees for each visit or consultation (generally 150-200 pesos per visit). Retirees varied in how they selected their primary care physicians, but overwhelmingly relied on word-of-mouth advice from friends, local civic associations, and online forums. Many retirees I interviewed “tried out” different physicians before choosing a regular physician and almost everyone noted that there are always varying opinions about experiences with each physician. I interviewed the five most important and utilized physicians in the area, who I found out about either through interviews with expatriates, or from local civic associations and online message-boards. Nearly all of the physicians spoke excellent English and one of them even practiced in the U.S. for several years and has been a recent favorite in the expatriate community. Several expatriates I interviewed believed that many retirees visit the “gringo doctors”, or the “social doctors”, as one retiree referred to them, and believed that the doctors are only popular because of their language ability and that they often times charged double what another local physician might charge.

Language-ability played a large role in the resources available to expatriates since those who had a better knowledge of Spanish were able to visit physicians who speak only Spanish, often times for a much cheaper rate. It was clear that in public health services such as the IMSS clinic, Spanish was an almost necessity without bringing a translator. Several retirees I spoke to visited only alternative practitioners or homeopathic resources and cited
the prevalence and availability of alternative care in the region as a huge benefit. I interviewed two of the popular alternative/natural health-care practitioners, one of which came to the area from Germany and practiced natural medicine and massage-therapy, the other who was a medical-doctor who was also trained as a chiropractor and could perform alternative treatments like acupuncture and various others not yet available in the United States. Several retirees mentioned being able to receive treatments like chelation-therapy for much cheaper rates in Mexico and noted that in Mexico it was much easier to find treatments not approved by the FDA such as ozone injections.

As I will touch upon in greater detail shortly, many expatriates enroll in IMSS as “back-up” coverage for major medical/catastrophic services they might need; very few retirees I spoke to who had bought into the IMSS system visited clinics for primary-care needs because of long-waiting periods and the availability of cheap private primary-care in the region. Some retirees I spoke with budgeted a certain amount of money/savings in case medical emergencies happened while others relied on being able to utilize services such as IMSS in the event of such an accident. A few retirees had the luxury of having private insurance through their previous employer pensions that provided coverage in Mexico, but generally only for hospital care. They generally require up-front payment from patients who then apply for reimbursement (several retirees agonized over this difficult process).

Expatriates who needed to see a specialist almost always relied on either their local primary-care physician to recommend a specialist to them or they relied on physicians that they “trusted”. These were usually friends or doctors they had been acquainted with through previous treatments. Most of the physicians I spoke with told me that they established their referral networks through friends they went to medical school with or had been acquainted
with during various seminars in Guadalajara. Many of them have specialists who come on a
certain day of the week, largely because of the expatriate population.

Expatriates choice of hospital was largely determined by the kind of procedure they
required and/or by the privileges their specialists or surgeons had access to. A few
expatriates with private insurance mentioned that only one or two hospitals were available
and that sometimes they could get them to bill the insurance company directly. Additionally,
the military veterans I spoke with told me about one hospital in the city that they could utilize
for catastrophic treatment that billed respective military branches accordingly. Two retirees
were on permanent military disability and could receive coverage that was reimbursed for
any care related to their disabilities. I visited four of the hospitals expats frequented the most
in Guadalajara according to previous literature and interviews I conducted and they were all
comparable to several of the top facilities I have seen in the U.S.

Although I did hear a few “horror-stories” about expats who were taken advantage of
because of their perceived financial status in Mexico, almost all the retirees I interviewed
were thoroughly satisfied with their the quality of health-care available to them. Many were
surprised at the compassion and “human touch” of the Mexican physicians they visited,
citing several memorable stories about physicians. Some drove family members and friends
into the city and stayed overnight with them and provided ongoing check-ups even after
hospitalization. Some gave hugs after surgery. Americans were very surprised at how much
time Mexican physicians spent with them, both during routine care and specialty
consultations. This was something very foreign to those who came from the American
system based largely on Health Management Organizations (HMO) that encourage physicians
to see large volumes of patients thus reducing actual “face time” with practitioners. Several
believed that Mexican physicians have a lower status in society and thus are immune from the “god-complexes” many American doctors seem to exhibit. One retiree told me how when he walks through the parking lot at a hospital in Mexico, he finds “Volvos and not Rolls- Royces like they drive in the states”. Most primary-care physicians in the Chapala region still made house-calls, something that several retirees mentioned as “How medicine used to be like in the States”.

In general, nearly all of the retirees I spoke to would recommend treatment for family members in Mexico, including several retirees I interviewed who had experienced major cardiac surgeries and even cancer-treatment. When asked about perceived health-care shortages lakeside, many mentioned that the area needed a hospital so as to avoid unnecessary morbidity that results from the need to travel to Guadalajara in the event of an emergency. Others mentioned a perceived lack of updated equipment available in the lakeside region. Others seemed thoroughly satisfied and trusting of the labs and equipment. They almost unanimously agreed that facilities in the area may not look as “modern” as comparative options in the U.S., but that they were just as good. Some mentioned they enjoyed the “homey” feeling of many local offices. Given the habits of expatriates in the lake Chapala region in terms of their health-care, we can now assess how they have helped developed health-care locally in the region according to the five methods mentioned at the beginning of the chapter.
Development Model 1: Formal Philanthropy and Fund-Raising

Very sparse literature in the field of IRM details the ways in which expatriates participate in formal philanthropic endeavors. One study however (Dagen Bloom 2006) has detailed the impact retirees have had in areas such as San Miguel de Allende, noting that expatriate retirees (192):

Move beyond a “consumption” mode in their lifestyle. This activist stance is a sharp, and self-conscious, contrast to the standard American tourist role in Cancún and other Mexican destinations. Environmental organizations, social service charities, language instruction classes, art schools, performance series, and theater groups have prospered…Many of them have made a great difference in the lives of local Mexicans.

In the Chapala region, many of the retirees I spoke with told me about the formal philanthropic organizations they participated in, particularly those related to health-care. One retiree told me about his participation in a local chapter of the Shriners International Club that collectively raises money to support 22 Shriner’s children’s hospitals throughout Mexico, Panama the U.S and Canada. Other retirees told me of their work with a local organization known as Niños Incapacitados, a local organization that provides resources and money for incapacitated children in the community who require special medical supplies, devices, and treatment. Perhaps the most influential formal philanthropic endeavor that has had biggest impact on health-care development in the community is that of the Cruz Roja International Volunteers and Box 6 on the following page analyzes how expats have used it to impact health-care greatly.
Box 6: Developing Emergency Medical Services

During my field-work in the area, I wanted to get a real sense for how expatriate retirees formal philanthropy impacted health-care development in the region. I was fortunate enough to have the opportunity to interview the former president of the Cruz Roja International Volunteers Chapala who just recently had ended his term as president. I asked about the specific ways in which his organization helps create resources and volunteer opportunities that aim to help out the community and I was surprised to learn just how many resources their volunteer efforts brought about for the entire community to use and how the expatriate community has changed the entire dynamics of emergency medical services for the lake Chapala community in a matter of years. He explained to me how he and his wife first became involved:

“When we first came down, we knew we wanted to give back and volunteer...we looked at everything, and there were charities, children’s events, and so on and so forth. We decided that the best way would be something that served the entire community, and Red Cross does...Whether you’re young, old, incapacitated or not, you may someday need Red Cross.”

Organizational growth: The first thing that surprised me during our interview was how rapidly expatriate support for his organization had grown in just a matter of years:

“Originally, they started out with a ¼ ton Ford F-150 and a metal stretcher from World War I and that was the ambulance for a while...When I first joined Red Cross 3-4 years ago, there was about 7 or 8 volunteers with the Red Cross, now we are about 88 I believe.”

Support for the Community: He also told me about all the resources and accomplishments that have occurred as well:

“We’ve raised over a million pesos just this past year...In two years dating back to 2007, we have an ambulance now on the west side of Ajijic 24/7 which means it can get here in 3 or 4 minutes vs. 8-12 minutes...we have a fully functioning website which has a way to donate through PayPal to the “inc” part of it...we pay for about 1/3 of the annual operating budget...we have the basics and beyond: portable EKG machines, glucometers...all the ambulances have been updated with new equipment.”

Expatriate Fund-raising events: Much of the operational costs for the ambulance is raised through several events sponsored by the expatriate community:

“We have a fashion show, which is a big event, a barbeque in August, a golf tournament, and raffles...this past year there have been several women’s events and a chili cook-off.”

Clinic Services and fee recuperation: He also explained to me how the rest of the operating budget was recuperated and commented that patients are never given a bill, but instead are given a list of what it costs the Red Cross for the services they received. His response indicated a symbiotic relationship between an expatriate community and the host community that allows for a recuperation of costs that allow for continued operation, even when some host community members cannot afford to pay:

“25 percent of Mexicans can’t afford to pay anything...65 percent pay as asked and 10 percent pay more...on the other side, 65 percent of the Gringos pay more than they are asked, 35 percent pay what they’re asked”

The expatriate community has been a tremendous asset to the community by raising support for the Cruz Roja. As my interview revealed, the expatriate fund-raising events,
donations beyond operational costs for clinic services, and supply of almost 100 volunteers has developed the access, quality, and resources necessary for the staffing of two full-time 24hr ambulances available for the entire community. The fact that the Red cross can continue to operate because of donations above operational costs for clinic services in order to compensate for below-cost payments from some host community members implies a symbiotic relationship that favors development for the entire community. The former president of Cruz Roja also explained to me that they went through the proper procedural steps to become officially recognized as a 501 (c)(3) non-profit organization in the United States. In becoming an official tax-exempt non-profit in the U.S., the Cruz Roja, even though it serves the community of Lake Chapala in Mexico, can receive tax-deductible donations from anyone all over the world. Additionally, the expat volunteers are in the process of writing several grants in order to receive upgraded equipment for the clinic. Other volunteer health-care groups like Niños Incapacitados also mention their status as a 501 (c)(3) non-profit.

Overall, the expatriate community has formed several significant philanthropic organizations that help develop health-care in the region significantly. The expatriate retirees utilize their experience human capital skills acquired in previous periods of their lives as part of the formal labor market in order to create modern corporatist structures that resemble traditional non-profits in the United States. In doing so, they transform the nature of philanthropy in their host communities to new, more expansive levels, that ultimately create more opportunities for the accumulation of resources and development.
Development Model 2: Expatriates and IMSS

As mentioned previously in the chapter, foreign retirees are eligible to buy into Mexico’s Instituto Mexicano del Seguro Social (IMSS). Well over half of the retirees I interviewed mentioned that they were either already enrolled in IMSS or were in the process of enrolling. About one-quarter of the retirees mentioned that they were considering enrolling in IMSS in the future. In general, the cost of IMSS is approximately $321 USD per person per year. An interesting discovery of my field-work in the area was that only a small minority of retirees enrolled in IMSS actually utilize services on a regular basis. Overwhelmingly, I was told by nearly all of the retirees I interviewed, with the exception of two special cases that they have enrolled in IMSS only for catastrophic medical care (i.e. car accident). This is largely the case since readily affordable primary-care is available for around $10-20 USD per visit. Additionally, many retirees explained to me that in order to see a physician at the local IMSS clinic, they had to arrive very early in the morning and if they were lucky they might get an appointment. Because many retirees speak very little Spanish, utilizing IMSS often-times requires the use of a translator which costs extra-money and many are deterred from regular use because of what they perceive as a major bureaucratic obstacle. Not all the retirees I spoke with avoided regular IMSS use and Box 7 on the following page details the experiences of two retirees who utilize IMSS on a regular basis. Based off of the perceived barriers preventing the use of IMSS on a regular basis by the majority of expats I interviewed and the stories provided by those who utilized it regularly, I argue that IMSS is overwhelmingly used selectively by enrolled expats and that this selective use could be a possible source of significant revenue for IMSS.

Based off of 2009 prices Mexconnect.com
Box 7: Navigating IMSS

While conducting fieldwork, I came across two retirees that were very different than most of the other retirees I interviewed who were enrolled or considering enrollment into IMSS in their regular-use of the system, especially for primary-care. While most of the retirees I interviewed viewed IMSS as a catastrophic-only coverage, these two informants told me about their regular use of the system:

**Informant 1:** “I used it for everything: a cold, sore throat, everything…90 percent of the information you hear here is false! People are un-educated, their old, they don’t know how to do things.”

**Informant 2:** “I go to Chapala clinic regularly basically to keep my foot in the door, keep my file up-to date, and to get my medication for free...All of it is free and I use it”

When I asked each informant how they learned how to navigate the system, they both explained that it took a lot of effort and visits before they began to learn “how things worked”:

**Informant 1:** “A lot of it is trial and error and a lot of it you just have to learn. One day I went up there in the very beginning and I had to have x-rays done and I needed blood-work. I waited in a line out of 200 people for the x-rays… I got to the line and the lady says to me “did you get your x-ray yet?” and I say “no”. She told me, “go to that line over there” and she wouldn’t schedule me for one so I waited in another line of 200 more people until I got my appointment...Some of that you learn the hard way and you pay very close attention to how it flows”

**Informant 2:** “It took me 18-months or more to learn the system...You go sit over there for hours and finally I realized you have to know how to ask in Spanish, “who is the last person?” and you cue up after that person...When the nurse comes she calls the people up and you cue up in that order when you got there”

The most interesting commentary from the informants I interviewed was their perception about how to “work the system” and both of them focused on bringing “gifts” and getting to “know people”:

**Informant 1:** “Nobody does it better than me, even the Mexicans…”

On “gifts”: “First visit I had with the doctor, I brought him a little gift...There’s certain protocols you gotta learn...Carlos over there in Jocotopec, he’s the “200 peso man they call him”...I don’t give him nothing, I always give him a little gift and I tell him, “It’s not mordido, es regalo”...I’m not buying you off or nothing, it’s a gift between you and me”

On knowing people: “The administrator over here in Jocotopec, Carlos, does not like Americans...he gives you a hard time when you first sign up for IMSS, a real hard-time. I found out the name of the administrative director in Guadalajara, the big-guy, and I went to see him and I told him I’m having trouble with Carlos. He told me in perfect English, “Here, take my card and you go back and see Carlos”. I went back with Dr. Gallo’s card and say ”Dr. Gallo says talk to you” and he says, “oh, what do you need, what do you need?” He couldn’t speak any English to me before that...So you find what we call “work-arounds”

**Informant 2:**

On “gifts” and knowing people: “I’m convinced that in Mexico, it’s who you know and its all-about mordida, bribing. I take gifts and at Christmas I took a big plant to the doctor and I took a little gift to the nurse...That’s how Mexico works”

The accounts of the two informants I spoke to who utilized IMSS on a regular basis spoke about learning the system through lots of trial and error, bringing gifts, and getting to
know the right people. They both spoke about how they faced issues of discrimination at the clinics as well: “Occasionally you’ll find Mexicans who resent you because you’re an American and your using the system and they will try and push you and get ahead of you…but I just push-back, that’s all”. Given that the majority of retirees I spoke with that were enrolled in IMSS only planned on using it for catastrophic purposes and the significant issues informants faced who did utilize it on a regular basis, it is possible that a dual-headed system of perceptions and barriers serve to restrict the actual use of IMSS by retirees. On the one hand, perceptions about the IMSS system prevent many retirees from using the system for anything other than major accidents, and based off of interviews with key informants, those who choose to try and utilize the system regularly will face barriers as well. Given these two significant factors that deter regular use of IMSS, I believe that the IMSS system stands to benefit from the excess revenue retirees add to the system.

In only selectively using IMSS for catastrophic occasions and given the possible deterrents that may prevent even those who wish to utilize the system regularly from doing so, an imbalance occurs in favor of the IMSS system and the many local Mexicans who actually rely on regular service from IMSS. The majority of retirees who enroll in IMSS still pay the same annual premiums but utilize the system much less than the average Mexican who will most likely use it more regularly. Accordingly, the IMSS system benefits from those retirees who pay regularly premiums but only use the system in the case of an extreme emergency. While this may seem insignificant given the relatively low number of retirees currently in Mexico compared to the entire population enrolled in IMSS, recent health-care reforms and future demographic increases in retiree populations may indicate otherwise.
The recent estimates of population increases of retirees to Mexico indicate substantial revenues that could be produced by retirees who enroll into IMSS but ultimately do not use it at all or use it very rarely. Chart 6 below highlights potential revenue for the IMSS system based on population projections for 2025 by Otero (1997). The chart illuminates that the IMSS system could see the equivalent of roughly 100-200 million dollars in annual revenue from projected U.S. retiree population rates for the year 2025. Effects from excess revenues may actually compound at the municipal level for regions with high concentrations of retirees since recent health-reforms by the Ministry of Health have called for health-care funding to be allocated on the basis of the number of households enrolled in each municipality (Ministry of Health 2003). Accordingly, municipalities with large numbers of retirees enrolled in IMSS will receive funding as a result of increased enrollment figures but its benefits from selective expatriate use of the system are compounded since the region consists disproportionately of a larger retiree population that does not use the system.

My analysis of expatriate retiree’s enrollment in the IMSS system is based off of the retirees I interviewed and this development model should be seen as a possible way in which health-care may develop as a result. In order to confirm or reject such notions, more accurate data is required in terms of actual population counts and projected growth figures, as well as data on the enrollment patterns of expatriate retirees and the usage patterns of those who do choose to enroll.
Development Model 3: Demand for Medical Personnel/Facilities

Previous IRM scholars have identified that a basic level of infrastructure must be present in an area in order for a sustained concentration of expatriates to migrate and settle in the area, more particularly a supply of housing with electricity and running water or the ability to create them (Williams et. al 2000). In a similar manner, I noticed in my field-work that many retirees only chose to settle in the Chapala region after having researched health-care facilities and providers and concluded that they were adequate enough. Many North Americans in Chapala come to the area with certain expectations about the level of quality health-care facilities should possess and they are willing to allocate resources to attract them if they are not already present.

In order to best understand how the presence of expatriates have affected the development of health-care in the Lake Chapala region in terms of facilities and providers, I

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8 The numbers on this chart are based off of a range of retiree (60+) estimations by Otero (1997) of Americans who are expected to be living in Mexico in 2025. Based on my personal interviews, I assumed an enrollment of 50 percent of retirees (which could be low or high) and annual contributions to IMSS based on the current price of about $320 USD/year/person and 10:1 exchange rate.
determined that the best pulse of such changes would come from those health-care providers who have spent significant time practicing in the region. I conducted in-depth interviews with a total of 7 physicians in the area, but utilized the knowledge of three specific physicians that have all been practicing in the region for at least two-decades in order to get an idea of how the quality of facilities and providers have changed over time. The physicians I interviewed were asked not only to talk about how (if at all) the quality of facilities and providers has changed with the growth of the expatriate population, but were also asked to comment on whether that change was an equitable one for all populations, expat and host alike.

All three of the physicians with the longest history of practicing in the region spoke about the problems that arose in health-care development because of Chapala’s relative proximity to the large city of Guadalajara (See box 9). They mentioned that traditionally, a region with the size and population of Chapala faced difficulties because many physicians, not just specialists, were unwilling to come to practice in the area because of the increased volume and pay they could achieve if they established their practice in the city. For the Chapala region however, the presence of expatriates created a new market that attracted quality health-care personnel and physicians who most likely would not have come if they did not have the expatriate market. The biggest surprise in all of the interviews I conducted was the fact that facilities have remained largely unchanged since initial clinics were built within the past few decades and Box 9 provides some insight as to why that might be the case. Box 8 below highlights how health-care providers and facilities have developed in the region from the perspective of the physicians I interviewed as it relates to the expat community, past, present, and future.
Physician Care: Past-Present: All of the physicians I spoke with spoke of how physician-care has changed over the last few decades in the Lake Chapala Region. They all mentioned that they have seen an increase in the number of doctors and specialists who have come to the region as a result of the expatriate community. This is what one doctor had to say:

Physician 1: “When I arrived at Chapala we were like 20 doctors maybe. Now, in the society we have over 150 doctors and more than 100 doctors come from Guadalajara to the clinics: Monday the ophthalmologist comes, Tuesday the dermatologist comes, Friday the traumatologist comes, Saturday the urologist comes and I could go on and on about that…”

Facilities: Past-Present: Many of the physicians affirmed the idea that basic standard of facilities have come to the region as a result of the expat population but that the presence of Guadalajara has caused stagnation in their development beyond a certain level (See Box 9 below). As one physician explained it to me, he said “we have new equipment but of the old things”

Future of Health-Care at Lake Chapala: When asked about the future of health-care development in the region, they all made it a point to talk about how eventually a hospital (not a clinic as they exist now in the region) was bound to come with the increasing expat population. Additionally, the spoke about how the presence of a hospital would greatly improve health-care for all communities but would require some policy changes on behalf of the U.S. such as extending Medicare eligibility to Mexico:

Physician 1: “What we want to do is put a hospital that economically the foreign community (expats) could support it and then give service to the Mexican Population that doesn’t have money to pay for it…That would be a balance and it is my dream…Sooner or later a hospital has to come, but I mean a hospital not a clinic… There is a rumor that they are going to build one here. This is supposedly a very wealthy American who is going to build it…He’s going to build one here and than in Cabos and San Miguel de Allende (other expat retirement communities) and that there will be a restaurant in it for 150 people…What we need here that would really help is Medicare…Out of 100 Americans, about 1/3 would be unable to pay for hospital care”

Physician 2: “A hospital would have a big impact on medical-care here locally…As health-care grows, it gets better for everybody…To put a private hospital would automatically allow access to that hospital for local Mexicans. For example, if I have the money to put a hospital here and I see that it is profitable with my private practice, of course I will make a deal with Seguro Popular and maybe it won’t be a big income but would be a compliment to what we are earning which would be great and you would give that service to the Mexican community. The other thing that would happen is the government would say, “Why not put a public hospital here and share the resources and people that would come” but in order for that to happen, Medicare would need to come”
Box 9: The Problem of the “Town and the City”

A large focus of what local physicians in the area focused on is the idea that Health-care in the Chapala region suffers greatly because of its proximity to Guadalajara. They relayed to me the idea that facilities, personnel, and care are all hindered by what they called the problem of the “town vs. the city”. Their comments generally focused around three main areas in which health-care development have been affected: stagnation of facilities/technology, recruitment of quality providers, and cultural perceptions of quality. One physician in particular focused a lot of his comments on the town-city divide and his comments are included below.

Stagnation of Facilities/Technology: The first major hindrance of health-care development in the region that several physicians told me occurred as a result of being close to a large city was that quality equipment was expensive and nearly always concentrated in urban areas because of shared costs and increased volume:

“It becomes a fisherman’s joke with the equipment: a guy tells a fisherman who is on the coast, “why don’t you get more equipment and then you can catch more things and have a factory and sell to all of Mexico and maybe export also” and the fisherman replies, “Why am I going to do all that to do what I was always doing from the beginning: I’m still just fishing”…Right now what we have here are local clinics which can take care of minor things, we have laboratory tests and we have x-rays but we don’t have mammograms or MRI’s…All the new equipment and high-technology(CAT scans, angioplasty, angiogram) we don’t have here and that’s why it hasn’t changed…We have new equipment but of the old things…All the big equipment requires hospitals and funding(which are all in the city)”

Recruitment/Access to Quality Providers: Several physicians also commented on the idea that Chapala faces difficulties in recruiting qualified personnel who are willing to provide a certain level of access and availability and that rural-urban migration also seems to drain some local resources from the area:

“The problem is that you want to put together a group of specialist that wants to come to the Chapala area and come to the town from the city…It is one-hour going and one-hour coming back and that is time that they cannot see patients in Guadalajara...For most of the specialties, that is money…It’s not easy, it’s difficult”

“It creates problems in the medical field...For example, if it’s a holiday like Christmas, try to find a nurse that day, it’s very difficult! They don’t want to work because they want to spend time with their family and participate in various festivities, and it’s the same for weekends or nights...It’s not like in Guadalajara...Also the mentality that the more education they have, the more immigration they do: a nurse that is well-qualified that was born and raised here, they do studies in Guadalajara and they stay there, they don’t come back to town...Also, the doctor’s in the city they think that coming to a town is one-step down or a step backwards...It happens all the time but it’s culture more than anything”

Cultural Perceptions of quality: Lastly, some of the physicians I spoke with believed that cultural differences in the town (and all of Mexico) meant that everyone automatically believed that they had to go to the city to receive the best care:

“We fight the culture here in Mexico: the people in the town, they always have the belief that the providers in the city are better and so if they want a specialist, they will always go to the city even though we have the same people coming to Chapala...The American population was the opposite: they didn’t want to go to the city and so it was a perfect fit”
Overall, the presence of the American population has brought a variety of physicians and specialists to the area that would normally have remained in the city. Facilities and technology have advanced to allow for basic diagnostic equipment to improve in the area, but the proximity of the city has created a stagnation in the improvement of facilities and equipment to the area. Additionally, constraints evolved out of a competition for resources and a certain level of “brain drain” that resulted from rural-urban migration and that were a product of cultural perceptions of quality in terms of geographic location (i.e. the city is “better” than the town”). The physicians I spoke with ubiquitously agreed that a hospital is eventually going to come to the area as more expatriates come and that it will improve overall health-care for all populations in the community. In order to realistically happen, important policy changes must occur first such as the extension of Medicare to Mexico by the U.S. government.

Development Model 4: Sharing Human Capital through Individual Retiree Philanthropy

Apart from the formal philanthropy that retirees participate in through formal corporatist organizations and civic associations, my research indicated that other forms of philanthropy develop at the informal level. Many retirees who live full-time in the area had formal work-experience in the health-care sector and possessed a certain amount of human capital and skills. I discovered that many of them utilized those skills that they acquired through previous formal employment for more philanthropic purposes when they retired to Mexico and volunteered their skills as a benefit to the local community.
Box 10: Informal Expatriate Philanthropy

An interesting part of my field-work occurred during a trip I took with a local retiree who volunteers her time and her previous knowledge of nursing-care at a local non-profit nursing home:

Martha is younger than most retirees and came to Mexico because of some of her own health-conditions that could not adequately be addressed in the United States. She is a firm believer in alternative medicine but has an extensive background in traditional medicine and nursing care. During our interview, she told me that she spent time at a local nursing home where her husband’s mother was living and that she taught many of the nurses who worked there about proper techniques for treating certain illnesses as well as how to prevent illness and maintain a healthy environment. She invited me to come along with her during one of her visits.

When we got to the nursing home, I was given a tour of the facilities that where the residents resided. Outside there were many smaller apartment-like units or casitas as they refer to them in Mexico. These were available for residents who could still live at least semi-autonomously. Inside there are a series of rooms available for those who require more attention and can be monitored more frequently by the staff who works there. As I passed down the hall-way, I came to a gathering area where many of the residents there sat together and talked, so as to allow for more efficient monitoring by the staff. I was surprised to see a strikingly diverse population of residents, with an almost equal amount of local Mexicans and foreign retirees. The lingua franca was a combination of Spanish and English, however many of the staff members spoke very little English which posed interesting conversations between them and the foreign expatriates who knew only English. Several of the residents showed obvious signs of dementia and debilitated mental capacities but still seemed happy and the nurses seemed very compassionate towards all of the residents. Each resident sat in their own chairs and I had a chance to say hello to each of them as I was told was the custom to do in Mexico.

After touring the facility and meeting the residents, I got the overall impression that they were very happy with their life at the nursing home. The nursing home is one of the only non-profit nursing homes in the area and housed many residents who could not pay anything or could only pay very little. They offset these costs through donations and fund-raising efforts in which Martha played a big role in helping to facilitate. The facilities seemed to be decaying in certain parts but not to a degree that rendered the place inhabitable.

Next I had the opportunity to participate in treating one expatriate retiree who had developed a fairly deep ulcer from being in bed for too-long. This provided me a first-hand opportunity to witness the interaction between Martha and the “nurses” that staffed the facility, many of which had no formal training or education apart from a 6-month course offered by the Red Cross. I watched as Martha took the lead in treating the ulcer, making sure to explain in Spanish (Martha spent significant time in Venezuela as a child and was fluent) to each of the staff members present what she was doing. Eventually she let them take over and gave them feedback on what they were doing right and what they needed to fix. Additionally, she gave them instructions on what to do for future care of the resident and provided her with medicine and supplies accordingly.

After we treated the resident with the ulcer, we made our way to various other rooms where Martha offered similar recommendations about certain treatments that should be used with each in the future as well as advice on what was currently being done improperly. The nurses seemed very appreciative and receptive to Martha’s advice and seemed to appreciate the new skills they were learning from her that they could apply in the nursing home and later on in life.
My experience with Martha at the nursing home gave me good insight into the ways in which retirees might utilize their previously acquired skills informally for philanthropic ends. It was interesting to learn that other retirees I interviewed were doing similar things. I met a woman from California who used to work as a full-time paramedic before retiring to Mexico. She told me about how she volunteered to ride on a local ambulance and that she had taught many of the local paramedics in the Chapala region how to perform certain advanced procedures and care. Outside of health-care, I interviewed one retiree who was a former county planner in many parts of the U.S. that offered her services free to the local community in which she and another retiree established an entire plan for the community that would improve features like drainage, water-access, bridges, and green-space. I heard many stories from others as well about similar things they did as individuals informally.

The experiences of the retirees I interviewed who provide informal philanthropy in a variety of areas in the host community highlight the potential benefits that can come from retirees who use their previously acquired human capital in order to positively affect the community. Informal philanthropy as such plays an important role in community development in both serving the community directly (i.e. providing a needed service) but also in teaching new skills to host community members who would have never had the opportunity to acquire them apart from the expatriates who were willing to volunteer their time and effort to teach them. This kind of philanthropy is largely hidden from traditional accounts that only analyze formal philanthropy (Dagen Bloom 2006) and thus future research should strive to analyze all forms of philanthropy.
Development Model 5: Social Capital through Relationships with Service Workers

During my research in the Chapala area, I was surprised to discover the strong network ties that retirees were building with service workers, particularly with maids. Many of the retirees I spoke with mentioned that they were god-parents of their maid’s children or that they regularly attended graduation parties and birthdays. It became clearer to me however after speaking with a few key retirees who mentioned how the network ties they established with maids and their families translated into shared resources and how some retirees played a significant role in improving the lives of their maids and their families through informal loans, gifts, and service opportunities that went well-beyond commercial ties.

Many single retirees who come to the Chapala region build close relationships with their maids who become almost like family. Several of the single retirees I spoke to mentioned that they would leave all of their belongings and inheritances to maids if they were to pass away. One physician I interviewed spoke of a similar process that occurred with physicians who were very involved in the care of single retirees who eventually inherited many of their resources after they passed away. Several retirees mentioned to me that if they became too sick to leave the house, they would probably ask their maids to move-in with them and pay them to help care for them and allow them to live rent-free with their families. The most illuminating example of how development might occur through social networks that are created between expatriates and their maids is detailed in Box 11 below, which tells the story of a retiree couple and the relationship they established with their maid and how they provided financial resources in times of need.
The Benz family is originally from NJ where Mr. Benz was a supervisor of a school districts and his wife was also an administrator. The retired to Mexico because, as Mr. Benz puts it, “I saw where the U.S. was headed and it wasn’t pretty”. Their home was one of the more upscale homes I visited but still retained a unique Mexican charm to it.

The Benz family told me about how their days have never been busier after coming to Mexico. Between the two of them, they participate in a variety of clubs and organizations, many of which revolve around the expatriate community. When asked about their interaction with the host population, initially Mr. Benz told me how it was difficult to sustain any real friendships with local Mexicans at Chapala because “They spend so much time working and the rest of that time they dedicate to their families or their mothers”. After we began discussing the topic in more-depth, he began to share with me about the nature of his family’s relationship with their maid and her family and I learned that the Benz’s played an important role in their maid’s social networks. Mr. and Mrs. Benz comments are shared below and highlight some of the benefits maids and expatriates reciprocate to each other because of the close ties that form between retirees and their maids:

**Mr. Benz**: “To the extent that we become a part of a Mexican family, I might as well claim our maid as a dependant because I pay for everything...At the same time we’re invited to all their parties and what-not”

**Mrs. Benz**: “We asked one of our maid’s children what she wanted to do for her birthday and she said she had never seen the ocean so we took her to Manzanillo to the beach for the day...We looked like a Mexican family that day!...We had a wonderful day, they had so much fun! Also, you know we just bought Paco a bicycle for Christmas”

**Mr. and Mrs. Benz**: “We’ve loaned them money and they have paid off and bought two cars now. They never had a car before and he’s a builder and they are in their thirties. Also, we helped them buy a new lot for a house now...This is the only way that your lower-class Mexican can move-up, until very very recently, there was absolutely no sort of credit for Mexicans, to borrow money is from the thug at the end of the street who is a loan shark...That was the only way they could get money. Now, I was able loan them money for a lot for their house and they’re going to be the first ones in their families to own a house” (Emphasis added)

**Mr. Benz**: “There are basically two kinds of people: people who help out their maids and people who don’t want any ties whatsoever. There are some people who actually use a third-party manager so that they don’t have to get involved with their maid...There’s a group that gets really involved and a group that gets really un-involved who say, “I don’t want to hear about why your kids sick or stuff like that””

**Mrs. Benz**: “It’s interesting though, you like practicing your Spanish with her and we go to a lot of the birthday parties and the graduations and the Christmas Eve thing with the piñata.”
The information Mr. and Mrs. Benz shared with me about their relationship with their maid highlighted some important characteristics about the dynamics that govern the sharing of resources that result from their relationships. On the one hand, the Benz family provided on several occasions financial resources for their maid, including loans to buy cars and even a new house. The maid in turn cannot reciprocate financial capital to the Benz’s but instead allows for them to partake in many activities that would normally be restricted to their immediate families. In this manner then, the Benz’s are rewarded with inclusion as part of their maid’s kin-networks and this makes them feel like they are a part of something that seems authentically “Mexican” (“We looked like a Mexican family that day”). Additionally, in the absence of immediate kin to care for as retirees in the area, the Benz’s instead help care for their maid’s children. Accordingly, we can think of their relationship to be reciprocal and symbiotic in nature. While in this instance it happened to be a maid who became an important part of expatriate social networks, it is feasible in other situations that they same might apply for a gardener or other service workers. It seems however that it should occur more often with maids as they tend to work longer hours and spend more time with expatriates because they work inside the domestic sphere and thus have more opportunities to enter into social networks than a gardener whose work is largely outdoors and usually for less time.

Overall, the five development models posed in this chapter are meant to serve as examples as to how we might see development in host communities in a nuanced manner that necessarily transcends the sheer presence of human and financial capital that enters the area. Because of the limited sample size and context of my field-work, they are best seen as development models that could possibly exist in other similar expatriate communities and
further research should explore how valid each model is with larger sample sizes and different contexts.

Some researchers have made it a point to think about why expatriate retiree choose to participate in the kinds of philanthropy they do (Dagen Bloom 2006). Such inquiries, however, were largely based on a rather narrow view as philanthropy and development through formal organizations only. Dagen Bloom(2006) believes that much of the expatriate population participates in philanthropy as a form of “guilt compensation” for what they believe are Mexicans who have “allowed” them to become a part of their community. This applied in a few of the cases of retirees I interviewed who mentioned wanting to “give-back”. Other examples, such as the story of the Benz family, illuminates the idea that retirees may actually perceive reciprocal benefits from their philanthropy thorough special access to traditional Mexican kin networks or experiencing something that is “authentic” and “Mexican”. Regardless of the variation in motivations that promote retiree philanthropy, it does not discount the benefits of their actions.

While overwhelmingly my research has indicated that the expatriate community at Lake Chapala has helped facilitate development of the health-care options and quality of services available, there are some potential harmful effects that the expatriate community could bring about to the community in terms of health-care development. The most obvious is possible rises in health-care costs as a result of a market that is driven by expatriates with an increased ability to pay. Evidence from my field-work however has indicated that many Mexicans often times are offered a discounted price for the same service among many of the local physicians I spoke with. Additionally, many retirees are on fixed incomes and several physicians have told me that they scrutinize over having the cheapest prices possible.
Several physicians also mentioned to me that when they first opened their practices and began by practicing with a large population of foreign expatriates, many of the host community members believed that “Only Americans could be treated at my clinic”. They mentioned however that as time progressed, their practices saw a more balanced proportion of host and expatriate patients. They also told me that location was very important in determining patient populations; because much of the foreign expat community is concentrated in Ajijic, several of the physicians I spoke with had their offices that were convenient to that locality. Additionally, several were located in areas accessible mainly by car since many of the expatriates either had cars or could afford transportation to their clinics.

One aspect I noticed about the presence of the expatriate community and health-care development has been a cultural clash that has been illuminated by different cultural perceptions and needs of each community. On the one-hand, a largely American expatriate population creates demand for a system that bears at least certain resemblances to how medicine is practiced in the United States. This was illuminated by physician’s comments about Americans who were largely orienting themselves towards preventative medicine and who had the knowledge to differentiate between a general practitioner and an internist. Several comments from retirees and physicians highlighted different cultural views of medicine by the host community population. Mr. Benz provided me with an interesting example:

You’ll find a lot of the Mexicans, they don’t understand medicine. So, let’s say if she has a headache, she would go to the doctor and have to pay the doctor’s fee, where I give her two Ibuprofens…They don’t self-medicate the way we do for simple things
Almost all of the physicians I spoke with mentioned the idea that Mexicans seem to have a tendency to only go to the doctor when an impending illness prevents them from living their daily life as they normally would and that preventative medicine is not a big practice among the host-community. It was unclear however whether it was a result of cultural barriers or financial barriers that prevented them from mimicking the preventative habits of the expatriate population. One physician I spoke with offered his insight as to the typical process host community members perform when they need to see a doctor and he attributes much of it to cultural ideals:

It’s a question of mentality, not just whether they have or don’t have money, it’s a question of culture. This is one of the main fights in Mexico, especially in towns. In towns, normally people will first follow the instructions of their neighbors. Then, they go to the pharmacy and ask the pharmacist. Then, if that doesn’t work they go and see the doctor that they have known for centuries and he gives instructions. Only when none of that works will they decide to go to someone else…What you are fighting then is not necessarily people with money, but its culture

Given possible differences in cultural views of health-care between expatriate and host communities, it is possible that an increased foreign presence could displace traditional options that the host population usually utilizes for health-care needs. My research and participatory observations indicated however that many of those options still thrived amidst growing expatriate populations and that the possibility exists that many expats patronize similar resources in a similar manner. Additionally, my interviews did not indicate that expatriate views on health-care were imposing a cultural hegemony that subsumed traditional host perceptions of health-care, although further research on the subject would be very beneficial.
Chapter 5: Conclusion

This study has identified international retirement migration as an important sub-field of international migration that deserves the attention of scholars from a variety of disciplines. It highlighted the changing demographic trends and globalized context that have made new studies of IRM more important than ever, particularly in the context of Mexico and Latin America. Because of its focused context and relatively smaller sample size of about 50, it is most important as an example of how the field of migration and development might go about studying IRM.

First and foremost, this study has highlighted the necessity of dialogue that should take place between different areas of international migration studies. I believe that the field of IRM can and should be in dialogue with larger theories of migration. Indeed, migration in general entails the movements of people with the intent of relative permanence and accordingly includes features of both immigration and emigration. The general field of international migration theory has focused greatly on the American context of immigration for several historical and social reasons. Despite this focus, the field is capable of moving in a direction that strives to understand migration in its entirety. Recent publications such as Rethinking Migration: New Theoretical and Empirical Perspectives by Portes and DeWind (2007) have sought to “internationalize” the field of migration studies. In a similar manner, I believe that the field of migration can be broadened, and that a sustained and active dialogue between various sub-fields can benefit the field as a whole.

We can see the relatively developed and consolidated field of migration theory in general as that which deals primarily with so-called “South-North” migrations that generally involve migration from a less-developed country to a more-developed country. The literature
dealing with this kind of migration is relatively consolidated and dense, as evidence in several international conferences and so-called “handbooks” (Hirschman et. al. 1999, Portes and DeWind 2007). Because of its relative development and evolution as compared to the sub-field of IRM, it can provide the important theoretical frameworks and building-blocks to aid in the evolution of the relatively novice and diffuse nature of IRM. While paying attention to the warning of Portes (1999) about the specific contextualization and regional limits of current migration theory, we can still imagine traditional “South-North” migration literature as a sort of theoretical alphabet to advance the field of IRM studies.

Continuing with the metaphor of dominant migration theory as an alphabet, the field of can utilize those “letters” as building blocks to advance the field. Currently, IRM is almost completely void of any kind of “theory” in the scientific sense of the word. Portes(1999) has asserted that typologies or empirical elaborations, of which most of the field of IRM is composed of, are not inherently theory. I believe that IRM scholars can use the theoretical “alphabet” from dominant immigration theory to begin advancing toward the evolution of eventual theory in the field.

Indeed, it is very true that the distinct nature of these forms of migration will necessarily contradict each other in many respects. We should not view those contradictions as implicitly negative but rather as a complimentary and sociologically relevant characteristic of migration in general. International retirement migration and general migration theories will naturally share a theoretical “alphabet” of building blocks, however each will inherently create different “words” and ultimately a different “story”. This is simply an affirmation of the different social and historical characteristics of each phenomenon. Inevitably however, certain “words” will translate across each field. For example, as we saw in the case of
cumulative causation as proposed by Massey (1990) and certain elements of World Systems Theory, we can see how such theories can be borrowed and incorporated into the context of IRM.

To highlight all the instances in which scholars of American emigration reference pre-existing themes developed in general dominant migration theory is exhaustive and outside the scope of this study. Of more importance is the notion that when sub-fields of migration evolve in a sort of theoretical and empirical isolation, an absence of dialogue intrinsically ends up stalling collaborative efforts that could advance the general field of migration as a whole.

This study has sought to develop a model for studying various components of IRM in three main areas. First, it has provided a good model for how future IRM scholars might go about studying the migration decisions of migrants who choose to retire internationally. In its ethnographic and in-depth focus on migrant biographies, this study has shown that important information about migration decisions are revealed through ethnographic research that might not readily be captured in traditional survey-style research. It revealed that the migration decision of IRM migrants is necessarily complex and all aspects of their lives play a role in facilitating that decision. Additionally, the ethnographic nature of this study has provided insight into how migrants first learn about potential areas for retirement and the globalized context that it IRM is a part of.

Second, this study has provided a useful model for studying the integration of expatriate retirees in the context of host communities. It is intentionally basic and broad but provides a good conceptual back-bone for future studies in IRM to further develop conceptual schemes about how integration might work.
Lastly, this study has provided a good model for future studies of migration and development, particularly in the field of international retirement migration. It has highlighted the importance of using ethnographic data in order to contextualize the role of development in host communities. A combination of ethnographic materials and a focus on a particular sector of the host community has provided a good conceptual model for thinking about how development occurs. Rather than highlighting development trends on the macro-level of the host community, this study has highlighted how community development occurs first on the individual level which then collectively facilitates development at the community level. It has provided an example of five development trends that were observed in the area of healthcare in a particular IRM community through the testimonies of individuals who provided nuanced accounts of how their lifestyles promoted host-community development.

**Future Research**

Because IRM is a relatively new field, preliminary studies make policy implications difficult to infer. Additionally, it is unclear as to whether or not the experiences of the 50 or so informants for this study represent norms in their own community at Lake Chapala let-
alone at other IRM destinations. This study has provided a good model however for future studies to infer policy implications since it encourages a nuanced analysis of the complex relations that govern IRM communities and accordingly would help facilitate more informed policy decisions. Future studies should attempt to incorporate larger sample sizes while still utilizing ethnographic and qualitative analyses. Additionally, more attempts should be made to collect or facilitate better data about trends in IRM and larger quantitative studies should compliment qualitative analyses and should as much as possible try and analyze nuanced forms of development such as focusing on a particular sector of the host community.

Lastly, future IRM studies should actively seek to utilize established theories of international migration to study IRM communities and should create a productive dialogue between the two fields. Conversely, scholars of international migration should attempt to reconcile all forms of international migration, not just those that have been traditionally related to labor-oriented migrations. Scholars of international migration theory should also study the implications of a continually globalizing world so as to identify new trends in migration that contradict or complicate traditional modes of movement.

I Pledge My Honor that this Work is My Own in Accordance with University Regulations
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Appendix

**Physician Interview Protocol**

1. **Background:**
   - Where did you do your training? Specialty/Residency?
   - Where did you work prior to Lakeside?
   - What brought you here to Lake Chapala? How long have you been here?
   - Where do you live? Family?
   - Do you work anywhere else? IMSS? Guadalajara?
   - If previous work in the United States, how do health care dynamics change in Mexico?

2. **Health Care Lakeside/Accessibility:**
   - Give us a picture of the dynamics of health care lakeside. Markets?
   - Where do the majority of Mexicans receive care? Different from Gringos?
   - Homeopathic medicine? Curanderos?
   - How competitive is the health care industry health care lakeside? GDL?
   - Do you play a **coordination** role in care? Any business return from that?
   - What is your network affiliation with Specialists? Same as other doctors lakeside? How did you choose who you would partner with?
   - How has health care evolved lakeside in the past? For what reasons?

3. **Clientele**
   - What percentage of your patients is foreign/non-mexican?
   - Do you experience a lot of one-time patients? Do they “shop” around?
How is the experience of the Mexican different from that of the Gringo?

How do you think different client populations/communities discuss health care? Exchange of resources different?

Would you refer a gringo to someone different than Mexican? Why?

Do you cater more to a certain kind of patient? If so how/why?

4. Gringos

Do your different patients (gringo vs Mexican) have different needs/wants? Worries? Ideal characteristics?

How do gringos experience with healthcare systems abroad affect their expectations? Malpractice in Mexico?

How does/has the large Gringo/Foreign population affect care lakeside? Mexico? Past/Present? Big enough to make a difference?

How are gringos viewed by many of the Mexican physicians? Perceptions/Stereotypes?

Do many Gringos/foreigners utilize IMSS? What are their experiences like? Do you refer them to certain kinds of IMSS physicians/facilities?

5. Future Healthcare Lakeside

Is there anything you believe is lacking with health care lakeside? How could than come about?

Have you ever considered opening your own clinic/hospital here lakeside?

Given Baby Boomers and projections, how do you think health care will change lakeside? For better? Worse?

Will it become more “American”/Managed?
Retiree Interview Protocol

Background:

1. **Background:** SES, Family, etc
   - Where are you from originally? Where did you live before coming to Mexico?
   - Where does your family live? Who do you currently live with in Mexico?
   - How long have you been living in Mexico?
   - What was your profession prior to moving to Mexico?
   - Do you receive a pension and/or social security benefits?

2. **Coming to Mexico:** Reasons, Experiences, etc
   - What are the top three reasons you decided to live in Mexico?
   - Did you have prior experience traveling and/or living in Mexico?
   - Were you referred by friends living in Mexico? If not, other sources?
   - How often do you return home to the U.S. and for what reasons?
   - Do you plan on staying in Mexico forever?

3. **Daily Life in Mexico:** Activities, Friends, etc
   - What is a typical day like for you in Mexico?
   - What do you like to do in your free time?
   - Do you participate in any civic associations here?
   - Do you interact much with the local Mexican population?
   - Volunteer activities?

Healthcare:

1. **Health Status:** Conditions, Major Surgeries, diseases, etc
   - How would you rate your overall health?
   - Do you have and/or family members have any chronic conditions?
   - How often do you and/or family members visit the doctor?
   - Are you and/or family members expecting any surgeries or major consultations?

2. **Access:** Insurance, Medicare, Reserve Funds, Facilities, etc
   - Did you research health care prior to living in Mexico? If so, how?
   - What do you use as your primary source of funding for health care?
   - Do you have any reserve funds and/or backup insurance? Air ambulance?
   - Do you qualify for Medicare? Purchase additional options?
   - What are the main facilities you utilize for your health care?

3. **Physician:** Ideals, Choice, etc
   - What were some of the most important characteristics you look for in a Physician?
• Do you see a regular physician in Mexico? Who?
• How did you choose your physician? Referral? Research?
• Do you have different expectations for your physician in Mexico?
• How does your physician here compare with those utilized in the U.S.?

4. Facilities: Technology, cleanliness, professional, etc
• Overall, how would you rate the medical facilities where you live in Mexico?
• How would you describe the environment of your local health care facility?
• Do you feel that the facilities are maintained with up to date technology?
• Do you feel like they are adequately kept clean?
• Is there anything you wish your local facilities had that they don’t currently?
• How do they compare to facilities utilized in the U.S.?

5. Overall Experiences: Best, Worst, Environment, etc
• What is the Best experience you have had with health care here in Mexico? Worst?
• Do you feel that there are any barriers between yourself and providers?
• Do you feel like your making a compromise?
• If you could change one thing about your health care here, what would it be?
• Are there any conditions and/or events that would cause you to go back to the U.S.?
• Would you recommend a family member to be treated in Mexico?

Conclusion:

• Is there anyone or anything that you think is important to health care here to explore?

• Can you recommend to me anyone else who might be willing to share their experiences or would be good sources of information?