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CARTOGRAPHIES OF CARE

Urban Development in Mexico in Response to a Graying America

Samuel Maddox

America's Emigration Crisis

When it comes to conversations in American mainstream media around the US–Mexico border, the focus tends to be on the in-migration of Central and South Americans into the US. However, at the same time there is an increasingly significant out-migration of individuals from the US into Mexico. These individuals are not seeking employment and a place to build a new life—as are popularly painted the constituents of their counterflow into the US—but, instead, these migrants traverse the border in search of more affordable health-care services and aging-related care as well as, for some, a place to retire in relatively reasonable splendor. Throughout this chapter, I will expand upon two migrant groups, ‘borderlanders’ and ‘snowbirds,’ and their three concomitant urban typologies: borderland monotowns, neocolonial consumer spaces, and subsidized coastal enclaves. These cases, viewed through a critical theoretical lens, elucidate how American care practices—particularly aging-related care—are being quietly outsourced to the local Global South. I identify this transfer of the cost of care abroad as being due to two factors: a strong and pervasive undercurrent of *laissez-faire* ideology within the American health and wellness sectors; and the spatial economic strategy of cross-border arbitrage, a low-to-no-risk form of consumer profit born of uneven development. Furthermore, these cases and the negative externalities they often bring to bear on local communities may well be exacerbated in the coming years as the senior share of the US population continues to grow and go south for the winter of their lives. Additionally, of note, the term ‘care’ in this chapter extends well beyond typical notions of diagnostic, preventative, and palliative care. For the sake of the topic at hand, ‘care’ herein connotes direct actions toward achieving an ease of being, particularly of aging, that is both fulfilling and marked by relatively good health.

It is estimated that more than one million US retirees now call Mexico home (Taylor 2014). These expatriates, often 60 years of age and older, report making the transition south of the border to stretch retirement savings further through cheaper costs of living and federally subsidized senior benefits like heavily discounted prescription drugs and travel within the country (Mauze 2018). Meanwhile, at-risk populations largely within the US

border region are also steadily reshaping urbanization processes within Mexico through cross-border arbitrage. Their impact is felt through the rampant multiplication of small-scale health-care service providers and the resulting dependence of local economies on tenuously soft and unrestricted borders. The inflation of such services in Mexico has caused a slow but not-so-subtle shift in the urban landscape of Mexican border towns, with particular intensity in transnational conurbations like San Diego–Tijuana and El Paso–Juárez. Though many of these low-cost services rather lucratively serve at-risk populations, the impending ‘gray wave’ of aging baby boomers, those born between the mid-forties and the mid-sixties, threatens to send a shockwave through this system of internationally outsourced care.

By the year 2060, it is estimated that the number of Americans over the age of 65 will practically double, increasing from roughly 49 million (2016) to nearly 95 million (see Figure 5.1). Moreover, the number of those over 85 is expected to triple while centenarians increase by half a million. To contend with this, the US Census Bureau projects that the nation will need two-and-a-half working-age adults paying into Social Security for every person over 65. According to current estimations, there will not even be one working-age adult per senior by 2060. Instead, the anticipated ratio is one-to-three (Vespa et al. 2018: 1–6). Furthermore, the date at which Social Security is projected to start paying out more than it draws in is set as early as 2035 (Konish 2020). In short, there is an impending care crisis for America’s aging boom. Not only will there be a great need for caregivers, but their services will need to come at an affordable rate as well, given the anemic state of the nation’s social safety nets.

FIGURE 5.1 Analysis of historical and anticipated aging and eldercare in the American context between 1960 and 2060. Data from the United States Census Bureau (Vespa 2018) and the Alliance for Aging Research (2002). Source: Samuel Maddox, 2020.

Arbitrage as Urbanizing Process

Arbitrage is the process of simultaneously buying and selling securities in order to profit from the price differential among discrete markets. As opposed to what can be called ‘pure’ arbitrage, cross-border consumer arbitrage is carried out by human actors in geographical space at scales of time much more consistent with the human experience. Essentially, it is the process of crossing national boundaries in order to buy goods or services at a lower cost than those in one’s state of origin, thus reaping the financial benefits (Trecartin and Strieter 2011: 18f). With this more physicalized arbitrage practice come several conditions: Consumers must have the time and energy to traverse physical space; they must have the financial resources necessary for their transit; and they must have sufficient social capital to operate smoothly in highly bureaucratic space.

The places begat by such processes are what urban theorist Michael Peter Smith (2017: 159) calls ‘transnational’ urbanizations: emergent nodes in the vast network of international flows of goods, services, and people—“sites of multicentered, if not decentered, agency.” This idea of ‘decentered agency’ is key to understanding the precarity of the three case studies outlined in this chapter. In each case, current growth patterns are predicated in large part on foreigners’ need for affordable care, both as technical health-care services as well as less explicit self- and eldercare practices and environments associated with retirement.

Borderland Monotowns

‘Borderlanders’ are cross-border arbitrage seekers that, for the most part, reside in the American border territories. However, they can also come from much deeper within the country, often out of necessity, seeking drastically cheaper health, vision, dental, and pharmaceutical services through the Mexican market. Borderlanders are distinct from the second category of arbitrageurs as they are not emigrants. Their relationship to the border is an active, involved, and temporal one characterized by a series of comings and goings. Many borderlanders drive for hours, at times crossing multiple states, in order to access cheaper care for only hours or days at a time. Their relationship to this border reveals its surprising porosity, especially in the midst of ever more nationalistic rhetoric intent on hardening it (Sable-Smith 2019).

Though Tijuana has long been the exemplar of medical tourism in popular culture, understood as a bastion of alternative and often otherwise illicit medical procedures, the places in which this cross-border arbitrage is most acutely felt as an urbanizing force are in smaller border communities. Wedged between the American states of California and Arizona, Los Algodones (officially incorporated as Vicente Guerrero) is a relatively remote town in the municipality of Mexicali. Known locally as ‘Molar City,’ Los Algodones, a paradigm of urbanization via cross-border arbitrage, has become the one-stop shop of dental care for many borderlanders (see Figure 5.2). In this town of 6,000, one in 12 is a dentist—and many other locals work in optometry and pharmaceuticals, two other leading industries in town (Adams et al. 2018: 1–10). If you were to stroll through the streets of Los Algodones, you would be greeted by a sea of signs advertising office after office of dental services as well as vision and hearing care. One sign reads ‘Hearing Aids 50% v/s USA.’ Around the corner, an optometrist lists their operating hours in ‘Arizona Time’ next to a mall-like list of luxury logos including Fendi and Versace, undoubtedly referring to eyeglass frames, and starkly contrasting the poverty that typifies the border region (Google Maps 2009).

FIGURE 5.2 Distribution of specialty healthcare services in Los Algodones, Mexico. Source: Samuel Maddox and Michael Steven Martínez, 2020.

In order to understand how this tiny town became such a uniquely significant border player, we begin with a closer look at its name, or rather its Spanish nickname: *Los Algodones* [The Cottons]. Los Algodones was formed through a combination of post-revolutionary state restructuring to deal with economic and water insecurity in the region. Through the use of foreign US capital, the federal government implemented vast infrastructural transformations throughout the Mexicali Valley via a network of concrete-lined canals, the first of which was the *Alamo Canal*, built on Los Algodones' eastern border in 1901. These expansive public-private irrigation projects were pivotal for the regional development of cotton. They also positioned Los Algodones to become northwest Mexico's gatekeepers to the global cotton economy as it became a center for regulations on production and the collection of duties at the border. Per the federal government's agenda, cotton brought considerable wealth to the Valley—but only for a time (Almaraz 2015: 129–159).

By the middle of the twentieth century, the land was overtaxed by monoculture production leading to soil degradation, contamination, and erosion. Cotton was replaced with less profitable sorghum and eventually *maquiladoras*, over-the-border factories designed to take advantage of low-wage labor. Since the 1980s, the *maquiladoras* have slowly been eroded by the growth of other manufacturing hubs around the world (Garza 2015). With the loss of manufacturing, a void emerged in the city's long-lived, cross-border economy at the same time that dental care became an American norm—or at least a norm for those with comprehensive employment benefits. Even so, dental care remained an expensive luxury for many

working-class Americans. No longer, then, were goods exported into the US from Los Algodones; instead, customers began to be imported from the US (Stanton 2017). Proximity to the American market, and particularly to the American consumer, cannot be understated in telling the history of Los Algodones' iterative economic re-invention. It is because of this political and geographical advantage that its medical service economy is now thriving, and once again, rebranding and renaming the town of Vicente Guerrero.

This story of a town's shifting identity based on tenuous transnational economics is not the only precarity facing the residents of 'Molar City,' however. In 2018, a team of Canadian researchers in health sciences and geography determined there is almost certainly a dental care disparity in Los Algodones. In a series of interviews, industry stakeholders reported that dentists often prefer to treat foreign patients paying in US dollars, viewing locals as "bad patients" who do not arrive on time, request that teeth be pulled instead of treated, or do not (or perhaps cannot) pay in full (Adams et al. 2018: 6). Moreover, the professional, financial gravity felt by this extreme density of dental professionals within the city limits of Los Algodones paired with this apparent penchant for serving foreign clients over locals can reify existing health-care inequity in the region, resulting in less access—or, at best, less quality access according to interviewees—to dental care for rural communities in the surrounding area (ibid.: 6–8).

Spaces of Neocolonial Consumerism

The second category of cross-border health-care consumers are what I will refer to hereafter as the 'snowbirds,' a common nickname doled out to the highly mobile elites of colder, northern regions in the US who habitually seek out warmer winters in the more southerly parts of the country. These are far more often than borderlanders actual immigrants to Mexico—or at least emigrants from the US—who need not keep one economic foot in the US for earning purposes. Their wealth is largely established through retirement savings funds or pensions and may still be growing passively through capital gains. For the most part, the only tether to former territories for these arbitrageurs are their families and friends. 'Snowbirds' have a long history of urban and even regional restructuring in Mexico due to the growth of the leisure and tourism industries, the relocation and dispersal of foreign private capital, and the increase in value of local real estate—all resulting from these long- and short-term migrations. Historically, this has taken place deep within the country in order to take advantage of the infrastructures of former colonial capitals (Covert 2017: 1–56; Mauze 2018).

Chief among the colonial towns that have been re-colonized by these 'snowbirds' is San Miguel de Allende in the central state of Guanajuato. San Miguel de Allende was once a highly trafficked stop on the silver route between Zacatecas and Mexico City in the 1800s. By the turn of the twentieth century, it was in danger of becoming a ghost town after the decline of silver mining in the region. Struggling to free itself from a century of economic decline, the town discovered that its timeless quality could provide a way forward. In 1937, a group called the Friends of San Miguel formed to lobby for the historic preservation of the city and the advancement of an international tourist industry. In the decades that followed, San Miguel saw several waves of immigration and tourism thanks to the founding of a local art university, *Escuela Universitaria de Bellas Artes*, and a spate of US-facing advertising campaigns (Covert 2017: 1–56).

Today, San Miguel de Allende is widely celebrated as one of the most foreigner-friendly towns in all of Mexico. Countless advertisements and advice sites boast tips for moving to

San Miguel de Allende and break down the costs and benefits of relocating to the city, particularly for US and Canadian seniors. Alongside the UNESCO-protected historic attractions, the town boasts some unusual amenities for a moderately sized city in central Mexico. For example, it is home to the second-largest bilingual library in Mexico, chapters of the US-based *National Audubon Society* and the *Rotary Club*, and posts for both the *American Legion* and the *Veterans of Foreign Wars of the US*. The congestion of these rather geographically idiosyncratic institutions begins to paint a picture of the demographic breakdown of San Miguel de Allende. The foreign-born population is estimated to be about 10,000, or 10% of the city's population (Haskins and Prescher 2017; Sheridan 2019). More importantly, however, this immigrant population in the past several decades has trended toward a much older demographic, referred to at times as *los momios* [the mummies] by locals (Wennersten 2008: 127).

With the influx of older, wealthier migrants from the US into San Miguel de Allende—most seeking to reap the benefits of arbitrage on their pensions, savings, and social security checks—San Miguel has seen itself transformed from an educational and arts-based tourist mecca to an internationally gentrified and ever more whitewashed retirement-home-of-a-city. Though the cost of living is low for relocated retirees relative to similar properties in the US, local and long-term *miguelenses* must contend with housing prices skyrocketing beyond those of the rest of the country, particularly in the city center, which has led to the dislocation of legacy residents (Mauze 2018). As a result, San Miguel has seen the rise of large-scale, affordable housing developments at its peripheries. In 2019, a project named *Lomas de San Miguel* began construction just six kilometers outside the city in Ejido de Tirado. This 50-hectare development plans to house 20,000 people through the construction of 5,000 homes, 3,000 of which cost only MXN\$200,000 (or around US\$9,200) each thanks to subsidies from the National Fund for Low-Income Housing (FONHAPO), Mexico's Federal Mortgage Company, and the National Housing Fund for Private Sector Workers (INFONAVIT), all pillars of Mexico's social welfare system (Aguado 2018; Hdez 2019).

When *Lomas de San Miguel* is complete, it will be the densest neighborhood in the metro area. This housing project is undeniably necessary to support local families and to sustain San Miguel de Allende's economic growth (Aguado 2018). And, indeed, many residents reflect positively on the presence of expatriates or expats (and their dollars), just perhaps wishing that they would learn Spanish (Sloane et al. 2018: 60f). However, *Lomas de San Miguel* is also a clear and concrete indicator of the inequitable socioeconomics at work in the region due to the influx of these bourgeois boomers. In effect, the development acts as a Mexican-state-subsidized 'back of house' for an off-shored, informal system of eldercare for middle-class America.

Subsidized Coastal Enclaves

In addition to flocking to the romantic urban vestiges of Mexico's colonial past, America's transnational 'snowbirds' also seek out the sublime vistas and balmy beaches of the country's coasts. It is a little-known fact to Americans that most of Mexico's tourism-driven coastal cities like the famed spring break haven of Cancún and the master-planned metropolis of Cabo San Lucas sprang up from *tabulae rasae*, virtually uninhabited lands, in the middle of the twentieth century. This was due to the establishment of Mexico's National Fund for Tourism Development (FONATUR) which put forth a concerted effort on the part of the national

government to build a new sector of the Mexican economy from the ground up (Warner 2012). Between 1974 and 2015, FONATUR developed eight *Zonas Turísticas*, all along the coast, to the tune of MXN\$48 billion (US\$2.5 billion) by attracting private investment. At times, these regions were developed largely by government capital and then sold off into the private sector. At other times, land was sold to private investors on the condition of fulfilling particular developmental ambitions detailed in a masterplan supplied by the federal government (OECD 2017).

The Villages at Loreto Bay, a purportedly eco-friendly, car-eschewing, new urbanist settlement on the Baja Peninsula, is a recent example of this intensive, state-backed, privately-owned-and-operated process of extranational-facing urban development. Except, unique to most of FONATUR's portfolio, the Villages at Loreto Bay was marketed as an 'active-lifestyle community,' coded real estate jargon for a 55-year-old and older development (Brenoff 2006). The Villages of Loreto Bay was first conceived of in 2003, when FONATUR approached the Trust for Sustainable Development, the US-based non-profit responsible for Seaside, Florida—the US' first community developed under the principles of New Urbanism (Buntin n.d.). After securing mostly US capital through investment corporations like Citigroup and early homebuyers, the Loreto Bay Company broke ground in 2006, just before the Great Recession, and sputtered to a halt by 2009 (Stark 2013).

Today, the partially completed Villages at Loreto Bay stands as a densely packed and highly walkable mixed-use development nestled at the coastal edge of its 8,000-acre property on the Sea of Cortez (Buntin n.d.). Even in its partially completed state, it adheres to many of the principles of New Urbanism with relative success: narrow streets, diverse housing typologies, variegated land use planning, and a rather hefty dose of nostalgia that renders the entire scene more like Disney World's version of a Mexican village than a reflection of any remotely adjacent vernacular. Where the Villages at Loreto Bay falls short of the urban design movement's standards, however, is in its delivery of affordable housing as integral to its design. Instead of being blended in with the resort-rate units and rentals, the plans for the complex were to build "worker villages" within "walking distance from the Town Center" (Loreto Bay 2007: 23). Regardless of the distance, according to the Inaugural Sustainability Report in June of 2007, this housing came as an afterthought for the project, with proposed locations distinctly apart from the more affluent areas of development. Moreover, other areas highlighted for development in the Team Housing section included sites under negotiation as far away as Loreto, a 20-minute drive north—sites specifically referred to in the report as *ejidos*, a unique designation of communal land use specific to Mexico (see Figure 5.3) (ibid.).

In order to begin to assess the socioeconomic dimensions of rural-to-urban development in places like Loreto Bay, one has to first understand the unique spatial politics that have unfolded across time, organizing and reorganizing Mexico's countryside, resulting in the formation of the *ejido* system. Following the collapse of colonial rule in the early nineteenth century, Mexico's territories were a patchwork of enormous tracks of land called *haciendas*, expansive estates that relied heavily on the labor of a landless peasantry (Chevalier and Simpson 1963: viif). This latifundium system remained in place for the next century until the disaffected labor class led the nation into Revolution in 1910. In keeping with the revolutionaries' slogan, *Tierra y libertad* [land and liberty], one of the first items on the new republic's agenda was land reform. In accordance with Article 27 of the new constitution, the *haciendas* were expropriated, and the land was given back to the people—mostly groups of Indigenous people—in the form of *ejidos*: communally held agricultural lands that

FIGURE 5.3 Map of the Villages at Loreto Bay showing ‘developed’ and ‘undeveloped’ areas. Source: Samuel Maddox, 2020.

could be neither bought nor sold since they were not actually property. For the majority of the twentieth century, *ejidos* proved to be a relatively productive land tenure system with *ejidatarios* enjoying usufruct rights as well as support from the government via federal price controls on staple crops. But in the mid-1980s, a wave of neoliberal deregulation rolled back these governmental protections. And in 1993, after several years of *ejidos* languishing unprotected in the open market, a constitutional reform was passed that made possible the privatization of *ejidos*, leading to pervasive and predatory development (Perramond 2008: 356–371).

Communal *ejidal* lands still make up vast amounts of Mexican territory today, altogether representing more than half of Mexico’s surface area. However, these uniquely tenured lands and the *ejidatarios* that call them home, particularly those along the coast, are increasingly threatened, at times violently, by the pressure to sell (Schumacher et al. 2019: 2). To make matters worse, legal transfer of these lands is often a complicated process. In order for the sale to be valid, buyers have to ensure that all living *ejidatarios* associated with the land have signed the appropriate documents to privatize the land. Failed attempts have caused major headaches for hopeful developers and their often elderly clients—most notably, the case of Punta Banda where more than 200 retirees were evicted when a group of *ejidatarios*, who had not signed any documents, sued to reclaim control of the land. After nine years of litigation, the Mexican Supreme Court ruled that the 250-acre land-tied island on the Pacific coast be returned to the *ejidatarios*—complete with decades-old homes and a full resort (Weiner 2000).

Speculations on Future Care

In each of these cases, the physical care and general well-being of Americans has been outsourced, offshored, and made the responsibility of the Global South. The externalities of the exorbitantly expensive and largely privatized American health-care system have initiated novel transformations of previously rural Mexican territories in Los Algodones as well as the *ejidos* surrounding San Miguel de Allende and Loreto. These rural areas, viewed historically as vital to matters of national security and regional equity, have been transformed into uneven and inequitably developed pockets with the primary purpose of caring for American expats. Such instances of highly specialized urbanization may work for the time being, but they are, at their core, reactionary—responding to US domestic policies and the demographic aging bubble. Just as Los Algodones has gone bust before through monocropping, they are now just one US health-care policy reform away from collapse. And developments like San Miguel de Allende and Loreto Bay could slowly be turning the post-colonial landscape back into a patchwork of landed estates that once again puts locals to work for the benefit of the *extranjero*.

Connecting these present conditions of cross-border care with the anticipated future of an aging America opens up bleak speculations on the conditions under which many American citizens and Mexican nationals could find themselves, in large part, merely surviving. It is evident that the glaring lack of caregivers within the US required to care for the baby boom generation and beyond will have to drive some kind of innovation. At the very least, the baby-boom-turned-gray-wave could be viewed as a resource, as an opportunity for job creation within the US. Or, at very most, the needs of our parents and grandparents could serve as a window into a world with fewer borders, a world that recognizes interdependency and acknowledges the ultimately finite nature of the planet. Smith (2017) alludes to such a possibility with his conception of ‘translocalities,’ the points on the map that are the ends of vectors of trade, migration, and transnational labor where distinct people groups collide and where profits collect, be they large-scale capital investments or modest remittances sent home to the family. Smith (2017: 165, original emphasis) considers these spaces capable of “generating ‘translocal’ discursive and spatial practices that may reconfigure and even transform relations of power.” Though the sites herein examined are not quite as linearly connected as Smith’s translocalities, perhaps the gray wave may still offer a similar opportunity for transformation if American families continue to seek out care across borders while simultaneously welcoming international caregivers into their communities without stipulations, thereby creating the culturally chimerical socio-spatialities imagined by Smith on both sides of the state-inscribed line (ibid.: 157–168). Then, perhaps, we might begin to be able to erode that lethal line. In any case, if the extent of border crossing as an informal strategy for care services is to remain an act of consumer arbitrage without deference to people or to place, then its concomitant inequity-reifying spatializations must become a part of the conversation if we are going to be able to call it ‘care’ at all.

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