

## World

Jim McMullin, 73, left, from Houston, and David Millor, from Edmonton, Canada, have their weekly game at the Lake Chapala Society in Ajijic. "I came down for a short visit and fell in love with the place," said McMullin.

**SHARÓN STEINMANN:** CHRONICLE



Oct. 14, 2007, 10:40AM

## A refuge for retirement

Lured by cheaper costs, more Americans head south of the border to live out their leisure years

**By DUDLEY ALTHAUS**

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AJIJIC, MEXICO — Drawn by the eternal spring weather and laid-back lifestyle, American retirees have been migrating to this lakeside village deep inside Mexico for decades.

Now, facing the sobering prospect that their money will run out before their last breath does, some are considering Ajijic and other expatriate communities across Mexico as a cheaper place to get needed care through the end of their lives.

Though few come with dying on their minds, tens of thousands of retirees long have been heading to this community on the shore of Mexico's largest lake — and dozens of other towns and cities nationwide — looking to spend their leisure years in paradise.

The Margaritaville moments might last decades. But the life cycle spins on no matter where they may live, and the aging Americans face much the same tough choices on health care here that they would at home.

Increasingly, they have decided that Mexico is as good or better a place as any to face the inevitable.

"I would never go back home," said Harold "Skip" Waggoner, 67, a former deputy sheriff from Central Florida who retired 12 years ago to Ajijic. "My mother spent five years in a nursing home. That's scary.

"The Mexicans value old people, and they take care of them."

With 78 million Americans hitting retirement age through the next three decades, and many finding themselves financially unprepared for the transition, the number of southbound seniors looking for warmer and cheaper climates is expected to surge.

Sales of retirement or vacation homes for foreigners already are booming in places such as Ajijic, San Miguel Allende and Mexico's coastal resorts. The same is happening in Costa Rica, Panama and even in impoverished Nicaragua.

Entrepreneurs are planning retirement villages and assisted living facilities to service the graying Americans. Pressure is building to allow Medicare, Medicaid and veterans benefits to pay for care in Mexico and elsewhere overseas.

Ajijic may prove a guidepost as the boom develops. Developers already have established a handful of assisted-living and extended-care nursing homes catering to the foreigners.

Yet the market remains small, and many American professionals in elderly care caution that moving out of the U.S. often is not the best solution.

Despite plans for other facilities, the only convalescent homes focused on caring for the foreign elderly in Mexico are in this town and several others along the shore of Lake Chapala, just south of Guadalajara.

## **A matter of numbers**

The homes' paying residents total fewer than 150 people. That's just a sliver of the 50,000 Americans, most of them of retirement age, that the U.S. Consulate in Guadalajara estimates live in the region.

The Ajijic convalescent homes charge about \$1,200 a month for room, board and maid service, about a third of the price of similar facilities in the United States.

"When it gets down to the dollars and the number crunching, they're going to come," said Dudley Baker, 61, who retired to Ajijic nine years ago from a job with the IRS in Houston.

"I think all of us, if we're fortunate to live so long, will end up in a place like this someday."

Baker's mother, Agnes, came here two years ago to visit and ended up staying.

While spending Christmastime with Baker and his brother, Ron, she caught pneumonia, and she was treated in an Ajijic clinic for five days. After her release, Baker moved her to an assisted-living facility to recover.

Then Baker and his brother persuaded her that it was best to sell her home of 40 years in San Antonio and move to Mexico. She was living alone and had fallen several times.

"I hated to leave my house, and I had my sister there," an animated Agnes Baker, 88, said in a soft Texas drawl as she sat in an easy chair inside her clean, large

bedroom at Alicia's Convalescent, the assisted-living facility that is her home now. "At first it was all new, so I was a little apprehensive."

But with time, Baker learned to adjust.

Her sons visit her daily now, instead of a few times a year. She said the food at the home is very good, and her room opens onto a pleasant garden. She has become good friends with the registered nurse who is the home's owner, Alicia Sandoval, and her children.

"She wants you to just act like this is your home," Baker said of Sandoval, who with her husband and two sons operates four Ajijic houses serving 25 foreign residents with conditions ranging from mild walking problems to Alzheimer's disease.

"If you want to go to the doctor, she'll take you, or if you need medicine, she'll go buy it for you," said Baker, whose husband of 60 years died in 2002. "It's a lot more reasonable than in the States to go into a place like this."

Still, the leg injury she suffered in one of her falls prohibits Baker from walking Ajijic's cobblestone streets. And though Sandoval and her sons speak English well, many of the women working in the home do not. It can get lonely.

"It's hard to communicate with them," Baker says of the staff, for whom she translates her needs with a Spanish-English dictionary and writes them down. "If I could just learn the language. I wish I could. I think it's a pretty language."

## **Words of caution**

Like Agnes Baker, most residents of the assisted-living homes in the Lake Chapala area have children or close relations here or have been down here themselves for years.

Professionals trying to solve the crisis in U.S. elderly care caution that moving to a foreign land is hardly the solution, despite its economic advantages.

"Trying to do that at an advanced age? Wow!" said Bill Thomas, an assisted-living expert at the Erickson School on Aging at the University of Maryland in Baltimore. "The pressure is there because of the costs. But I don't think you can globalize your family.

"It's not the money or the facilities or the experts," Thomas said of effective care for the aged. "It's the connectiveness. It's very unusual for a person in their 80s to move somewhere new. Part of what makes old age meaningful and worthwhile is community."

Still, retiring relatively young to Mexico, assuming that friends made in an expatriate community stay put, could create what Thomas calls a "cohort effect" of growing old together and watching out for one another along the way.

Though relations with the Mexican residents are often limited — many find it difficult to master Spanish later in life — the foreigners living along Lake Chapala have formed a tight-knit community.

Home prices have skyrocketed in Ajijic recently, but a dollar still buys more than it might back home. A relatively frugal person's U.S. Social Security check can cover his or her monthly living expenses in Mexico, including the services of a maid and gardener, residents say.

In small houses in town or gated communities nearby, the retirees can spend their days playing golf and tennis, doing charity work in local communities, moving from one cocktail party and potluck dinner to another, traveling the country.

"Sometimes there's too much going on," said Waggoner, the retired sheriff's deputy.

But the foreign community seems in constant flux. Many people stay only a few years, then move on. Others return home as their health problems worsen. Still others stay, their world shrinking as their infirmities prevent them from leaving their houses.

In-home care is much cheaper than it would be in the U.S., retirees and Mexican health care professionals say. But a long-term illness such as cancer can bust a budget.

Many of the foreign retirees don't adequately prepare to pay for a major crisis, Mexican medical professionals say.

"Coming here is more than buying a pretty house," said Lidia Zamudio, a registered nurse who has run a home health care service for expatriates in Ajijic for a dozen years. "Once serious illness appears, they aren't prepared."

She explained: "A long illness costs a lot here in Mexico. As a medical professional, it's very sad to turn people away. But we aren't a charity."

For instance, cancer treatment here can cost up to \$3,500 a month for medical personnel alone, Zamudio said, and medicine "is very expensive."

Comprehensive medical insurance has become widely available in Mexico and often is much cheaper than that sold in the U.S. Retirees say a policy here costs between \$300 and \$500 a month.

But many opt to pay out of their pocket for lesser ailments — a doctor's visit costs as little as \$15 in Mexico. And with prescriptions unnecessary for most drugs, self-medicating is easy.

Many Americans rave about Mexico's social security system, known as the IMSS, which for about \$300 a year in premiums covers them for surgery and hospital stays, should anything go seriously wrong.

But Mexico's social security hospitals, designed to treat the country's working class, are short of doctors, swamped with patients and simply overwhelmed. Although the medical treatments may be fine, long waits for care are the norm. Those Mexicans who can afford to, avoid IMSS hospitals.

"You have to realize it's a public service," Juan Lastra, a physician who treats many foreigners in Ajijic, said of the IMSS.

"If you get sick, where do you end up? This isn't paradise."

## **'He came prepared to die'**

But Mexico seems close enough to nirvana for many of the aging immigrants.

His health in an irreversible slide, Lyle George came to Ajijic to spend his final days.

A retired telephone lineman from northern Montana, the 72-year-old had contracted an incurable nerve disorder that ravaged his body.

He and his wife, Jeanette, had spent time in central Mexico a decade earlier, before he took ill. When the prognosis turned hopeless, the couple decided his life would best end in Mexico.

"He came prepared to die," said Jeanette George, 66, who with the help of their gardener and a house-calling physician home-nursed her husband of half a century until his final breath last year.

She set up a hospital bed in the living room of their Ajijic house for him, and she mostly cared for him herself.

"He could look out his window and see the birds and the roses and the trees," George said. "He could watch the baseball games on television."

But the ordeal exhausted her. She asked her gardener to recommend a nurse who could help some days, letting her get some rest or time to herself. The man replied that he would be honored to help take care of Lyle George.

At the very end, when her husband could no longer swallow, the Georges' doctor asked them what they wished to do. Take no extraordinary measures to prolong his life, they replied.

For six weeks of daily care and visits, the doctor billed her just a little over \$600. He suggested that maybe it was too much.

"I can't describe the compassion and care we experienced here," Jeanette George said. "The people who work for me are like my family."

She returned home to Montana after his death 17 months ago. But after three months, she returned to Ajijic. She had returned to stay.

"I knew that Mexico is where I needed to be," she said. "I will always live here."

She said she and most of her friends in Ajijic plan to "stay home to die," when their time comes.

"And what could be more beautiful?" she asked.