Transnational Aging: Disparities Among Aging Mexican Immigrants

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In memoriam María Rita García (1949-2011)

Abstract

Migration between Mexico and the United States has undergone major transformations, changing from an open and circulatory process to a mainly clandestine one. The historical changes of migration and its social impact can be retrospectively examined by analyzing an elderly population that experienced migration in the last seven decades. In this paper, we look at two older groups: 1) "swallow" migrants, those who obtained legalization as Braceros (through an agricultural production bilateral program) or through other mechanisms of US immigration legislation; and 2) undocumented migrants. We compare both groups using in-depth interviews with individuals of fifty years and over living in the Mexican states of Guanajuato and Zacatecas and three US cities: Dallas, Texas; Chicago, Illinois; and Los Angeles, California. By comparing them, we highlight the disparities in their migration experiences. Our findings show the benefits experienced because of the rights obtained by swallows, particularly as a result of their legal status, which allows them to live out their later years benefiting from their transnational social capital.

Keywords: transnational aging, old age, Mexican migration, disparities

1. Introduction¹

Transnationalism continues to be a hot topic among social scientists and especially among migration scholars (Levitt/Jaworsky, 2007; Vertovec, 2009). In particular, transnational studies add to the migration literature by moving beyond the traditional assimilation paradigm and enabling examinations of the social, political, and economic impact of migration on both sending and receiving countries (Boehm, 2012). Since the 1990s, transnational migration studies have shed light on the practices and experiences that transnationalism generates between societies. However, there has been only limited research on transnational

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aging (Baldassar, 2007; Escrivá, 2005, 2006; Montes de Oca/Molina/Avalos, 2008; Zhou, 2012).

This article seeks to contribute to the literature on transnational aging by addressing two research questions: 1) how is the aging process constructed for Mexican migrants across their life course given different legal statuses? More specifically, 2) how does transnational aging impact their health outcomes and transnational experiences? In addressing these research questions, we compare two groups of elderly Mexican migrants and examine critically how the legal context influences their transnational lives. We specifically focus on the health outcomes and transnational experiences of swallow migrants (transnational migrants with documented/legal status in the US and with socioeconomic backgrounds that allow them to travel freely to and from Mexico) and compare their experiences with those of undocumented migrants. This approach allows us to examine the disparities in the aging processes faced by these two cohorts of older Mexican migrants.

This paper stems from a larger binational study on Mexican elderly living in the United States and Mexico. Within this larger group are several categories of migrants, such as those that are documented versus those undocumented. It is critical to pay particular attention to legal status as it has serious implications on one's physical and mental health, the aging process, and transnational aging. Among the documented migrants there are also several subgroups: 1) swallows; 2) documented migrants with limited to no mobility due to low socioeconomic status, chronic or debilitating illness impeding travel, etc.; and 3) documented migrants with no immediate family in Mexico and whose need to return is not critical. In this paper we focus on the "swallows" and undocumented migrants residing in the US and Mexico. Those that reside in Mexico were once undocumented migrants in the US and have described their experiences retrospectively. This approach allows us to highlight disparities in the transnational aging process.

The article is organized as follows: first, we present a general review of transnationalism, migration, and aging. Next, we discuss the context of migration between Mexico and the United States. We then proceed to discuss the methods, analysis, and typology of our study. Next, we discuss migration trajectories against the context of historical time periods. By doing this, we are able to shed light on structural and contextual conditions, e.g. immigration policies, economic policies, and political conditions, and how they have shaped migration trends at different historical junctures. We then examine some of the factors that influence the aging process of migrants in Mexico and the US. Finally, we offer our findings related to transnational aging, as well as our conclusions.

2. Transnationalism, Migration, and Aging

Transnationalism highlights established intergenerational connections such as the mobilization of resources between migrant populations and those who remain in their communities of origin (Levitt, 2001; Portes, 1997). While populations are displaced, cultural practices, customs, beliefs, identities, knowledge, and traditions are also exchanged and may have different meanings in transnational social spaces (Rouse, 1992). The experiences of these linkages are transformed into language, resulting in the creation of new linguistic forms practiced by transnational communities. Transmigrants can identify with more than one nation-state and can participate in social, economic, political, and cultural life in several

communities simultaneously, creating transnational social spaces (Levitt/Nyberg-Sorensen, 2004; Rivera, 2006).

Transnational aging can be studied by adopting a disparities framework which highlights inequalities that unfavorably affect groups of people who have experienced greater systemic obstacles based on significant social locations (e.g. race, ethnicity, gender, socio-economic status, age, sexual orientation, etc.) that are historically linked to discrimination and health (U.S. Department of Health and Human Services, 2010). In this paper we use the concept of disparities to highlight the significance of legal status and its impacts on transnational aging processes. One's immigrant legal status determines social conditions of health, aging, and longevity, which is why those who possess freedom of movement have the means to live their old age actively and can draw on a broad transnational social capital.

Bourdieu (1986) identified three dimensions of capital: economic, cultural, and social, which are mediated by symbolic capital. Social capital is comprised of a series of social relationships that increase the ability of an actor to achieve his/her interests. Bourdieu (1986) defined it as a series of interconnected institutionalized resources, which are based on two components: membership groups and social networks. The amount of capital that an actor has depends on the size of the network of connections that are possible to mobilize (Bourdieu, 1986). The spaces where these resources can be mobilized include associations, unions, political parties, secret societies, and organizations (Siisiäinen, 2000). For transmigrants, social capital in their original native communities is indeed critical and facilitates their migration. The use of social networks facilitates migration and adaptation to the new destination. Additionally, it assists in the maintenance of social ties and facilitates the exchange of experiences and resources, which we refer to as transnational social capital (Montes de Oca/Molina/Avalos, 2008).

Transnational social capital is a cumulative resource that stems from transmigratory experiences based on the linkages that individuals maintain across two or more countries. These migrants have received transnational capital from formal and informal sources of information and knowledge and from access to opportunities in both countries. Transnational social capital involves a series of social networks in both countries, but also the exchange of products and resources derived from existing linkages. In addition, transnational social capital involves knowledge concerning the use of public and private institutional services to maintain and improve the well-being of transnational communities (Castro Neira, 2005; Rivera, 2006; Smith, 2006).

The characteristics of migrant populations have varied with the vicissitudes of Mexican and US history, but also in response to political and economic conditions and the immigration policies of both countries (Boehm, 2012; Sassen, 1996; Smith, 2006; Smith/Guarnizo, 1998). These conditions also determine the transnational social spaces created around migrants' communities of origin. Everyday practices, activities, social relations, and identity constructions of migrants are disrupted in the process of adapting to or resisting the circumstances experienced in the transnational field (Rouse, 1992). These processes also impact on the situations of aging people in foreign lands or returning after living in another country. They also transform those who remain in Mexico and have never migrated (Gonzalez Vasquez et al., 2007; Levitt, 2001). The next section deals with the historical context and the political and economic conditions of cross-border migration between Mexico and the US.

3. The Context of Migration Between Mexico and the US

Migration between Mexico and the US has been transformed within the last seven decades. For example, the Bracero Program (1942-1964) was a bilateral program for legal temporary workers that permitted the migration of Mexicans to assist agricultural production in the US during and after World War II. During this period migration was circular, a secure border existed, and the option of returning to Mexico was always available (Durand, 2007a, 2007b; Durand/Massey, 2003). This period was characterized by work in extensive and intensive agriculture (Martinez, 1948). In Mexico, not everyone had benefited from the land distributions promised by the Agrarian Reform of 1920-1934, and the economic development model (import substitution policy) stimulated some economic growth in cities but not in rural areas; consequently these policies favored internal and international migration (Durand/Massey, 2003; Sandoval Hernández, 2007). Although migration during this period was legal, undocumented migration also existed. An estimated five million Mexican workers went to the US as Braceros, and undocumented workers represented approximately the same number (Calavita, 2006).

In previous periods of migration history entire families migrated and settled, but this pattern shifted with the Bracero program as migration became individual, male-dominated, legal, of rural origin, and oriented towards agricultural and temporary work (Durand, 2007). In order to ensure that the men chosen to participate as Braceros were genuine agricultural workers, their hands were examined for calluses (Sandoval Hernández, 2003). Families waited in Mexico for a father or son to return at the end of his contract period of employment, for at that time workers migrated with a security of employment and income that was comparatively superior to what could be obtained in Mexico (Martínez, 1948). The recruitment of migrants to the US involved a process that selected healthy males. This was complemented by a bilateral agreement guaranteeing medical care insurance for those in the Bracero program. This exposure to modern Western medicine was a new experience for Braceros accustomed to family care arrangements through traditional medicine in Mexico. The migration experience of these people could be described as enjoying a context of security. Although there were exceptions where employer abuse and labor exploitation took place, many migrants were able to improve their economic situation and the welfare of their families (Durand, 2007). Some young Braceros settled in the US and formed their own families. Others returned to Mexico, and in later years some came and went according to work they obtained.

When the Bracero Program came to an end, migration conditions changed and a new historical period began. We refer to this period as "Post-Bracero to IRCA (Immigration Reform and Control Act)" (1965-1986). At this stage there was a geographical concentration of migrant labor in certain areas: workers were concentrated along the Pacific for the cultivation of fruits and vegetables, while factory and services jobs in both California and Illinois were booming and there was a high labor demand for Mexican workers. This led to 1.2 million Mexicans entering the US as legal immigrants, and an even larger number of Mexicans migrating without documents (Martin/Fix/Taylor, 2006). In 1986, IRCA came into force. Its main objectives were to reduce the flow of undocumented workers by placing sanctions on employers, strengthening border patrol, and legalizing certain undocumented migrants based on their length of stay in the US (Durand/Massey, 2003). In addition to IRCA, the Special Agricultural Workers (SAW) legislation legalized more than 2.3 million Mexicans (Durand/Massey, 2003).

During this period rural males were not the only job seekers. Urban men and women began to migrate from the Mexican states of Guanajuato and Zacatecas, supplying the demand for labor in areas including the domestic and industrial spheres (Romo, 2003; Sandoval, 2007). Securing a job became complicated, and migrants were at the mercy of employers and their ethical standards. Usually these jobs had poor working conditions that increased health risks. The undocumented migrant population lacked healthcare and did not enjoy steady incomes or permanent jobs (Durand/Massey, 2003). Faced with the lack of medical care, traditional medicine and self-medication practices took precedence in dealing with any kind of sickness. At the same time, immigrants found themselves in situations that required higher levels of training and skills. The industrial environment subjected foreign workers to more rigorous demands and English language became essential. In these new conditions migrants found themselves subject to stress, abuse, and discrimination (Finch/Kolody/Vega, 2000). Isolation and fear of deportation caused migrants to weaken their contacts with the families of origin and also damaged newly established social networks (Montes de Oca et al., 2011).

In the post-IRCA period (1987-2012), the economic crisis in Mexico led to an increase in migration. This was accompanied by demographic diversification, with high rates of migration affecting other population groups, such as children and the elderly (Montes de Oca et al., 2011). Starting from the 1990s, the US militarized the border while implementing new exclusionary laws that targeted undocumented immigrants and restricted welfare benefits. Following 9/11, the US government put the migration agenda with Mexico on the back burner, claiming national security as its first priority. In 2010, an anti-immigrant law entitled SB 1070 was implemented in the state of Arizona (Pendry, 2011), potentially affecting all Mexicans and Latin Americans, regardless of their nativity and legal status (Sáenz/Menjívar/García, 2011).

The militarization of the border, the criminalization of undocumented immigrants, and the mass deportation programs increased the risks involved in border crossing and put an end to the circular tendency in migration by forcing people to stay in the US. Conditions in the US have worsened for all workers, leaving the most dangerous and low-paying jobs for Latin-American immigrants. Medical care has become increasingly difficult, hence the reliance on traditional medicine (Hunt, 2011; Santillanes, 2009). This puts these migrants at a disadvantage compared to Mexicans who never migrated, given that access to modern healthcare does exist in Mexico. Self-care practices also generate changes in lifestyle, some of which are unhealthy.

The era of mass deportation has also led to the fragmentation of families (Golash-Boza, 2012; Marroni, 2009). Even within the US, travel to visit family members is curtailed and often stops altogether, particularly where undocumented migrants are concerned, out of fear of apprehension by police or immigration officials. Technology could provide alternatives to in-person contact (e.g. through Skype), but issues involving access and knowledge limit its use. Those undocumented migrants who formed families in the US are subject to distress given that their children have grown up in the US environment. Mixed families, or families with members some of whom are authorized and some not, are becoming a common phenomenon (Menjívar, 2000).

4. Methodology²

With this context as our starting point, we set out to examine existing disparities in the aging process of transnational Mexican migrants living in the US and Mexico. Data used to conduct this analysis are derived from a qualitative binational study using in-depth interviews, field notes, and participant observation. Participants were recruited using the snow-ball technique. In order to participate in this study, participants had to be 50 years or older and have had to reside in one of our specific sites: the Mexican states of Guanajuato and Zacatecas and the US cities of Dallas, TX, Chicago, IL, and Los Angeles, CA. We chose to focus on this cohort because it allowed us to inquire about the migration time periods we outlined. We chose these US cities because of their high population rates of immigrants from Guanajuato and Zacatecas, and the Mexican states because of their high rates of outmigration to the US. For the swallows group, participants had to be transnational migrants with documented/legal status in the US and with socioeconomic backgrounds that allowed them to travel freely to and from Mexico. For the undocumented group, participants must have resided in the three US cities or have once lived in the US as undocumented immigrants but now reside in Mexico.

The fieldwork was conducted in rural, semi-rural, and urban communities in our specific sites, in 2006, 2009, and 2010. A total of 112 interviews were obtained, and we used the first 38 as a pilot study to improve our approach and interview guide. For this paper we draw on the remaining 74 interviews. Out of these 74, 51 are with documented migrants, 16 of whom are swallows. The undocumented group we compare consists of a total of 23 migrants residing in the US and in Mexico.

The interview guide focused on the personal and family trajectory, family strategies for survival, transnational and local social networks, labor experiences, and healthcare. We explored the narratives of participants, focusing on their experiences, perceptions, and feelings with respect to personal or family migration. We used a social constructionist perspective to interpret our data and findings. This approach views the construction of reality as a consequence of a dialectic process between social relationships, established habits and social structures, as well as symbolic interpretations, internalization of roles, and identity formation (Berger/Luckmann, 2005). Accordingly, the interviews were coded on the basis of categories derived from the interview guide, resulting in categories such as physical and mental health conditions, access to services in Mexico and the US, health treatment, health care strategies, family dynamics, social support networks, migration experience, and work experience.

5. Typology of Mexican Elderly in Both Countries

As we have already mentioned, the history of Mexican migrants living in the US during the twentieth and early twenty-first centuries can be divided into three crucial periods. Our

² Part of the study was undertaken with the support of the Migration and Health Programme (Programa de Investigación de Migración y Salud, PIMSA) granted by the Health Initiative of Americas of the University of California at Berkeley's School of Public Health.

fieldwork has shown that these different periods have given rise to different transnational aging trajectories. In turn these trajectories have generated two types of migrants whose transnational social capital varies substantially, namely: the swallows and the undocumented

The first type of migrants are the *golondrinos*, or swallows, whom we see as possessing greater transnational social capital as a result of having obtained residence and legal status in the US while maintaining contact with their place of origin. The opportunity to obtain residential status derives from various factors: work, marriage, length of residence in the US, and the presence of family in the home country. Many of these migrants have grown old between the US and Mexico. This allowed them to access good jobs and the medical care needed to treat diseases. What characterizes swallows as different from other migrants is their freedom to move between the US and Mexico, which gives them independence and autonomy in deciding where to live. They also have autonomy in decisions involving personal, family, and community projects. Many swallows were older males when they obtained legal status. Because these transmigrants are financially secure and physically able to travel to and from Mexico, they are primary agents in the transfers of transnational social capital. Consequently, swallows have higher levels of transnational social capital and are able to transfer this capital to undocumented transmigrants residing in the US as well as other generations in both countries.

We compare the transnational aging processes of this group with those of undocumented migrants residing in the US or who currently reside in Mexico but have lived previously as undocumented migrants in the US. The undocumented migrants are also called transmigrants, but what really differentiates them from the swallows are: 1) their legal status; 2) the lack of means to frequently travel to and from Mexico; and 3) lower levels of transnational social capital. While this group has traditionally engaged in circular migration, such movement has become progressively more difficult with the increasing militarization of the border and criminalization of migrants (Sáenz/Menjívar/García, 2011). Many Mexicans, who in the past were able to move between the two countries as seasonal workers, now find themselves trapped in the US, unable to return to Mexico to see their families. Others cancel their plans to return to the US due to increasing risks associated with border crossing and fear of being unable to return. Such conditions are associated with the weakening of social networks and social cohesion across the two countries, which can impact one's physical and mental health (Berkman, 2000; 2007). With the criminalization of migrants, the risks associated with living in the US have risen for Mexican migrants. Accordingly, there has been a substantial weakening or cancellation of the value of transnational capital that Mexican migrants produced for themselves and their families in earlier times.

6. Transnational Aging Between Mexico and US

Immersed in laborious activities both inside and outside Mexico, the Bracero survivors and those who migrated between 1942 and 2012 have experienced a more rigorous aging process while building the transnational spaces that could ameliorate that process. The social determinants of health are the circumstances in which people are born, grow up, live, and age, including the medical health system they can access (OMS-CDSS, 2008). The different contexts into which one is born, different childhood circumstances, and the different migration trajectories one chooses as an adult, along with the different types of occupations en-

gaged in, all affect the aging process (Montes de Oca et al., 2011). From this perspective, transnational aging between Mexico and the US can be analyzed in a historical context that interrelates with the personal experience of the migrant and his or her job occupations. Each of these is configured to identify social determinants, the aging process, and different life events throughout the life-course.

6.1 Transnational Aging of the Braceros

Today, Bracero survivors live out their old age in contrasting circumstances. Many of them are between 60 and 90 years old. This cohort of migrants experienced a situation that for the most part gave them upward mobility in contrast to those that did not migrate during that era or those who did so later. Some of these Bracero survivors formed families in the US and can be categorized as the first transnational families who managed to maintain contact with their communities of origin (Durand, 2002; 2007). This cohort of transmigrants began to form and sustain multilocal social relationships that linked communities of origin to places of settlement. Their contributions were substantial for the next generations of migrants in Mexico. Transnational social circles were established from the first experiences of circulatory migration especially in connection with the sending of remittances, which proved to be a powerful means of establishing links with the communities of origin (Canales, 2004; 2005). The aging process of this cohort in the US and Mexico has characteristics of its own. Specifically, throughout a long and healthy life they remain actively militant for their rights and articulate transnational social spaces in the political and family spheres. In the sociopolitical space, the Bracero survivors are actors with prestige for being pioneers of an ideal migration model (Durand, 2007; Sandoval, 2003). At the family level, they are those who retained authority within their family due to their upward social mobili-

It should be noted that not all Braceros told the same story; many returned to Mexico with nothing more than some cash for their families. Some continued to live in the same poor conditions as the peasant farmers who had never migrated. Although the US government sent the Braceros' savings to the Mexican government to provide pensions in their advanced years, that money went astray, condemning the elderly Braceros and their widows to a life of poverty and insecurity. Today, many of them are still struggling to recover the lost savings, and their aging trajectories are deeply affected. Although those Bracero survivors are viewed as committed social actors and are morally recognized among communities of high migration, they remain invisible to the Mexican government.

Final residence, legal status, type of occupation, and healthcare all have a bearing on disparities in the aging process among Mexican migrants. The migrant's transnational relationship is structured by institutional limits imposed by the US state and its immigration policies. In the case of the Braceros, circular migration patterns made a transnational life possible, which facilitated the optimization of resources throughout their life-course. This transnational life is related to the transnational resources available to the migrant, his or her socio-cultural positioning, and local socio-historical contexts which migrants utilize to pursue their transnational activities (Guarnizo, 2003). Changes that may affect health throughout the aging process can be moderated by the elderly temporarily returning to their home communities. This provides an opportunity to strengthen family relationships and optimize local healthcare with a tendency to decrease the risks of diseases. Migrants who had an old-age pension could invest in their country of origin by starting a business, for

example, or building a house to return to in Mexico upon retirement. Many Braceros kept and maintained houses with the dream of returning in their elderly years.

6.2 Aging of Migrants of the Post-Bracero to IRCA Period

During this period (1965-1986), migrants experienced a very different situation from that of the Braceros. They socially constructed their own health and aging processes simultaneously with the aging experiences of their long-lived parents. The decline in mortality rates began to impact on generations of migrants alongside increased job and health insecurity. Disparities begin to increase when we examine the social determinants, the lack of autonomy and control over work activities, and health risks associated with clandestine migration (Montes de Oca et al., 2011). Some migrants were able to obtain documents via IRCA, facilitating their settlement in the US and allowing them to bring their wives, children, and siblings to live with them. But not all migrants were able to obtain documentation. The disparities are clearly evident when we compare those who obtained documentation versus those who did not. The undocumented face a scarcity of opportunities, diminished freedom, and a deterioration of mental health attributed to constant stress. Furthermore, this stress was due to the inability to visit family members remaining in the communities of origin and to the insufficient resources obtained from work. This was exacerbated by the neglect of health due to the absence of medical services. During this period, those who obtained documentation had the opportunity to become swallows and so maintained contact with their communities of origin, building transnational social capital that involved mobility across borders. Those who were not able to legalize their status faced an increase of health disparities and a dimmer aging process.

6.3 Factors that Conditioned Transnational Aging Post-IRCA

The aging outcomes of the cohort of post-IRCA migrants can be explained by high-risk social conditions (Wilkinson/Marmot, 2003). As this cohort ages, the possibilities of obtaining legal status, secure employment, income, and medical care are all extremely limited. The opportunities to be derived from this phase in the history of migration are substantially reduced by the lack of a stable income, the precarious nature of their work, and the violation of human rights (Hunt, 2011; Rodriguez/Sáenz/Menjívar, 2008; Salgado de Snyder et al., 2007). This cohort of transmigrants, whose social transnational circle is limited by their inability to move easily between Mexico and the US, could be aided by technology, but limitations arise due to lack of access and knowledge.

The transnational social networks of this population face new challenges derived from aging parents who remain in Mexico. The longevity and illnesses of those parents requires strategies shared by the family in Mexico and other migrant family members enjoying better conditions in the US (Montes de Oca/Sáenz/Molina, 2012). Treatment of diseases for these younger migrants is limited in a system with a fragmented market, which refuses this population the right to healthcare, and where the government denies responsibility. Against this there is also an increase of sedentary lifestyles, the consumption of alcohol and tobacco, and the presence of diabetes. All this is related to socio-economic conditions that promote obesity and malnutrition, which in turn can lead to a lower quality of life, temporary or permanent disability, and early death (Angel/Angel/Markides, 2003; Arredondo et al., 2010). These trends and the reduction of access to preventive health services increase the

disparities in the aging trajectories of this cohort of migrants when contrasted with pre-IRCA or the Bracero program migrants. Family reunification policies were drastically softened while deportations increased and the risks of crossing the border clandestinely were heightened. Violence and the post-9/11 anti-immigrant sentiment have invaded the lives of these transmigrants.

7. Disparities Between Swallows and Undocumented Immigrants

The group defined as swallows stands apart given the transnational social capital these migrants have accumulated over their life. Currently, this group moves between countries based on multiple factors, one of which is care and attention to their personal health or that of their family members. In addition, the cold climates in northern US states encourage seasonal residence (Lardiés/Montes de Oca, 2012). Some older adult migrants living in areas with cold climates seek refuge in their places of origin where they enjoy more favorable conditions. Moreover, the difficulty in gaining access to, and the high costs of, medical care in the US compel swallows to seek attention in Mexico in order to optimize their resources. This strategy makes sense in cases involving chronic-degenerative illnesses which involve long-term medical treatment. The personal, community, and institutional networks that swallows maintain in their communities of origin are essential for issues such as healthcare. This approach to healthcare leads swallows to consider longer stays in Mexico for undergoing medical procedures along with the recuperation period, as Julia,3 one of the research participants, related: "I come to Mexico in December [...] and around January or February I go see the doctor, because of my [spinal] column and my diabetes [...] and I stay until March and then I go back over there [the US]" (64 years old, Guanajuato and California).

Following this same logic, in addition to saving on costs associated with medical services, some swallow migrants do not entirely trust the medical care establishment in the US. They note that visits to the doctor always involve medical examinations and the purchase of medicine, which together increase the cost but also the level of distrust. Rigoberto observed: "In any case it was very expensive and you cannot know whether the doctors are curing you or not" (73 years old, Zacatecas and California). Zacarías noted a similar sentiment: "And if, due to bad luck, one has to see doctors, whether for a checkup or for an illness, if they do not find anything wrong, they will give you a pain pill and you will remain drugged for all eternity" (89 years old, Zacatecas and California).

Another important factor is the maintenance of contact with families in both countries. All of the swallows have transnational families, with descendants in both nations. The growth of the family, including grandchildren and great-grandchildren, plays a substantial emotional part in the lives of elderly Mexican migrants. The hierarchy and prestige associated with the revered roles of grandfather or great-grandfather are very important to Mexican families. This is an important aspect that influences the subjective well-being of the elderly. Ramón says that his wife "has passed periods of time [in Mexico] to take care of her daughters and daughters-in-law when they [gave birth]" (51 years old, Guanajuato and

³ All names are pseudonyms.

Dallas). Martha, a 68-year old woman, relates that she has visited Dallas to care for her grandchildren, but only for certain periods of time as she also has to care for her husband in Guanajuato. On certain occasions transnational links do not develop without emotional conflict, as there are obligations that need to be met in both countries, but distance prevents this from being done easily.

Nevertheless, the ability to travel to Mexico to take care of their families makes swallows a distinctive group, particularly when compared to undocumented migrants who cannot travel freely. It is also critical to point out that not all documented migrants are able to make these seasonal trips despite enjoying legal status. Documented migrants who are economically disadvantaged find it difficult or impossible to make these trips. The difference between economically disadvantaged migrants and undocumented migrants consists in the legal status. Undocumented migrants live out their aging years under distress and do not have the same high levels of transnational social capital available for the good of their physical and mental health as they age.

The transnational dynamic of older swallows surpasses the situation of younger migrants. The benefits that swallows receive, and that they provide not only to the Mexicanorigin community in the US but also to residents of Mexico, are many. The main links are with families that live in both countries, as they are part of the same networks that promote distinct lifestyles and future migration experiences among the younger generations. Older adult swallows have major economic capacity relative to the younger generations of migrants, which represents an incentive to social mobility. According to the results of our fieldwork, swallows can cover the costs associated with the multiple trips that they take between the US and Mexico; this provides evidence that they count on regular income or that they are beneficiaries of pensions granted by the US government. This is restricted to only a few in the places of origin. Retired migrants of Mexican origin who enjoy a pension have advantages over Mexican pensioners who have not migrated, but this advantage is not as great as those of pensioners living in the US.

The advantage in Mexico stems from the unstable exchange rates which favor US dollars over the Mexican peso. This same situation, together with the attractions of a pleasant climate and cheaper healthcare, results in some US retirees moving to live in Mexican coastal or inland resorts, where they are able to make their US pension dollars stretch further than in the US. Indeed, any form of savings has greater buying power in Mexico. Lardiés (2011) shows that US middle-class retirees enjoy living in Mexican beach resorts where they obtain a high level of security and comfort that would be beyond their reach in the US. Some Mexican migrants obtained their pension for duration of employment, but others secured it due to a work disability. Rigoberto tells of an accident where "they gave me 19 stitches, here by the eye; and then I cut the tendons of my right knee. I fractured three discs of the neck and in the left eye blood accumulated which could never be cured, and they told me that I was not capable of working and they gave me a pension for life" (73 years old, Zacatecas and California).

During some stages of life these Mexican migrants take advantage of their children's school holidays to take them to Mexico so they can become familiar with their communities of origin and meet relatives. In this way Mexican migrant parents transfer transnational capital to their descendants. Artemio says "When my children were at home, we would always take them on vacation. We would go for a month, in June-July, which was when they were on [summer] break. I would leave the guys working with me and I would go with my children [to Mexico] trying to inculcate [something in] them so that at least they knew over there" (69 years old, San Luis Potosi and California). Ana, who visits Mexico with the

same purpose, recalls: "We would go only during my children's vacation time, when they were out of school. That was when we would take advantage to go to Mexico" (52 years old, Michoacán and California). Jacinto reports "I would go [to Mexico] more when my mother was still alive. I would go almost every year but since she has died it has now been several years that I have not gone, but it is now very different. When the mother is gone, everything changes. There is family [there], but it is not the same now" (64 years old, Jalisco and Los Angeles). The motivations of the swallows to return to Mexico dwindle over time with the growth of their children and the death of their parents.

This ability to return to Mexico regularly is not available to undocumented Mexican migrants who find it difficult to travel to Mexico for fear of not being able to return to the US and due to their limited economic resources. Many undocumented migrants find themselves in clandestine conditions in a system that exploits them while denying them their human rights concerning personal and family well-being (Golash-Boza, 2012). These conditions make undocumented workers vulnerable. Furthermore, the loss of control and autonomy results in the loss or deterioration of social networks, transnational capital, and the dignity of a transnational form of aging as enjoyed by swallows. Ruth says that "In '87 when I already had my permit to enter and leave [the US], I would go [to Mexico]. After many years, my mother would say, would think, that she would never see me again, and since then every year I would go" (54 years old, Michoacán and California).

The criminalization of immigrants in the US which began in the mid-1990s has had major impacts on Latinos, including Mexicans, in the US. The hazardous conditions affect not only undocumented migrants but also their US-born relatives and the larger Latino population. Yet enhanced deportation powers have been part and parcel of the long relationship between the US government and Mexican migrants, extending back to the Mexican Repatriation Program during the Great Depression in the 1930s and Operation Wetback in 1954 (Acuña, 2000). Roberto describes the rising deportations during the Bracero period:

"[F]rom the 50s forward, the migra [border patrol] became very forceful and people who had been here eight to ten years were being deported and they could not come back. And people stopped [migrating] for a long time. After the braceada [Bracero period], they would not come. When people started migrating again, people would say 'if those people are going, why not me? Why can't I have such a life?' And I came in '66. I worked doing various things." (73 years old, Zacatecas and California)

While deportation has been a long-standing practice of US government efforts to control Mexican migration, this has been especially true in the post-9/11 period. During this period, there has been a significant increase in deportation of Mexicans and Central Americans, including people who migrated to the US as children with their parents. Many of the latter, known as the 1.5 generation (born outside of the US but emigrated as children), do not know their home countries and sometimes do not speak Spanish. When such individuals are deported they experience culture shock and are stigmatized in their country of birth.

Another situation concerning fragmented families is seen in the case of Daniel, who is an 87-year old return migrant from the Bracero Program living in Guanajuato. He migrated with a Bracero contract and then later as an undocumented migrant. He worked in agriculture, where contracts would be renewed so that he could continue working. Daniel last migrated to the United States in 1980. He currently lacks documents that would allow him to enter the United States, while six of his seven children have status allowing them to move freely back and forth between both countries. Daniel declared that he would like to arrange his legal status so that he could join his children in the United States.

As noted above, the disparities in transnational aging between swallow migrants and their undocumented migrant counterparts, such as the differences in their capacity to move back and forth between the two countries, are extensive. Yet these disparities are especially wide in the case of more recent migrants who face a high degree of risk and serious violations of human rights. The reasons for the differences become clear if we consider the historic stages of migration to the United States. While some have the capacity to support their communities of origin and undergo an active and healthy aging through their transnational capital, others find themselves disadvantaged in these respects. Although the latter may in some cases be able to enjoy the transnational capital of friends and relatives, their limitations tend to result in more passive, riskier, and unhealthy forms of aging.

When examining the transnational aging experiences and health outcomes of these two groups, it is evident that undocumented transmigrants in the US live their lives with chronic stress and a fear of being deported, less autonomy and control of their aging process, and lessened options for healthcare, all which accumulate and contribute to a poorer transnational aging experience. Due to this stressful situation, some opt to return to their Mexican communities of origin to live out the remainder of their lives. It is critical to point out that there have been studies concerning the health of older migrants in the US showing that this group is disadvantaged because of their language limitations, and lower ability to adapt due to their older age and low socioeconomic resources (Angel/Angel/Markides, 2003). Other studies demonstrate that those that return to Mexico show significant differences in health outcomes and well-being when compared to those that never migrated (Wong/González, 2007; Wong/Palloni/Soldo, 2007).

In focusing on undocumented transmigrants, one can ask: how does transnationalism impact the undocumented elderly? This is a major contribution this paper offers as it brings to the forefront the experiences of undocumented elderly and contributes to literature focusing on transnational aging among undocumented persons. Transnationalism impacts the undocumented via social networks and mixed-status families which are able to transfer social capital. Transnational social capital is replenished and gained through various means such as family members with legal documentation or social networks who travel to and from Mexico. This paper highlights contextual and structural conditions determined by bilateral policies between Mexico and the US and different historical events that have impacted migration trends. These conditions play a critical role in transnationalism and therefore, it is important to highlight the diversity of transnational experiences and their impact on aging.

8. Conclusions

Political and economic conditions, along with immigration policies, have impacted migrant characteristics and transnational resources affecting the well-being and aging of migrants. We identify three major phases in the recent history of migration between Mexico and the US that we believe have had an impact on health and the aging process of migrants: Bracero Program, Post Bracero to IRCA, and Post IRCA to the present. These stages have affected practices, activities, and social relations, while the identity constructions of migrants are disrupted in order to adapt to or resist the circumstances experienced in the transnational field. Transnationalism as an approach highlights intergenerational connections established, such as the mobilization of resources between migrant populations and those who remain in their communities of origin. Transnational aging can be studied by observing transmigrants who have achieved the freedom to go back and forth between Mexico and the

United States. In particular, transnationalism affects migrants' health, aging, and longevity due to the freedom which allows them to live actively their old age with a broad transnational social capital. This group is the one we refer to as the swallows. In our analysis, we compare the experiences of this group with those of undocumented Mexicans migrants living in the US and those that were once undocumented but currently reside in Mexico. The disparities in aging among Mexican migrants are influenced by their final residence, their own legal status and that of their family, their occupation, and access to good quality healthcare.

Our findings suggest that swallows are distinct from undocumented migrants due to their possession of transnational social capital and their legal status. Through the resources they can access in both countries due to their ease of movement between the two, they are able to secure a healthier form of aging as compared with individuals who lack US documents. As such, swallows are able to use their US citizenship or legal residency along with their US-based economic resources to seek the less expensive healthcare that is available in Mexico. Swallows also play an important role in the transmission of transnational social capital to their descendants through strategies employed to enable their children to visit Mexico so they can get to know their communities of origin and meet relatives. Moreover, swallow migrants enjoy the status and prestige of being successful migrants, which positively affects their subjective well-being.

In contrast, undocumented migrants lack the ability to move freely between Mexico and the United States and face problems in establishing bi-national social networks. Undocumented migrants face a dimmer prospect of aging, exacerbated by the exploitation they experience in the United States, including low wages and the lack of basic human rights including the lack of access to healthcare. It is critical to highlight the disparities between these two groups because it shows how elderly migrants' aging processes are affected by broader structural problems. Specifically, this paper highlights how undocumented status can serve as yet another marker of exclusion.

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