The following full text is a publisher's version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/53824

Please be advised that this information was generated on 2017-10-21 and may be subject to change.
Established migration theories have long asserted international migration to be a venture of the young and healthy. The workshop ‘Pensioners on the Move’, however, focused on another group exhibiting quite different migratory behaviour: they do not move from low-income to high-income countries but vice versa; they don’t move to work, but to not work. This mobility is neither tourism nor migration, but shares elements of both.

The commodification of care is likewise crucial in facilitating pensioners’ migration in both Asia and Europe. In Europe, private insurance companies have been encouraging pensioners to move, while viewing pensioners as customers of care services has become a principle underlying the unification of EU social security policies. In Asia, the lack of a common legal framework and the larger disparities in income levels between countries makes commodification of care an even more potent driving force behind mobility. The ‘Malaysia My Second Home’ programme was driven largely by the over-capacity of private hospitals resulting from the privatisation of medical care and the middle class’s sudden loss of buying power after the financial crisis. The Thai government, aiming to position Thailand as Southeast Asia’s health tourism capital, has reached out to work with the private health care sector. The differences and similarities between Asia and Europe in the institutional contexts of pensioner movement clearly show social security to be a key issue, a major policy concern worldwide.

Manipulators or victims?
It is clear that pensioners migrate because of differences in income levels and purchasing power between their own and other countries. But how exactly do the elderly make the decision to migrate (sometimes to a place where they have never lived)? What does it mean to them to migrate to a new country, others paradoxically improve their family relations as a result of moving away; some prefer short stays, others are ready to die in the new place. The movement of pensioners is also a gendered phenomenon, though the gender bias seems to be more salient in Asia than in Europe. For example, a high percentage of single males is found among Thailand’s Japanese elderly.

A number of papers also pointed to the importance of class divisions. In both Europe and Asia, pensioners’ migration was initially an option for high-income groups, though this has changed recently. Different groups appear to have different incentives and behaviour. Among the Japanese retirees, for example, the affluent chose the best place to live after traveling to various countries, while low-income earners moved directly to Southeast Asia out of economic need. In Europe, affluent British or German pensioners move to places such as Tuscany, while the less well-off go to Spain and, increasingly, to countries outside the EU. Different income groups also relate differently to the destination community. Affluent migrants seem to be better integrated, both because they are more likely to speak foreign languages and because they tend to live in individual houses dispersed across communities, rather than living in congregated residences (for example, gated compounds) that are more popular with middle-income groups.

One thing countries and continents appear to have in common is the pendulum pattern of pensioner mobility. To enjoy the best weather, to stretch their pensions or to keep in touch with their families, many pensioners move back and forth between their native and adopted countries. This was just one way the workshop showcased the elderly to be anything but passive. The elderly are active agents: navigating existing institutions, pushing for regime changes, generating new life styles and creating new transnational communities.

Social implications
What does the increasing mobility of pensioners mean to the receiving communities? The coming of pensioners certainly brings in new income, which may improve national health services and in turn spread services to the larger population. Unlike tourists, migrant pensioners remain in a country and fuel the local economy instead of spending on foreign-owned hotels and tour operators. But there is also evidence that the migration of pensioners siphons off medical resources in the receiving community and has negative impacts on health equity, particularly for lower classes and rural populations. The loss of skilled health professionals from the public medical sector can be significant. In Europe, too, as pensioners tend to migrate to certain regions, they may strain already limited resources. Other social implications include the globalisation of the health care workforce and the emergence of a transnational care industry. At the local level, some migrant pensioners work as volunteers in the host society, which not only keeps them healthy but helps integrate their ethnic communities (including non-pensioners) into mainstream society. Some workshop participants were critical of the commodified resident pattern common to migrant pensioners in Europe and Asia, believing it reflects and reinforces unequal international relations.

The three-day workshop concluded with a field trip to Penang, Malaysia, where participants observed retirement communities first-hand. Throughout the workshop, lively comparative discussions revealed that the subject has still greater theoretical potential. Though we all enjoyed the meeting, we departed quite humbly by the holes in our knowledge. Our pendulum was swinging: we were migrating back home to more work.

Mike Toyota
Asia Research Institute
National University of Singapore

Anita Böcker and Elspeth Guild
Centre for Migration Law
Radboud Universiteit Nijmegen
The Netherlands

The Netherlands