



LEWIS CENTER TOPIC BRIEFS



Immigration and Medical Tourism: Tied Together in the Americas

When we look at recent historical data on 1) immigration from Latin America to the U.S., and 2) cross-border health travel (a.k.a. medical tourism) from the U.S. to Mexico, we see a clear correlation between the two data sets. More specifically, we see that the continuing increase in the number of migrants coming into the U.S. from Latin America (Ainsley, 2022) is accompanied by a similar percentage increase in the number of individuals traveling from the U.S. to Mexico to seek medical attention (Johnson, 2023). These medical tourists number in the millions each year, and recent studies would suggest that their total contribution to the Mexican economy approaches or exceeds eight billion dollars per year (Deloitte, 2019). This particular type of medical tourism, from U.S. to Mexico, along with the massive economic activity it implies, is only expected to increase in the coming years, making it all the more important to understand the factors driving the pattern of human mobility.

One factor that helps explain the correlation between the two data sets is the unaffordability of U.S. healthcare for working-class Latino immigrants, many of whom have no health insurance coverage, even several years after their arrival in the U.S. (Kaiser Family Foundation, 2023). The lower cost of medical services in Mexico compared to costs in the U.S. is perhaps the most obvious and fre-

quently discussed driver of U.S. medical tourism to Mexico. For many U.S.-to-Mexico medical tourists, this lower cost makes the trip to Mexico an appealing option to consider. However, for many Latin American working-class immigrants with no health insurance in the U.S., seeking healthcare in Mexico represents the only viable option, rather than one potential choice among many. The lower price of healthcare in Mexico, however, is not the only driver. Other factors must be considered if we want to fully understand how and why this type of human mobility has developed.

A second factor we must recognize is the limited capacity of U.S. healthcare infrastructure in regions near the U.S. - Mexico Border. This factor is inextricably associated with the regions' current problems of access to healthcare, which are exacerbated to some extent by immigration from Latin America. Healthcare access in any given region naturally depends on the availability of medical infrastructure to meet the utilization needs of the local populace. An increase in a given region's population, when combined with an increase in that area's usage of medical services can create a severe access problem. Access to healthcare practitioners is indeed declining in U.S. border regions due to unprecedented population growth caused partly by immigration but also by higher

birth rates. Texas alone now has a population that exceeds 30 million. At the same time, the ratio of caregivers per population has decreased to the point that Texas is in the bottom 10 in specialists per capita (Newitt, 2022). This is potentially creating an unsustainable situation (Ura, 2022). These health capacity issues are breaking down the traditional processes of health procedure delivery in these border communities. Phillimore & et al. (2019) suggested that alternative ways of thinking are needed to resolve these health dilemmas posed by immigration. These authors called for more “healthcare bricolage”, which they describe as an effort to overcome the challenges of scarce resources by finding new opportunities through mobilizing, mixing, re-assembling, and re-using resources to ‘make do.’ The goal is to use innovation, find underutilized ‘at-hand’ resources, and combine or re-combine them to meet the challenge of lack of access to care. Medical or health tourism is an example of the creative ‘healthcare bricolage’ that the authors describe.

A third factor that helps explain the correlation between immigration and medical tourism has to do with the difficulties that immigrants face in their destination country when they try to continue the healthcare services, treatments, and programs they enjoyed in their country of origin. The “continuum of care” received by immigrants as they go from one country to another nearly always breaks down, due largely to the fracturing of communication and recordkeeping between the caregivers of the two countries. This was studied recently by both Servan-Mori, et al. (2021) and Vequist (2021) who both found that cross-border movement had a negative impact on immigrants’ healthcare status. This interesting and perhaps unexpected paradox (immigrants moving to a more affluent nation but having lower overall reported health outcomes after the change) has been frequently discussed in medical tourism scholarly research.

A fourth factor we cannot ignore is that immigrants entering the U.S. often face significant language and culture barriers that can impact their health seeking behaviors and methods. Pew Research Center in 2022 found that 44% of Hispanics believe that communication problems, due to language or cultural differences, are a major reason why Latinos tend to have worse health outcomes than other adult populations in the U.S. This limitation appears to be even more of a problem in Texas and California, which have the highest shares of households

with Limited English Proficiency (LEP). Pillai and Artiga (2022) found this was especially a problem in border counties. This can also help explain the consistent growth of cross border medical services taking place on the southern border of the U.S. Even those Latin American immigrants who have access to affordable healthcare in the United States may decide to travel south to receive care in a setting where language and culture are not perceived as a challenge (Schwartz and Baek 2016).

To truly understand the relationship between immigration and medical tourism, we must study them in their full ‘transnational context.’ Villa-Torres & et al. (2017) found that it is best to try to understand the health-seeking behaviors of immigrants through the lens of 1) neighborhoods; 2) social contexts; 3) economic stratification; 4) available health resources; and 5) healthcare policies in both countries. The growth of medical tourism both from the U.S. to Mexico (Vequist & et al., 2022) and health travelers, particularly from Latin America, coming into American states like Arizona, California, and Texas for care (Advisory Board, 2022) are the result of multiple complex factors. The factors discussed here do not offer a complete explanation but help illustrate that immigration and cross border medical travel in the Americas are undeniably linked in powerful ways.

Related facts and figures

- In 2022 we saw a new record high of 2.76 million immigrants. (Ainsley, 2022)
- Latinos were the highest percentage of all foreign immigrants in the U.S. who engaged in medical tourism. (Jang, 2018).
- Medical tourism is higher among Hispanics than any other race/ethnicity category (Stoney, et al, 2022).
- In 2003, the “New Immigrant Survey” showed that around 17% of foreign immigrants in the U.S. received medical care, and up to one-third obtained dental care outside the country (Princeton, 2003).
- In 2021, among the nonelderly population, one in four (25%) lawfully present immigrants and almost half (46%) of undocumented immigrants were uninsured compared to less than one in ten (8%) citizens. (KFF, 2023)
- Texas is ranked in the bottom 10 states for specialists per capita, with 1.25 specialists per capita. Texas is expected to have a shortage of 20,420 physicians by 2030. (Newitt, 2022)

Recommended further reading

Roberts Woods Johnson Foundation special collection entitled “Immigration, Health Care and Health” by the Robert Woods Johnson Foundation, available online at: <https://www.rwjf.org/en/insights/our-research/2017/09/immigration-status-and-health.html>

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About the Authors



Dr. David George Vequist IV is a Professor of Management in the H-E-B School of Business & Administration and the founder/Director of the Center for Medical Tourism Research, part of the Liza and Jack Lewis Center of the Americas. Before joining UIW, Dr. Vequist was an executive for Methodist Healthcare and a consultant for Ernst & Young. Dr. Vequist is an accomplished speaker, author, and researcher and has been interviewed & featured in numerous media on five continents. His focus on cross-border healthcare has greatly shaped his classroom experiences and exposed him to diverse perspectives on health & wellness. In Latin America, Dr. Vequist has presented at Medical Tourism conferences in the Dominican Republic, Mexico, Cuba, Colombia, Guatemala and Panama. His cross-border experiences have translated into a broader worldview and a richer appreciation of how globalization has greatly impacted health systems over the last few decades.



Dr. José F. Moreno holds a Ph.D. from the University of Texas-RGV and is currently Department Chair and Professor of Finance in the HEB School of Business and Administration (HEBSBA) at the University of the Incarnate Word (UIW). His research foci include finance theory of capital markets, international business, financial planning, and responsible investments. His career as an educator and his international interests have been profoundly shaped by his cross-border experiences, which began when he was a child. As a native of Guadalajara, Mexico, who has lived much of his life in the United States, he is interested in U.S.-Mexico relations and commerce. He teaches graduate and undergraduate courses in multiple subjects, including financial management, international economics, and econometrics. His publications focus on a wide range of topics that include the consumer behavior of medical tourists, the financial well-being of Hispanic households in the U.S., the role of study abroad in enhancing cross-cultural tolerance, and the ways that different types of information impact the discovery, pricing, and purchase of stocks.