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Interactions between International Retirement Migration and the Elderly Care Sector in Chiang Mai, Thailand

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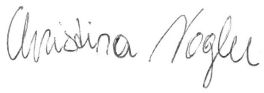

Christina M. Vogler

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ขอบคุณ มาก

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List of contents

List of figures

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Introduction

International retirement migration is seen as a response to worldwide, inexorable processes in socio-demographic change. The growing cohort of retired people, especially those with a high socioeconomic status, is exposed to several push and pull factors of migration. Most important to consider are the factors of adequate and accessible healthcare in old age. (cf. HUSA/WOHLSCHLÄGL 2011)

Thailand is one of the top retirement destinations in the world and Chiang Mai has become popular for approximated 10,000 – 20,000 foreign retirees since 2006. Whilst most of them are in good health when they arrive, numerous face medical problems as they age. In terms of eldercare, retired expats often rely on conventional family- and community-based bonds, as these resources are very common in Thai[1] culture.

But not only the global North has to come up against the situation of (socio-)demographic change. Thailand, as a retirement destination itself, will be facing demographic challenges in the near future. The first indications are already noticeable in increasing of life expectancy and decline of birth rates. Yet, care remains traditional, still happening primarily in the nuclear or extended family and community for Thai people.

Nevertheless, entrepreneurs from "Western" countries have discovered a niche in running eldercare facilities specifically targeting foreigners. The leaders are private individuals, investor groups, and members of Christian communities. Some focus on retired migrants currently living in Thailand, while others aim to attract retirees from their native countries. In order to provide care, the founders typically employ local female caregivers, who often have care-dependent relatives themselves.

There is hardly any research about the aftermath of international retirement migration to Thailand. It might be too soon to tell the exact outcome but first signs can be recognized. This is where the research about "Providing and Receiving Care Abroad" connects. When addressing the topic of international retirement migration the following questions emerge:

- What is happening with international retirement migrants as they age and may no longer be able to make care-related decisions themselves?
- How important are care facilities for the "Western" elderly?
- In what networks are international retirement migrants in Chiang Mai operating?

[1] The author uses "Thai" as the meaning of nationality and only when explicitly mentioned as ethnicity.

- What are international retirement migrants' connections to Thai people?

Therefore the main research question reads as follows:

How and to what extent is international retirement migration to Chiang Mai connected to the local care sector?

This main research question is based on three categories: Retired migrants of Chiang Mai, institutionalized care and caregivers. Thus, the following sub-questions should also be part of this research:

- How are international retirement migrants and the fact of seeking care in care facilities for the elderly in Chiang Mai connected with each other?
- To what extent does care for elderly "Westerners" influence the care providers and their views on geriatric care apart from traditional family structures?
- How are care facilities for elderly people in Chiang Mai conducive to "gerontological colonialism" in the context of neocolonialism?
- How does the dispersal of offerings and the variety of care supply correspond with the real demand for care facilities for elderly "Westerners" in Chiang Mai?

To answer the research questions it was necessary to undertake research directly in Chiang Mai. Living in Chiang Mai for two months turned out to be crucial for this study. This made it possible to observe key personalities within the sphere of eldercare for foreigners in Chiang Mai, as well as those for the experts on care for the elderly Thai. Building up an interpersonal connection with the interview partners enabled very close insights to the care business for foreigners.

Information was collected primarily through participant observation and qualitative data, mainly narrative interviews with permanent international retirement migrants, the founders of care facilities and Thai caregivers. Additionally, several organizations and expats clubs were visited to connect with the interview partners. Most importantly, four care facilities for the "Western" elderly were frequented (*Baan Kamlangchay, Care Resort Chiang Mai, Dok Kaew Gardens, Vivo bene Village*) where the interviews with the facilities' founders and heads as well as with the caregivers took place.

1 Socio-demographic change

Demographic change in general is the result of a radical decline in fertility with a steady increase in life expectancy at the same time. In present-day understanding of demographics scientists agree that low fertility rates are the major reason for demographic aging in contrast to an increase in life expectancy, which plays the minor role. Over the years declining fertility rates cause a relative decrease of people in the younger cohorts. The largest cohorts, formerly the younger ones, shift upwards towards the elder age groups. The younger cohorts follow with declining numbers. This means that a population ages from the bottom to the top of the age pyramid. How rapid these movements happen is also significant for the dynamics of demographic change. Furthermore, transition in mortality is the second grand factor of population transformations. Lower mortality rates, primarily driven by a massive reduction of infant- and child mortality, have resulted in shifted mortality patterns. As a consequence life expectancy at the point of birth has increased drastically. (cf. HUSA/WOHLSCHLÄGL 2008a, 140 et sqq.)

Because of the "catching-up dynamics" in industrialization, modernization and globalization, demographic aging happens much faster in newly industrializing countries and even faster in developing countries. KINSELLA and PHILLIPS (2005) call this, in combination with the change in the age distribution, "Compression of Aging".

1.1 Socio-demographic change in Thailand

As recent as a few centuries ago, demographic aging was a challenge that only bothered "industrialized states". In the 1980s Southeast Asia was mainly engaged with adjustment programs to avert births in order to contain a fast population growth, providing new jobs for the increasing labor force, to stabilize the extreme migration flows from land to the city and to strengthen the educational- and healthcare system. But these times are gone, and in the 2000s alertness for demographic aging and the need for action arose, not only from demographers but also supranationally on the part of the United Nations. Initially, the dramatic decline of the total fertility rate (TFR) was embraced and subsidized with policies. Yet at the same time, but only marginally as a result of family planning policies, providing for an ongoing aging population without enough young people in the workforce is not appreciated very much in society. (cf. HUSA/WOHLSCHLÄGL 2008a, 139 et sqq.) More important than those policies, however, was social change towards higher education and emancipation.

Although in the beginning of the twenty-first century in Southeast Asia, with the exception of Singapore, only one out of fourteen people was over 60 years old. This number will grow to one out of three in 2050. This is an alarming number the countries of Southeast Asia have to react to. Specifically Thailand is looking at caring for a lot of people over 60 years old for multiple decades, since the predicted average life expectancy for 2045/50 will be 77 years for men and 82 years for women. On the other side the TFR is expected to be under the replacement level at 1.85. (cf. ibid., 141 et sqq.)

Infant mortality in Thailand is constantly declining. In 2011, the number of child mortality under the age of one was at approximately 15.9 per 1,000 live births. (cf. CIA WORLD FACT BOOK 2011) This rate for Thailand is way beyond the average rate of 27:1,000 for whole Southeast Asia (2010). (cf. HUSA/WOHLSCHLÄGL et. al. 2013, 119)

Looking at the old-age index from 2000 till 2050 Thailand will face a rate of approximately 1.7 elderly over 60 years old per one younger person under 15 years old. Thailand's old-age index is the second highest in Southeast Asia. Only Singapore registers a rate of 3:1. (cf. ibid. 2008a, 151) Moreover, the need of care for the "oldest-old" will rise tremendously. "Oldest-old" labels a populations' cohort over 85 years old, thus the most care intensive group of society.

Differences cannot only be seen between "Western" countries and Southeast Asia, but also within Southeast Asia. As pointed out before, some countries like Singapore and Thailand are ahead in demographic change compared to others, for example Myanmar or East Timor. This can also influence international retirement migrants in their search for the ideal retirement place. When looking at the numbers of elderly in Thailand today, the country already faces a challenge of a rapid aging Thai society. (cf. ibid., 148)

1.2 Living conditions of elderly people in Thailand

The living patterns of families in "industrial" countries differ from those to Thailand in many ways. One specific family pattern is younger generations caring for their elder family members within their own home. However, in North America, Europe, Australia and also some East Asian states households with several generations living under one roof seem to have existed for a limited period in history only and are not widespread anymore.

Elderly Thai usually live with their adult children and/or grandchildren. In the 1990s the rate for over-60-year-olds living with close family members was around 80 percent. Elderly people are not expected to be financially or socially independent of their families. Thus, when

they get weak or sick their chances are higher to receive suitable care when they are included in a family household than when they live by themselves. (cf. ibid., 154 et sqq.)

HUSA and WOHLSCHLÄGL (2008a) see the situation of elderly in Southeast Asia mainly within a family context and question a modern change in the future due to cultural reasons and strong family bonds, although they see demographics might proof differently.
There are reasons, however, why family-based support and care systems are going to be regressive. These reasons are a result of demographic change: fewer extended families through declining birth rates, urbanization, outflow of young employable workforce from the countryside, education, female emancipation, et cetera. For the most part, all can be summarized with modernization and globalization. Furthermore it should be mentioned that young people tend to migrate to cities whereas older retired people remigrate back from cities to the countryside. (cf. ibid., 157)

Possibly Thailand will have to face another challenge in a way that a lot of people work in the informal sector, such as street vendors for example. These people never contributed to a governmental pension system; therefore, such people are mainly on their own when it comes to medical care and proper retirement payments. Due to a lack of resources and government assistance, many people employed in the informal sector work their whole lives and/or are dependent on their relatives for money. For example OFSTEDAL and REIDY (et al.) (2004) found out that in Thailand in the 1990s approximately 47 percent of elderly men and 31 percent of elderly women were still working. While, on the other hand, around 44 percent of elderly men and 65 percent of women were dependent on their family members for money. Only a very small percentage received an adequate state pension (see chapter *1.2.2 Public support for the elderly in Thailand*). Albeit it remains open if the employment occurs out of actual financial need or out of personal or family interest.

1.2.1 Bilateral and matrilineal family patterns

HUSA and WOHLSCHLÄGL (2008a) attribute Thailand's kinship structures to a bilateral family pattern. This means that daughters and sons are equally responsible for living with- and taking care of elder family members.
But still there is quite a big difference in gender role allocation. One explanation for the role of Thai women lies in Buddhist culture. It ascribes women a clear inferior position to men. In a patriarchal Buddhist society a daughter is less worth than a son. For example, a son can go to a monastery to eke out his mother's karma, which can be seen as a sign of thankfulness. A

daughter is not allowed to approach a Buddhist monk, because she is attributed as "the uncontrollable seductress", so she cannot clear her family spiritually from possible missteps.
But this does not mean that a woman is devaluated in her family in all terms. Women build up the center of the family. They have always had a strong economic independence and a high status in kinship structures, which are organized along matrilineal lines. This means that authority is not transferred from father to son but from mother to son. (cf. VERESS 2009, 58 et sqq.)
When it comes to receiving financial care as an elderly person through children and other relatives, several researchers reached a conclusion that there is hardly any difference made between men and women. (cf. OFSTEDAL/REIDY et al. 2004, 167 et sqq.)

1.2.2 Public support for the elderly in Thailand

Although Thailand's public care system for the elderly is still one of the more sustainable ones in Southeast Asia, it lags behind compared to a Eurocentric standard since the state absolutely depends on strong family-, or community-based support.
Even if family systems fail, Thailand educates its elderly in providing charity for each other. There are numerous senior clubs where elderly can find contacts, seek help and provide care for each other. These associations are supposed to be self-helping organizations that build their principles on altruism and reciprocity. The Ministry of Public Health and the Department of Public Welfare established the first elderly club in 1962. Until today, thousands of senior citizen clubs emerged all over the country and about 50 percent of the Thai elderly are members in one of the clubs. They are connected closely to the government and the monarchy, (cf. KNODEL/CHAYOVAN 2008, 100) such as every public organization in Thailand.

> *"The clubs represent groupings of older persons who have worked at the same place/organization or live in the same neighborhood or community. They are intended to facilitate sharing experiences and emotional support as well as to contribute to the community. Elderly clubs are registered with and supervised by the National Senior Citizen Council."* (ibid.)

Family bonds are supposed to not only cover the actual physical and mental aspect of care but also a financial one. But because Thailand and also the Philippines were never colonized states in Southeast Asia and because they are considered as free market economies, it was easier than elsewhere in the region to build up a system for retirement provision. (cf. HUSA/WOHLSCHLÄGL 2008b, 165 et sqq.)
Especially after the Asian economic crisis the state system's weakness became more and more visible. Additionally, adequate retirement payments are usually narrowed down to government employees, respectively the military ("golden handshake models"). (cf. ibid.,

180) Sometimes this support can even overshoot an adequate sum. So the differences between people from different social statuses can be significant. The first state pension law was issued by King Rama V in 1902, although only for employees of the government. Nevertheless, due to the crisis, Thailand expanded their earning-related social security system towards the private sector, although these payments hardly top the basic needs. The first movements towards the private sector happened in 1932, but due to Second World War they could not be implemented. Another important point is the low legal retirement age of 55 for all genders. Insured people and employers fund these payments. (cf. ibid. 165 et sqq.)

Compared to other Southeast Asian states, Thailand commands a comprehensive social security act that combines health insurance coverage, maternity pay, death benefit, child benefit and retirement pension. The fact that many people are self-employed or informally employed and will not benefit from any of those payments cannot be disregarded. (cf. ibid., 165 et sqq.) Notwithstanding, Thailand considers the elderly underprivileged population in rural areas in their social security system since 1993. In 1997, 318,000 people were registered and received minimal subsidies. It is doubtful that this would last for an independent care situation for the individual without the help of family or community members. In 2002, social insurance service was extended to companies from only one employee upward, as well as businesses listed in the stock market. Participants receive a replacement ratio of 15 percent after paying for the program for 15 years. But being a registered member in this pension program is still optional and 20-40 percent of those enrolled do not pay their contributions reliably. Especially those with a low income cannot afford regular payments. (cf. ibid., 174 et sqq.)

1.2.2.1 Care facilities for the elderly Thai

With a Eurocentric understanding, governmental support for the elderly of the twenty-first century might not only include state pensions but also retirement homes and nursing homes providing eldercare. Outsourcing care *from* the home and employing non-family members to care for those in need *in* the home are phenomena that emerged in countries of the global North first through industrialization, demographic aging and female emancipation. Before, female family members carried out any type of care within the family. (cf. BOOKMAN/KIMBREL 2011, 117 et sqq.) As modernization proceeds, care provided through kinships structures is not extinguished but has become less common in the global North.

Considering Thailand's place in progressing globalization, it is not unlikely that the country will pace a similar development as the global North. The Thai government's reaction to an

increasing number of elderly people is quite vigorous in the last years. There are enactments of laws and regulations concerning the elderly's well-being and policies are being drafted. When it comes to nursing homes, the governmental position is reserved whilst some private investors have already detected this sector for themselves. (cf. KNODEL/CHAYOVAN 2008, 93) Nursing homes would not only be for foreigners, but also for the wealthier Thai. Furthermore, KNODEL and CHAYOVAN (2008) see the role of NGOs included in the private sector. They registered seven nursing homes for the elderly financed through charity work. (cf. ibid. 100) It is unclear to what extent the Thai government is involved in their founding and organizing. Care facilities that are definitely formed by the state and not by private investors are minimal, possible nonexistent, and information about them is lacking in general. (cf. ibid. 106)

For now, outsourced care for the elderly Thai does exist in some rare forms, most likely organized by NGOs, but there are no actual care facilities for the Thai elderly in a Eurocentric understanding. The function of a nursing home in Thailand is a different one than in the global North. Retirement homes for the elderly Thai do exist but are pretty much hidden from public life. People who end up in a nursing home are commiserated by society as a result of being repudiated by their own family and community (see chapter *5.2.3 Public care for the elderly Thai in Chiang Mai*).

2 Transnational migration

Transnational migration is a phenomenon that can be seen as a consequence or as a result of socio-demographic change. It can be observed all around the world. In most cases the movement is due to economic or political reasons. Therefore, migration from developing to industrialized countries is very common. (cf. HOWARD 2008, 145) It is mainly the young people, respectively "the workforce", who move to places for better education and jobs. This can cause a brain drain and a lack of workforce in developing countries, as well as in diaspora communities. Similarly, there are movements from industrial to developing countries of skilled workers, (cf. ibid., 146) yet this direction of migration is less common than the other way.

Thereby, it is interesting to consider the fact of migration out of individual reasons that are not necessarily financially driven. In summary, these movements can be called "lifestyle migration". (cf. BENSON/O'REILLY 2009) Here, the differences between short-stay tourist, long-stay tourist and actual resident blur. BENSON and O'REILLY (2009) describe certain elements of lifestyle migration, such as for example:

- searching for a meaning to life
- self-realization and religion
- love and affection
- wellness, food, and medical care
- financial issues

2.1 International retirement migration

Also international retirement migration can be seen as part of lifestyle migration. In the USA, the phenomenon was spotted as early as the Second World War. Back then, some US-American retirees decided to spend their lives in other, sunnier places than their hometowns, usually in the Sunbelt of the USA, primarily Florida. This trend continues today. (cf. GUSTAFSON 2008)

> *"Most international retirement migrants go to other developed nations with, for instance, British retirees favouring Australia, Canada and the United States and, along with other northern European retirees, southern Europe. Spain's southern and eastern coasts and archipelagos have large foreign retired populations."* (HOWARD 2009, 146)

More precisely, in 1995 financially well situated Central Europeans over 60 years old started to migrate south, mostly to Spain, Portugal, Italy and to the South of France. This appears around ten years after the Schengen Agreement from 1985 finally led to the end of border

control within the Schengen Area. (cf. GLONING 2010, 2) Albeit retirees migrating to the South of Europe was already monitored occasionally since the 1960s in Western Europe. Both of these phenomena are mostly seasonal and quantitatively rare compared to the numbers of elderly staying at home; however, numbers are rising since the last decades. (cf. CASADO-DIAZ 2006, 1321)

There are some facts that retired migrants in the USA and in Western- and Central Europe have in common. For example, both move due to financial advantages in their retirement, although it is hardly the number one reason why they move. Another overlapping reason among the two areas is that they migrate primarily within their own culture and socioeconomic unity. For the USA, there is always the benefit and convenience of the English language. For Europe, the rarely far distance of traveling has to be pointed out as ideal.

A rather new aspect on the contrary is international retirement migration to less-developed countries, which are usually located within a farer distance from the migrant's home. Focus on the type of migration include North Americans migrating to Latin America and the Caribbean or Western European retirees migrating to Southeast Asia, especially Thailand. (cf. HOWARD 2008, 146)

2.1.1 The beginnings of mass tourism from "Western" countries to Thailand

Although Thailand was never colonized, "Western" countries, especially the USA, still had their influence for modernity and in building up their own culture in the country. In the 1950s, during the Vietnam War in context of the Cold War, foreigners started to construct infrastructure for international investors and the US military through the World Bank. Focusing on the tourist industry was part of their strategy. Military bases were erected, mostly in the Isan, and bars and brothels were set up for the soldiers' leisure time. In addition, US soldiers in Vietnam came to Thailand for Rest & Recreation (R&R), mostly to Bangkok and Pattaya. One might think that prostitution emerged out of the R&R times. This is not quite true because prostitution has existed in almost every country for centuries; still, US soldiers definitely had their impact in terms of quantity of brothels, numbers of people working in the sex industry and general visibility of sex tourism. At the end of the war, when the USA withdrew their troops, the Thai government decided, together with the World Bank, that the already existing tourist infrastructure should be used and promoted globally. They started off with the "1987 Visit Thailand Year" where "white" men were officially targeted for the sex industry with advertisements picturing paradise and Thai women. (cf. MAHER/LAFFERTY 2014, 431), even though prostitution is officially prohibited in Thailand. (cf. RYAN/HALL

2001)

Not surprisingly, it is often the Vietnam veterans from the USA who have decided to return back to Thailand in their retirement many years later.

Nowadays', Thailand, as a newly industrializing country, still faces "systemic corruption and a low average income" (HOWARD 2008, 147), yet it also strives to feature high medical services and a very high cost-benefit ratio in services (cf. ibid. 147) out of a *Farang*[2] point of view.

2.1.2 Numbers of retired *Farang* in Thailand

Many researchers tried and unfortunately failed in finding exact numbers of retired *Farang* in Thailand. It is fairly difficult to designate one correct number because a lot of retirees are "snowbirds" who want to escape the cold winter in their home countries and therefore migrate back and forth. HOWARD (2008) estimates around 98,000 "Western" residents in Thailand, of which around 10 to 15 percent are in retirement age. As a result, there would be around 10,000 to 15,000 people with a retirement visa in Thailand. Notwithstanding, this number seems quite low, according to the numbers of the Chiang Mai Immigration Office. For the year of 2014, Chiang Mai alone registered 5,226 people of all nations who successfully applied for a non-immigrant retirement visa. People who are in their retirement but do not stay on a retirement visa are not included in this number. 4,002 of those come from "Western countries" (cf. IMMIGRATION OFFICE CHIANG MAI 2015), according to HOWARD's (2009) definition: Western Europe, North America, South Africa, Australia and New Zealand. Thus a number of 10,000 to 15,000 official "Western" retirement migrants in total in Thailand must be considered as underrated, considering other places, for example Bangkok, Pattaya, Phuket or Hua-Hin, also have large "Western" populations, some even bigger than Chiang Mai.

Moreover, in several experts' opinions (cf. e.g. Lindley, Nov. 9 2014) retirement migration from Western Europe, South Africa and the Western Offshoots is increasing annually. But even more significant are inner-Asian migration flows, for example from China or Japan.

2.1.3 Reasons for retirement migration to Thailand

International retirement migration is often seen as a result of irreversible processes that are all connected with each other. Demographic aging is the influential act that combines different facts of population changes in a fast developing world. The baby boomer generation is

[2] expression for Europeans or other foreigners among Thais, also used for self-identification, not to be mistaken as a racist term

reaching retirement age right now. (cf. HUSA/WOHLSCHLÄGL 2011) This group of elderly baby boomers, especially those with a high socioeconomic status, are targeted by "retirement industries" in destination states.

On the push side, retirees reflect about the pension scheme, the geriatric medical provision and their sustainability in the country from where they receive their retirement payments. In countries in Asia, other than in most parts of Europe, outgoing retirement migration has a high organizational and political status. For example the former Japanese finance minister Masajuro Shiokawa, who was already 81 years old at that time, actually suggested at a political conference to move old people to the Philippines and build extra villages on Mactan Island. This suggestion might sound tough-minded. Albeit, if reacting to the information of 65 percent of Japanese people over 60 years old wished they could live someplace else, including abroad, Masajuro Shiokawa's statement was not farfetched at all. (cf. TOYOTA/XIANG 2012, 713)

In the 1980s and 1990s the states of Southeast Asia set up special institutes and programs to target foreigners. All of these programs were neither very effective nor attractive to foreigners at first. But in the 2000s more effort was put into building up national committees and to actually create state-based jobs by organizing a retirement industry. A manager from *Thailand Long-stay Tourism Management* put the change this way:

> *"We now target solidly rich people. The appreciation of baht will not affect [them] at all. They will not be bothered by this kind of thing. This is the good thing when [we] deal with this kind of people. They are not price sensitive. Once we recruit them, we know they will keep using our service."* (TOYOTA/XIANG 2012, 714)

There are several reasons, however, why strategies like these could not be sustainable in the long-run: Pensions in North America, Europe and Australia, and also in Japan (cf. TOYOTA/XIANG 2012) are larger than in most other countries in the world. Therefore these regions are more likely to generate potential retirement migrants. But their governments are slowly planning ahead with raising retirement age. At the same time, many countries will not be able to pay those comparably high pensions anymore, (cf. ibid.) since the system was never very forward-looking in terms of decreasing numbers of people in the workforce when considering demographic statistics for the future. Besides, very soon most of the European populations will have to abandon a habit their governments developed over the last centuries: the custom of early retirement. TOYOTA and XIANG (2012) consequently predict, "that the consumption capacity of elderly will decrease". (TOYOTA/XIANG 2012, 716)

Despite the broader global reasons for international retirement migration, there are several

smaller, personal ones, which have a big impact for those individuals. Especially noteworthy is the fact that international retirement migration to Thailand is mainly a men-dominated phenomenon. The fundamental reason for this is because of the sex tourist- and marriage possibilities. Nevertheless, this does not necessarily have to be the obvious explanation for international retirement migration to Thailand. Some authors, such as HOWARD (2008/2009) and TOYOTA and XIANG (2012) note that a lot of men once traveled numerous times to Thailand because of their occupational business, then they liked living there, considering several reasons, and decided to stay, respectively moving their whole life there after retirement. Sometimes international retirement migration has a deeper background and is not situated in the stereotypical motivations public understanding would assume.

A special individual push factor MATHEWS (1996) points out as "*ikigai"* (jap. for "what makes life worth living"). Before retirement *ikigai* means to work, raise your children and so on. Afterwards, the search for the new *ikigai* begins. One can find it in hobbies, volunteer work, et cetera. "Retiring abroad is therefore not only a socio-economic but also a cultural phenomenon." (ONO 2008, 153)
A survey by HOWARD (2009) shows that 60 percent of its propositi have at least a bachelor's degree. Although his research is based on an online inquiry in English only, it shows quite well that education actually plays a big role. In summary, HOWARD's (2009) survey lets categorize five main columns of pull factors for retired male *Farang* to go to Thailand:

- Lifestyle/Culture
- Climate
- Love/Affection/Sex
- Money
- Elopement of growing old

As noted, retirement migration to Thailand is a procedure mostly men willingly run through. This does not mean, however, that women do not play a part in this development. A shocking trend among immigrants from Europe and North America, which can be seen as a push factor, is the "escape" from women in the men's home country. HOWARD (2009) found out several reasons that indicate ignorance against female emancipation. Statements like: "'Escaping Western women and culture', 'angry women' [and to have to act] 'political[ly] correct[...]'" (HOWARD 2009, 208 et sqq.) were often named as reasons to leave one's "Western" home

country, whereas Thailand is described as a "'paradise for a single man' […], [and] 'abundance of women'". (ibid., 208) Hence, women also represent a "pull factor" to go to- and also stay in Thailand. Albeit, there is a new trend of more singles and couples coming for permanent residence. (cf. Lindley, Nov. 9 2014)

Although prostitution is officially forbidden in Thailand, it is still economically tolerated inasmuch as to sustain the financial investments that come from sex tourism. (cf. RYAN/HALL 2001) Nevertheless, prostitution is not socially esteemed at all, but it definitely can be a source of capital for daughters and their families. So the status of the "pull factor" some Thai women hold in form of giving love and affection, is often far away from being passive or being a victim, rather it is a conscious decision to achieve credit and a certain financial goal for themselves, their families and communities. (cf. ANGELES/SUNANTA 2009) If this decision is really their own or if it belongs to their religion or community, can be called into question.

For potential reasons of Chiang Mai's retirement migrants see chapter *5.1.2 Reasons for migration to Chiang Mai.*

2.1.4 Immigration to Thailand

Most immigration to Thailand comes from the borderlands such as Laos, Cambodia, Malaysia and especially Myanmar. Only few migrate legally. Most of the migrants are illegal working migrants who usually return periodically back to their home countries. (cf. HOWARD 2008, 150)

Also coming to Thailand as a short-term tourist is very easy with a "visa on arrival" for most "Western" and Asian countries. So temporary stays are welcomed, or at least tolerated. In addition, a long-stay tourism program is available. Withal the situation is different for permanent stays and residency. (cf. ibid.) A lot of *Farang* who have the benefit of a "Western" country's passport, such an EU-passport, work out their own way with visa-runs to neighboring borders to extend their visa. Albeit, this has become more difficult since the military took over in May 2014 due to more visible presence of soldiers and even some uncontrolled arrests of travelers in certain touristy areas. But still, some of the long-term tourists even find informal jobs, for example in the tourist business, in hostels, as diving instructors, volunteer workers, et cetera. So far so easy for younger people, but for the elder population it is harder.

In 1998, Thailand presented a limited *"Non-immigrant O-A Long-stay Visa for a Retired*

Person", short *"Retirement Visa"*. (cf. ibid., 150) Prospects over 50 years old can obtain this non-immigrant visa with a passport of an eligible country and certain financial requirements. Yearly, this should be THB 800,000 (EUR 22,000) on a local bank account or a monthly income of at least THB 65,000 (EUR 1,800) with some extra savings on a bank account in Thailand. In any case the sum cannot be less than THB 800,000 per year. When retirees receive a one-year retirement visa they have to report at the local immigration office or a Thai embassy every 90 days. (cf. THAIEMBASSY 2015) This can make permanent residence difficult, according to HOWARD (2008), although the interviewees for this research have not yet pointed it out as a problem. Still HOWARD (2008) naturally proves a point when he claims that it might be difficult, especially for fragile people, to report to the immigration office every third month.

2.1.5 Real estate industry and land-ownership for foreigners

Because the financial situation of most lifestyle and retirement migrants is quite high compared to retirees in the recipient country, they are targeted by high-end housing offers. Although Southeast Asia was hit hard by the financial crisis in 2008, tourists and long-term migrants, especially the elderly, did not stay away. Enough of them bought or rented properties, notably in Bangkok, that were actually meant for the few percent of wealthy locals, who were battered because of the economic crisis. Consequently, potential real estate buyers or renters are treated very nicely. Thailand even offered them "the ultimate convenience" and "5-minute-immigration". (cf. TOYOTA/XIANG 2012, 715) These aspects lead to something that all the previously noted pull factors combine: economic development strategies. Although building and marketing real estate unquestionably brings money into the country and raises foreign investments, there are also critical voices.

The real-estate blog of the website *www.samuiforsale.com* shows that foreigners rent or lease around 100 million rai (around 160,000 km^2) Thai property. 160,000 km^2 is approximately one third of Thailand. If things continue as they are, Thai people in the area could be affected by this kind of landgrabbing over generations. In the case of Pattaya and Hua Hin, 1997 a policy for land ownership for foreigners let them own 30 percent of those cities by now. The costal line in this area is even populated by 90 percent of foreigners. Additionally, land deals are made either through marrying into a Thai family or through company cooperation. Critics want to restrict land ownership through raising the land tax for foreigners. (cf. NATIONAL SECURITY SEMINAR THAILAND 2014)

In the North the situation looks different and there is not really a debate about scarcity of

land. Although Chiang Mai is definitely targeting foreign retirees, they come for "same-same-but-different reasons", or at least weigh the reasons differently than in the South. (e.g. cf. Lindley, Nov. 9 2014)

In general, Thai law does not allow foreigners to own land, but there are ways to get around this act. The easiest and most popular way is to buy a condominium in an apartment complex, which is technically not seen as "buying land". Anyone with money, a valid passport and visa is allowed to buy this kind of apartment. Often extra are built for foreigners, although they can own "only" 49 percent of the units. A few years this limit was 40 percent. (cf. LEHTINEN 2014, 25) Another way to actually buy land with a house on it or to build a house on a piece of land, is to purchase it through a Thai spouse. Since 1999, Thai wives, or in some rare cases husbands, are allowed to buy and own land for their transnational family, if it can be proven that the money they buy the property with, is actually theirs' and not their foreign partners'. Of course, this is a very vague assignation, which can be circumvented more or less easily. Nevertheless, when buying land through a spouse several things can go wrong. For instance, transferred money from the foreigner's bank account to the Thai spouse's account can be tracked. Another example is that in case of divorce without further legally attested agreements, the property will remain with the Thai partner by law. (cf. ibid., 33) Some of Chiang Mai's *Farang* also found ways in business to own properties either for themselves, or for a whole community to live together in a neighborhood, or even build care facilities. (see chapter *5.2 Category II: Institutionalized care*).

2.2 Health tourism in Thailand

Health- and medical tourism can also be seen as parts of transnational migration. "Medical tourism generally involves transporting patients from developed countries to developing countries where they can get treated at lower expense." (NARANONG/NARANONG 2011, 342) Usually the term "medical tourism" stands for migration flows from developed- to less developed nations for price advantages (cf. ibid.) in medical matters. The treatment can involve surgery, dental care, eye laser sessions, or wellness options like massages and spa offers. Often the stay is combined with holidays or recreation after a treatment. (cf. CONNELL 2006, 1094 et sqq.) The most attractive countries for health tourism in Asia are India, Singapore and Thailand. Together they attract around 90 percent of all medical tourists in Asia. 0.4 percent of Thailand's GDP comes from this branch of tourism. (cf. NARANONG/NARANONG 2011, 336) In total, this would mean a sum of 37,300 million Baht. (cf. SUNANTA 2014, 15) Some authors even claim that around 30-50 percent of all tourists visit because of medical reasons. From an economical and financial point of view,

these movements are beneficial for the country. However, more and more people in the medical profession shift to jobs in the health business catering to foreigners because of better working conditions and higher income. Therefore, a movement of labor towards the foreign health sector, respectively causes a brain drain that influences the quality of care in public and private Thai hospitals. (cf. NARANONG/NARANONG 2011, 336)

Although tourism does not implicate long-stay residency, expatriates still benefit from the lower cost of medical expenses when compared to their home country. The Thai health care system is affordable, but still advanced and with a high education of health personnel. (cf. FINCH 2014, 1)

It must be distinguished between different needs of health care and the travelers' countries of origin. For example, it is more likely for US-Americans to make use of urgent or emergency operations in Thailand than for Europeans. The reason lies in the US-American health care system, which is privately oriented and tends to be more expensive for the individual than for instance in Central or Northern Europe where public health care is important in order to guarantee a welfare state. (cf. e.g. Arthur/Bill I/Bill II/Graeme, 21. Nov. 2014) Consequently, citizens of welfare states favor health care that either are not covered by their health insurance; for example, plastic surgery or eye laser surgery, or in sectors that are not offering adequate and comfortable quality of health care, for instance rehabilitation or gerontological care. (cf. Brown, Nov. 11 2014)

In 2003, the *Thai National Wellness Strategy* had a plan of "turning Thailand into Asia's health and wellness center within the course of a five-year plan. Three visions are attached to this concept: Thailand as an excellent medical hub of Asia, Thailand as a wellness capital of Asia, and Thailand as the origin of precious herbs for superior health." (SUNANTA 2014, 14) Critics warn about growing inequality in health care in favor of those who can afford it, ergo to foreigners and wealthy locals. (cf. ibid.)

3 Research methods

In general the approach to this research developed out of a human geographical and sociological point of view. Under the empirical standard of knowledge the author focused on qualitative research and perceptible circumstances (cf. ATTESLANDER 2010, 3 et sqq.) in the expats'-, and Thai communities, as well as on their linkages with each other and on literature analysis. Also, a cultural geographical background is equally important to this research. Therefore, "time and change are basic concepts" (SOLOT 1986, 508) that influence the present thesis. The theory about change in population, culture and society over time is an important background to develop answers to the main research question:
How and to what extent is international retirement migration to Thailand connected to the local care sector in Chiang Mai?

3.1 Literature analysis

In order to get a grand view on the topic, current literature was analyzed to gain important knowledge in this field of study. Analysis spans from international lifestyle and retirement migration to Southeast Asia (e.g. cf. BENSON/O'REILLY 2009, HALL/WILLIAMS 2009, HOWARD 2008/2009), right up to Thailand and its position in demographic aging. (e.g. cf. HUSA/WOHLSCHLÄGL 2009/2011) Although it is a quite elusive topic, some authors analyzed the future of the elderly in Thailand and governmental retirement provision. (e.g. cf. HUSA/WOHLSCHLÄGL 2008a/b) In contrast, little is known about elderly care for retired *Farang* in Thailand. On a side topic, ONO (2008) mentions care for the elder Japanese in Malaysia. This thesis adapts her marginal approach.

3.1.1 Media analysis

Outside of scientific papers, the media is quite present with lurid headlines like "German 'exporting' old and sick to foreign care homes" (CONNOLLY 2012) or "Dement unter Palmen" (engl.: "dementia under the palm trees") (STORMER 2011). Furthermore German speaking TV picked up on international retirement migration, for example "WELTjournal" with its program "Thailand – Altern im Paradies" (engl.: "Thailand – Aging in Paradise") on the Austrian TV channel ORF. (cf. WELTjournal 2013) Also some German TV discussions propose care abroad in Thailand. (cf. GÜNTHER JAUCH 2012 et. al.) A Singaporean newspaper found the matter of elderly *Farang* in Chiang Mai's care facilities interesting enough to debate their backgrounds and local situations. (cf. GOHSH 2012) However, not only headlines about the situation of elderly foreigners in Thailand are majorly important.

Also the awareness of the Thai media on population aging in Thailand is in the focus (e.g.: "Ageing Asia – Asia is catching up with the ageing populations of Europe and the US"). (BANGKOK POST Nov. 27 2006 qtd. in HUSA/WOHLSCHLÄGL 2008a, 140)
The media perspective is inasmuch relevant to this research as scientific literature because some journalistic statements tend to simplify the very complex topic of international retirement migration and care abroad. These sources have to be lit and analyzed in order to see if their approaches and predications are accurate in the case of Chiang Mai.

3.2 Participant observation

A substantial form of qualitative social research is, what GIRTLER (2001) calls in German "unstrukturierte teilnehmende Beobachtung" (engl.: unstructured participant observation). The term actually derives from the Chicago School for urban sociology. Instantaneously connected with this research method is the dialog. For the unstructured participant observation, no systematic plan of inquiry is needed because broader findings are desired. (cf. ibid., 59 et sqq.) Indeed it is important to find a balance between being a participant and being a researcher. Due to these reasons a lot of difficulties can be part of a participant observation, like building connections with people interacting in the field of study. (cf. ibid., 83) Therefore, it was not only important to interview members of certain groups, but also to see them interact in their natural social environment. Four care facilities were visited:

(I) Baan Kamlangchay
(II) Care Resort Chiang Mai
(III) Dok Kaew Gardens (McKean Rehabilitation Center)
(IV) Vivo bene Village

For detailed description of the facilities see chapter *4.1 Locations of the care facilities.*
Yet, not only the actual facilities were essential for this research, but also the environment of elderly migrants coming from Europe, North America and Australia. Observations took place in cafes, restaurants and people's homes. Especially events from official expats' unions, like the *Chiang Mai Expats Club*, were significant to visit. Hence, the author went to club-organized breakfast get-togethers and *Farang* hot-spots; such as fairs, exhibitions and shopping malls to become part of the expats' communities.

3.3 Qualitative interviews

Among numerous styles of interviews in empirical social research, the receptive and narrative interview forms were the most suitable for this present research. The interviews were not based on filed out, exact hypotheses. Therefore, the researcher was mainly a listener. (cf. LAMNEK 2005, 373 et sqq.) It also turned out as an importance to disclose information about the researcher, per se to build up a relationship with the interviewees. (cf. GIRTLER 2001, 147 et sqq.) Focus was set on a casual, homelike environment (see chapter *3.2 Participant observation*) and a personal, friendly, although still professional contact. This kind of openness enabled the 30 interviewees to tell additional informal stories of their lives, which are very significant to this research. The researcher adapted to the native languages in most instances with English and German. Exceptional cases were the Thai native speakers. Those interviews were conducted in English only and in some circumstances with a translator for Thai and English.

The author talked to members of four main groups:

International retirement migrants

In Fig. 1 a listing of the interviewed retired expats is given. For consistency only their first names or nicknames are used.

13 retired migrants, 9 men and 4 women, were interviewed who are permanent residents in the area of Chiang Mai. Their countries of origin are Australia (2), the UK (2), Switzerland (5) and the USA (4). Only few of them have experience in a care facility in Thailand.

Name	Nationality	Gender	Experience in CF in CM
Arthur	Australia	m	no
Graeme	Australia	m	no
Marion	UK	f	yes
Ron	UK	m	no
Silvio	Switzerland	m	yes
Meta	Switzerland	f	no
Christine	Switzerland	f	no
Marita	Switzerland	f	no
Rolf	Switzerland	m	yes
Bill I	USA	m	no
William	USA	m	no
Bill II	USA	m	no
Jerry	USA	m	no

Fig. 1: Table of interviewed retired migrants. CF = Care Facilities, CM = Chiang Mai

Founders/heads of care facilities

As mentioned in chapter *3.2 Participant observation* four care facilities were visited and their head people interviewed.

Name	Nationality	Gender	Care Facility
Martin Woodtli	Switzerland	m	*Baan Kamlangchay*
Peter Brown	UK	m	*Care Resort Chiang Mai*
Heather Smith	Australia	f	*Dok Kaew Gardens*
Holly Denney	USA	f	*Dok Kaew Gardens*
Germaine Eze	Switzerland	f	*Vivo bene Village*
Doris Knecht	Switzerland	f	*Vivo bene Village*

Fig. 2: Table of head people interviewed at the care facilities. Own design.

Caregivers

To simplify matters and for integrity, only the caregivers' first- or nicknames are used. 9 caregivers were interviewed. Most of them are female and from Thailand.

Name	Nationality	Gender	Care Facility
Noot	Thailand	f	*Baan Kamlangchay*
Benny	Thailand	f	*Baan Kamlangchay*
Lee	Thailand	f	*Baan Kamlangchay*
Nui	Thailand	f	*Baan Kamlangchay*
Joy	Thailand	f	*Baan Kamlangchay* (formerly)
Fern	Thailand	f	*Care Resort Chiang Mai*
Susi	Thailand (Karen)	f	*Dok Kaew Gardens*
Boyd	Thailand (Karen)	m	*Dok Kaew Gardens*

Fig. 3: Table of caregivers interviewed at the care facilities. Own design.

In some cases among Thai caregivers, it became important to adapt to their diffidence in this unfamiliar situation of a social-scientific narrative interview. In some cases more guiding questions where needed. In this category, building up a comfortable base for conversation was very essential because critical questions were asked about Thai and foreign culture in taking care of elderly people.

In the beginning of the interviews some caregivers tended to hide their origins. Only when mentioning personal interest in anthropology and visiting a Karen village with university class, the interview partners opened up for background information about their individual histories.

Others

Besides those three groups, some other members play an equally big role in the sphere of caring for the elderly in Chiang Mai (*Farang* and Thai).

Name	Nationality	Gender	Organisation/Club
Nancy Lindley	USA	f	*Chiang Mai Expats Club & Lanna Care Net*
Andy Mannhart	Switzerland	m	*Swiss Lanna Society*
Sawang Kaewkantha	Thailand	m	*FOPDEV*

Fig. 4: Table of other relevant interviewees. Own design.

Nancy Lindley and Andy Mannhart are retired themselves and lead clubs for the elderly foreigners in Chiang Mai. They can also be seen as members of the group of international retirement migrants.

Sawang Kaewkantha is the head of an NGO named *FOPDEV (Foundation of Older Persons' Development)*.

4 Case study: Chiang Mai

Population wise, Chiang Mai is the seventh largest city in Thailand with a number of 200,952 inhabitants for the city municipality in 2014. (cf. WPR 2014) The whole province registers a number of approximately 1.6 million people in 2014, (cf. CHIANG MAI NEWS 2015) although the number is fractionally hard to catch since Chiang Mai area also rates unregistered people, as does the whole country. In comparison, Thailand estimates 67.2 million inhabitants in 2014. As a province, Chiang Mai is the fifth largest region in the country according to population (cf. WPR 2014) and the second largest province area wise with an extension of 20,107 km^2. (cf. CHIANG MAI NEWS 2015) The map in Fig. 5 shows the provinces of Thailand and the location of Chiang Mai.

Provinces of Thailand

Provinces of Thailand

1. Ang Thong
2. Buriram
3. Chachoengsao
4. Chai Nat
5. Chaiyaphum
6. Chanthaburi
7. Chiang Mai
8. Chiang Rai
9. Chon Buri
10. Chumphon
11. Kalasin
12. Kamphaeng Phet
13. Kanchanaburi
14. Khon Kaen
15. Krabi
16. Krung Thep Mahanakhon
17. Lampang
18. Lamphun
19. Loei
20. Lop Buri
21. Mae Hong Son
22. Maha Sarakham
23. Nakhon Nayok
24. Nakhon Pathom
25. Nakhon Phanom
26. Nakhon Ratchasima
27. Nakhon Sawan
28. Nakhon Si Thammarat
29. Nan
30. Narathiwat
31. Nong Khai
32. Nonthaburi
33. Pathum Thani
34. Pattani
35. Phangnga
36. Phatthalung
37. Phayao
38. Phetchabun
39. Phetchaburi
40. Phichit
41. Phitsanulok
42. Phra Nakhon Si Ayutthaya
43. Phrae
44. Phuket
45. Prachin Buri
46. Prachuap Khiri Khan
47. Ranong
48. Ratchaburi
49. Rayong
50. Roi Et
51. Sakon Nakhon
52. Samut Prakan
53. Samut Sakhon
54. Samut Songkhram
55. Sara Buri
56. Satun
57. Sing Buri
58. Sisaket
59. Songkhla
60. Sukhothai
61. Suphan Buri
62. Surat Thani
63. Surin
64. Tak
65. Trang
66. Trat
67. Ubon Ratchathani
68. Udon Thani
69. Uthai Thani
70. Uttaradit
71. Yala
72. Yasothon

Provinces have the same names as their respective capitals

Fig. 5: Map: Provinces of Thailand. Source: http://www.saltwater-dreaming.com/travel/maps/thailand-provinces.htm#axzz3UjOG6UvT. March 18 2015.

The former Lanna Kingdome (1296 – 1939) still largely bespeaks the culture in Northern Thailand, and people are in general very proud of it. Influences from Laos and Myanmar further enrich the heritage. (cf. LEKUTHAI 2008, 7) Settlers from Southern China ("Tai" = engl. "free") including Hmong, Khmer and Chinese, "formed the first city states in the Northern region of present day Thailand." (ibid., 27)

Benny, caregiver at *Baan Kamlangchay*, distinguishes the rich Lanna culture from the modern urban culture in Bangkok and prefers the laid back and more conservative Chiang Mai as a working- and living environment:

> *"The North it is much more conservative than people who stay in Bangkok or in other big cities. I prefer to stay in the countryside like this, because our lives nearly stay the same as they were a few years ago. More close to the people. Bangkok is different, people are like Farang. It is easier for them to do their thing."* (Benny, Jan. 16 2015)

The cultural pride continues today. Besides the traditional Lanna art and architecture Chiang Mai has one of the biggest contemporary art scenes in the country. The area around *Chiang Mai University (CMU)* and the gentrified *Nimmanhaemin Road*, the "Williamsburg of Chiang Mai", incorporates hip culture from all over the world, but especially from European, North American and Australian urbanity. Nancy Lindley, retired migrant from the USA and president of the *Chiang Mai Expats Club*, emphasizes on the modern cosmopolitan but still traditional culture of Chiang Mai city. She proclaims this as one of the reasons why long-stay *Farang* retirees like the city so much as a destination.

> *"People love living in town. They want to play bridge, go to the computer club, see music performances, eat out at restaurants and so on. They want to take a tuktuk [note: moped Taxi] or a songthaew [note: red shared taxi-bus]. They want to enjoy the city experiences."* (Lindley, Nov. 9 2014)

Additionally Chiang Mai offers a very high density of hospitals and options for recreation. Seven hospitals are located close to the city center and numerous more are scattered around the province. Due to close hospital proximity and to the universities and schools in the area, the number of people in the medical profession (doctors, nurses, pharmacists,…) is quite high. Chiang Mai is a city popular for its variety of options in education. Universities, such as *CMU* and *Payap University,* offer programs in health care. The programs range from single classes to bachelor's, master's and doctoral degrees.

4.1 Locations of the care facilities

The map in Fig. 6 shows the position of the visited care facilities in the area. Two of them, *Baan Kamlangchay* and *Dok Kaew Gardens* are located about 5 - 10 km from the city center. *Care Resort Chiang Mai* and *Vivo bene Village* are further out on the countryside, about 30 km from the center.

Locations of the visited care facilities in the area of Chiang Mai, Thailand

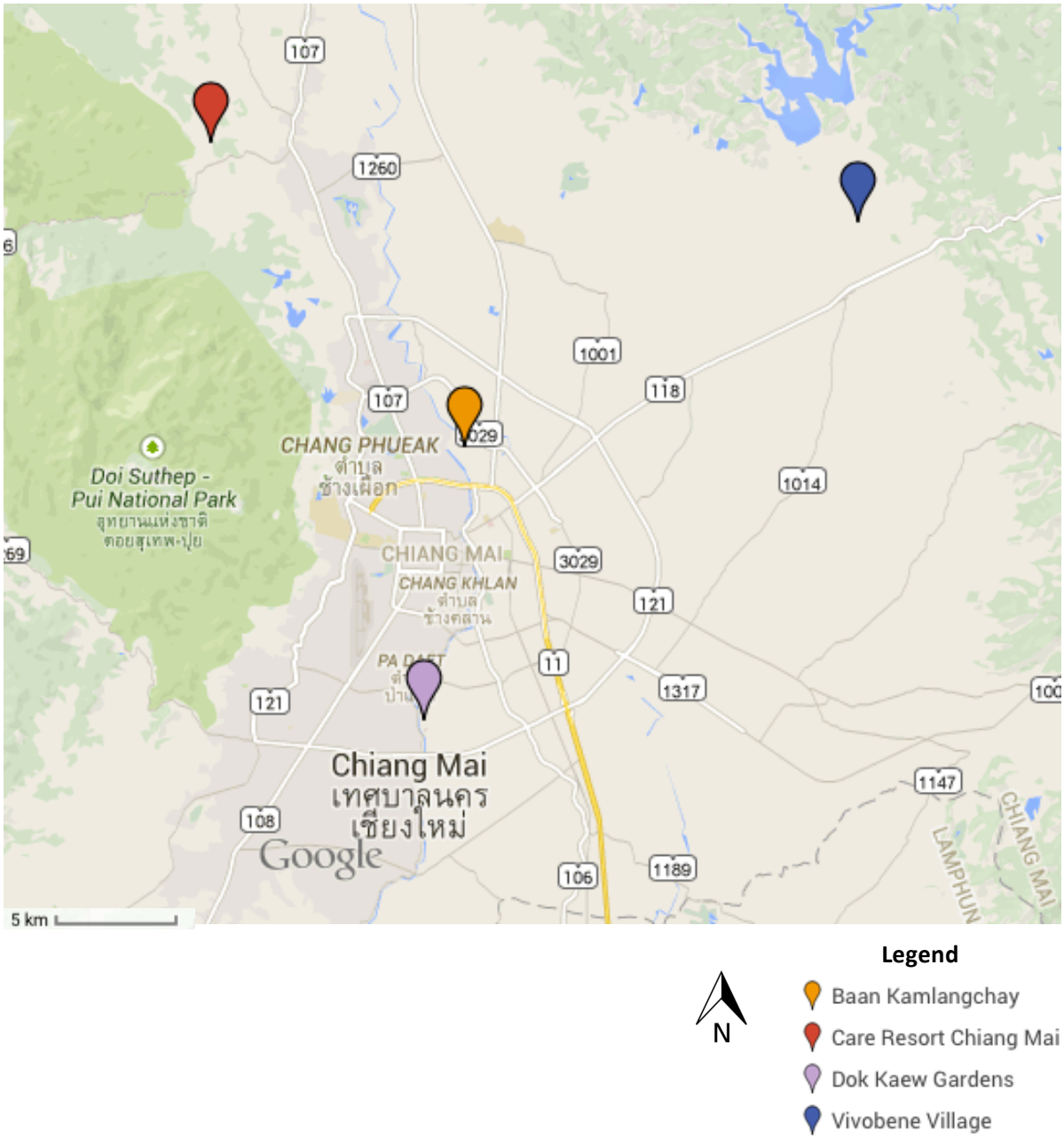

Fig. 6: Map: Locations of the visited care facilities in the area of Chiang Mai. Source: Google maps. Own modifications. Feb. 20 2015

4.1.1 Baan Kamlangchay

Baan Kamlangchay is known as the oldest privately organized care facility owned by a foreigner in Chiang Mai, most likely even the oldest in Thailand. However, this is quite hard to tell because many people tried opening a care business for foreigners but most of them failed. *Baan Kamlangchay* is located close to the city center North of the Chiang Mai super-highway. Its Swiss owner, Martin Woodtli, manages the business together with his Thai wife since 2003. After a few years they decided to provide a home for dementia and Alzheimer's patients only. Although it is not necessarily required to speak German, most of the guests[3] are German speaking Swiss, some also have French as their first language and a few are German citizens.

> *"We don't call our guests patients because we want them to live an independent life as far as it is possible. They should feel welcomed like a permanent guest."* (Woodtli, Jan. 16 2015)

A few years ago, they were also home to an Austrian couple. The media repeatedly admires Martin Woodtli for his idea but also criticizes him at the same time for explicitly attracting people from abroad to make use of eldercare in Thailand. (cf. e.g. GÜNTHER JAUCH 2012 et al.) Criticism comes from other facilities too.

Baan Kamlangchay is built up of nine houses, plus one house for visiting relatives and friends. In total, there is room for not more than 12 - 14 people as a maximum. The houses are scattered around a neighborhood, not further than 400m from each other, and integrated in a village near a temple and a market. The main building comprises, amongst others, an office, a kitchen, a breakfast and lunch area. Near the main building, there is a swimming pool and recreation area. Also a little coffee shop is located in the neighborhood, which is owned by a former caregiver from *Baan Kamlangchay.* (cf. Woodtli, Jan. 16 2015)

[3] Most people working in Chiang Mai's eldercare facilities for foreigners choose to use the word "guest" instead of "patient", even when they are long-term residents.

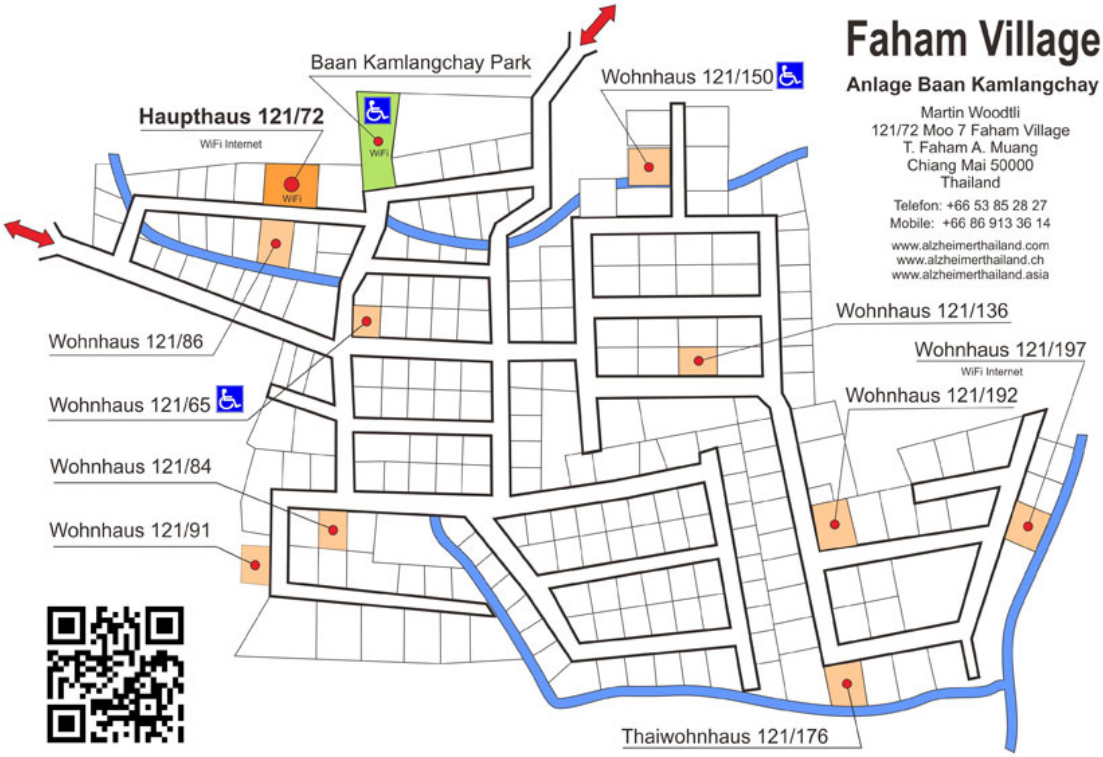

Fig. 7: Plan of site: *Baan Kamlangchay*. ("Wohnhaus" = house, "Haupthaus" = main building). Source: alzheimerthailand.com/AlzheimerThailand/Index.htm. March 20 2015.

Fig. 8: House at *Baan Kamlangchay*. Source: alzheimerthailand.com/AlzheimerThailand/Index.htm. March 20 2015.

All public areas are wheelchair-accessible and two houses are totally barrier-free. A typical house at *Baan Kamlangchay* contains a living room area, a kitchen, a bathroom and two to three bedrooms for one guest each.

Fig. 9: Main building of *Baan Kamlangchay* on a public holiday. Source: alzheimerthailand.com/AlzheimerThailand/Index.htm. March 20 2015.

Every guest has three caregivers who work in shifts 24/7. Additionally, a general practitioner visits the facility once a month for check-ups. The next hospital is 2km away (*Theppanya Hospital*). The average price to stay at *Baan Kamlangchay* is CHF 3,500 per month.

Most of the guests are permanent guests. Some people come for vacation time to relieve the relatives.

About half of the caregivers are auxiliary nurses, the other half are motivated people who do not have any specific higher education but who have work experience in the field. Additionally, the facility employs other staff, such as cleaners and cooks. (cf. ibid.)

4.1.2 Care Resort Chiang Mai

Care Resort Chiang Mai is a retirement care facility that originally started off as a hotel resort. The British owner, Peter Brown, now chooses a mix between hotel and care facility. He lives on the grounds together with his transnational family (Thai and British). The care-part of the complex was opened in 2013 and is still growing. As soon as there are enough care guests, the plan is to not run the hotel business anymore and switch to care-guests only.

The resort is located North of Chiang Mai in the Maerim Valley on 45,000m^2 with mountain views and a large green area. Also a lake and a swimming pool area are part of *Care Resort Chiang Mai.* A lot of other activities are offered like massages, sports, a spa, et cetera. A restaurant is located next to the reception area. There are numerous houses on the property in between the green areas. Close to the resort, there is a temple and a small local village. Guests can choose between single and double houses, each with their own bathrooms, bedrooms and living areas. The total capacity reaches up to 63 rooms. At the time of the researcher's visits, there were six permanent guests. The facility enables short-term and long-term stays. *Care*

Resort Chiang Mai does not focus on dementia and Alzheimer's patients, but all people who need care in any kind of way or simply some recreational time. Also, the countries of origin, respectively the languages people speak, are not relevant for a stay, although the owner admits it is necessary to know a little bit of English to assure basic communication. (cf. Brown, Nov. 11 2014)

Fig. 10: Houses at *Care Resort Chiang Mai.* Source: http://careresortchiangmai.com/index.php?viewID=5. March, 23 2015.

The facility has five people working in the care staff and around 50 others; including: cleaners, construction workers, cooks and servants. The nurses are qualified with a degree in nursing and supervise medications and injections. The caretakers have completed a one-year training in assistant nursing and do basic care, such as hygiene. Additionally, the nurses' and caretakers' responsibilities include accompanying the guests for walks and trips. Care is provided 24/7, although the guests' independence is encouraged. There are daily activities guests can join; such as, shopping and going to the temple.

According to the owner, prices depend on the room type and on the amount of care. Prices start at THB 37.000 (about EUR 1,035) a month. (cf. ibid.) According to retired migrants with experience at *Care Resort Chiang Mai*, it is more likely to pay around THB 60.000 - 70.000 (about EUR 1,700 - 2,000) a month for more extensive care and accommodation at *Care Resort Chiang Mai*. (cf. e.g. Rolf, Nov. 30 2014)

4.1.3 Dok Kaew Gardens

Dok Kaew Gardens is part of *McKean Rehabilitation Center*, which is a hospital in Chiang Mai. This constitutes the main difference to the other facilities: patrons have access to doctors and professionals from their own hospital in case of emergency.

> *"We can move people from semi-independent to dementia care to nursing home care in the hospital. That's the main difference certainly."* (Smith, Jan. 13 2015)

Apart from location, the facility is neither privately government-owned; rather, the Thai Protestant church owns it. James McKean, an American Presbyterian missionary, founded *McKean Rehabilitation Center* as a leprosy colony already in 1907. Leprosy was dreaded as a highly infectious illness and victims were usually ostracized by society. Chiang Mai's ruler at that time, Chao Inthwarorot Suriyawong, gave the area of *Koh Klang*, an island surrounded by the *Ping River,* to James McKean as a gift because there was no need for the land in other terms since it was considered as haunted by higher forces. Over the years several buildings were constructed on the island; including: houses for leprosy patients, missionaries and health personnel, a church, a hospital and so on. (cf. MCKEAN 2014) Soon "[m]any leprosy sufferers appreciated the practical evidence of Gods [sic!] love that had changed their lives, and chose to become Christian believers. A small Bible school built in McKean Gave [sic!] many patients the opportunity to study more deeply about this faith." (ibid.)

Fig. 11: Leprosy village settlements at McKean in the early 20th century. Source: http://www.mckean.or.th/en/history/. March 24 2015.

After the Thai leprosy control program, the illness was curtailed and *McKean* could extend its reach to different branches. Amongst others, they focused on eldercare since the twenty-first century. "Age-care has become an immediate concern in the local community, with its decreasing proportion of middle and younger generation, and the change from the settled extended family compound way of life." (ibid.) Some families, Thai and international, cannot deal with assignment of eldercare, due to their financial options or their lifestyles. *McKean* is working towards modernized geriatric care, which should be comparable to "Western" retirement centers. (cf. ibid.) *Dok Kaew Gardens'* senior facility is made of different wings, from semi-independence to high care 24/7 and a nursing home that is part of the hospital. Additionally, community rooms, such as a dining hall and an activity room, are available.

Fig. 12: *Jasmine wing* for mobile seniors in need of high care at *Dok Kaew Gardens*. Source: https://thailandtales.files.wordpress.com/2011/07/the-jasmine-wing-blog.jpg. March 24 2015.

The staff is professionally trained in nursing or assisted nursing and speaks Thai, English or both. Guests and patients are from several countries, but *Dok Kaew Gardens* is more accessed by foreigners. At the time of this research they hosted "four [patients] from the USA, three from the UK, some from Sweden, Germany, three from Japan and Switzerland." (Smith, Jan. 13 2015)

Costs depend on the level of care, but mount up to around 32,000 – 45,000 Baht per month (about 900 to 1,300 Euro) for *Dok Kaew* assisted living center. (cf. ibid.)

4.1.4 Vivo bene Village

Vivo bene Village is the newest care facility in Chiang Mai area. It opened in November 2014. Primarily, it aims to cater to the foreign elderly with dementia; however, the facility is open to all kinds of special needs. Similar to *Care Resort Chiang Mai*, this facility is also a mix between long-term and short-term guests. In total, the facility has had around 20 short-term guests since the opening. There is room for about 50 patients plus 50 relatives. According to their planers, the concept is to come for a visit first and, if it is suitable for the patients, stay long-term, although the resort can also be used as a holiday destination. At the time of the visit, *Vivo bene* hosted three couples with one partner each in need of age care. The resort is built up of six accommodation units ("pavilions") for guests, a main house with offices, and a restaurant with a bakery and a park with pool area. In total, the area of *Vivo bene* reaches 36,000m^2. All of the buildings and areas are wheelchair accessible. (cf. Eze, Jan. 28 2015)

Fig. 13: Main house and restaurant at *Vivo bene Village*. Source: http://vivobene.ch/assets/image-cache/galleries/284/58_VB_669_WEB.a22281b6.jpg. March 25 2015.

Fig. 14: Computer generated model of a pavilion at *Vivo bene Village*. Source: http://www.schweizamsonntag.ch/ressort/aktuell/2966/. March 25 2015.

Some pavilions at *Vivo bene Village* are still under construction. The generated plans for the project are grand and quite present in the Swiss media. *Vivo bene* is just the beginning; more locations are observed for potential investment in the care business for well-funded foreigners. There is also cooperation with South Korea and Taiwan. (cf. KRAUSHAAR 2013)

The guests can receive 24-hour-care although the care concept is leaned on perpetuation of discreteness. Besides numerous people working in the administrative business, restaurant and so on, the care giving staff consists of four highly educated nurses with a bachelor's degree, who are either Thai or Swiss. There are German classes for the nurses because the target group of patients is German speaking. There are also technical nurses with a two-year-degree in basic nursing, which is considered as the minimal level of education for working as a caregiver at *Vivo bene Village.*

> *"We have three Thai nurses and one Swiss. We have an intercultural team. This is an exciting working environment but also important for our guests for intercultural exchange."* (Knecht, Jan. 28 2015)

There are different categories of cost levels. The average price for long-stay guests with all-inclusive service and medium care is around CHF 4,800 per month. (cf. Eze, Jan. 28 2015)

5 Research categories

Three research groups were composed for this research to categorize the topic of international retirement migration and its eldercare aspect:

(I) Retired migrants
(II) Institutionalized care
(III) Caregivers

The aim is to show connections and interdependencies between the three categories.

5.1 Category I: Retired migrants

Recently *Live and Invest Overseas*, an online magazine for expats, designated Chiang Mai as one of the best places to retire. The strongest reasons for this designation are the temperate climate, the extremely low costs of living and the high quality of medical infrastructure. (cf. PEDDICORD 2013) This award coincides with recent studies that include reasons why foreigners retire abroad in Thailand. (cf. e.g. HOWARD 2008/2009, ONO 2008, TOYOTA/XIANG 2012) Chiang Mai has been a retirement destination since 2006/07, according to Nancy Lindley, the president of the *Chiang Mai Expats Club.* People usually come first to investigate and to spend some vacation time in their destination for about one month. In some cases, people have frequented travel to Thailand, spending many winters there as "snowbirds". Prior to making the decision to retire in Chiang Mai, such people return to their native home to get their affairs in order; such as, saying farewell, selling their property, canceling contracts et cetera. Chiang Mai is described as a place where people deliberately decide to retire. (cf. Lindley, Jan. 9 2014)

In Chiang Mai, there are numerous options for retired expats to become part of a community. Usually they choose a community based on a shared common background and similar histories with its other members. Mutuality of language and country of origin are the number one reasons one might connect in a community. Two of the most popular clubs for retired *Farang* are the *Chiang Mai Expats Club* and the *Swiss Lanna Society*. Confirmed by their presidents, there is much cross-communication between the two clubs (cf. ibid.) Exchange with locals comes primarily through Thai partners as well as through individual contacts and friendships. Both of the clubs are financed mainly through sponsors and membership

payments and have no governmental or political affiliation to the Thai state or any other foreign state. (cf. Mannhart, Nov. 30 2014)

Chiang Mai Expats Club

The *Chiang Mai Expats Club* was founded in 2005/06. "Originally it was an organization for younger business people, but it soon became evident that it was the retirees who were interested in the organization and its activities." (Lindley, Jan. 9 2014) This is most likely due to the fact that retirees tend to stay long-term. Thus, there is more time to connect and bond with people in the retirement destination than for short-term visitors or business people. Nancy Lindley is the club's president since March 2014. The club's function is to bring people together, organize meetings, breakfasts, fund-raising campaigns, and so on. Additionally, members of the club organize activity groups, for example: Bird Watchers Group, Bridge Club of Chiang Mai, Chiang Mai Vegetarian Club, Computer Club, Expat Ladies Lunch Group, LGBT, Positive Aging. (cf. CHIANG MAI EXPATS CLUB 2014) Everybody can become a member. The business language is English. (cf. Lindley, Jan. 9 2014)

Swiss Lanna Society

As the name says, this club is primarily for the Swiss retired migrants, mainly from the German speaking part of Switzerland. According to Andy Mannhart, president and one of the founders of *Swiss Lanna Society*, there are around 600 permanent Swiss residents in the North of Thailand, of which more than one third are part of *Swiss Lanna Society.* The club was founded in 2011 and the chairmanship is democratically voted every two years in a general meeting. There are many events and activities in the club, for example golfing, chess, mahjong, cooking, motor biking, tennis and a regular's table in a restaurant. (cf. Mannhart, Nov. 30 2014)

5.1.1 Estimated numbers and shifts of the "Western" population in Chiang Mai

> *"From what Chiang Mai immigration told us, the number of retirement visas has just really shot. They say that numbers have doubled in the last two years. You can certainly believe that when you go to the immigration office and see the crowd there."* (Lindley, Nov. 9 2014)

The following table (Fig. 15) shows the numbers of all issued retirement visas at Chiang Mai Immigration Office from the year of 2014.

Country	m	f	Number	Country	m	f	Number
USA	1287	156	1443	Spain	7	2	9
Japan	767	150	917	Finland	8	0	8
United Kingdom	567	56	623	Russia	6	2	8
Australia	278	24	302	South Africa	8	0	8
Germany	265	25	290	Greece	4	1	5
France	250	36	286	India	2	3	5
Switzerland	222	38	260	Philippines	2	2	4
Netherlands	215	25	240	Poland	2	1	3
Canada	171	16	187	Kuwait	2	0	2
Belgium	64	6	70	Portugal	2	0	2
China	39	27	66	Cambodia	1	0	1
Taiwan	35	31	66	Croatia	1	0	1
Norway	64	2	66	Sierra Leone	1	0	1
South Korea	49	15	64	Saudia Arabia	1	0	1
Italy	56	7	63	Serbia	1	0	1
Sweden	56	3	59	Brazil	1	0	1
Singapore	31	7	38	Bahrain	1	0	1
Denmark	30	1	31	Myanmar	1	0	1
New Zealand	23	1	24	Macau	1	0	1
Israel	17	0	17	Sri Lanka	1	0	1
Austria	13	2	15	Iran	1	0	1
Malaysia	8	3	11	Ecuador	1	0	1
Ireland	11	0	11	Hungary	1	0	1
Hongkong	7	3	10		**4581**	**645**	**5226**

Fig. 15: Numbers of issued retirement visas at Chiang Mai Immigration Office from Jan. 1 2014 till Dec. 31 2014. Source: Chiang Mai Immigration Office, own modifications.

Estimations about the numbers of retirement visas given out differ greatly. It can be noted that for the time period of Jan. 1 2014 until Dec. 31 2015 *Chiang Mai Immigration Office* declared 5,226 retirement visas for people from nations all around the world, around 80 percent (4,002) of those from "Western" countries (Australia, New Zealand, North America, South Africa, Western Europe) (see chapter *2.1.2 Numbers of retired Farang in Thailand*). Not much can be concluded out of this very limited information; however, the gender difference and the predominant countries of origin emerge quite clearly in the year of 2014. Therefore we see that the USA is very dominant as a country of origin. The second largest group is the Japanese, followed by the British, Australians and Germans. Interestingly, a country with a very small population like Switzerland is in the Top 10 for issued retirement visas in Chiang Mai in 2014. In general, we see, that apart from Japan, "Western" countries are the prominent nationalities when looking at retirement in Chiang Mai in 2014.

Again, it should be noted that the numbers in Fig. 15 are only those of issued retirement visas at *Chiang Mai Immigration Office* in 2014. They do not include retired people who stay in Thailand with a different stay permit, nor those who registered in a different immigration office but stay in Chiang Mai.

Nancy Lindley (Jan. 9 2014) estimates a total number of 10,000 – 20,000 foreign retirees in the area around Chiang Mai.

Although, considering Fig. 15, there are still more retired men migrating to Chiang Mai, a recent shift can be noticed in gender distribution, according to Lindley (Jan. 9 2014). She receives five to six emails a day from interested retirees in their home countries. There were many more single men coming to Chiang Mai before 2010. (cf. Lindley, Jan. 9 2014) Their reasons in the past were mainly the low cost of living and the availability of sex.

> *"And now what we are seeing is more and more couples coming in here and more single women who retire. […] Also we are seeing that people […] are not so much on the edge financially*." (Lindley, Nov. 9 2014)

Another interesting aspect is the fact that there are retired *Farang* members of the *Expats Club* who lived a straight life before in their home countries and reoriented their sexuality once they moved to Thailand. Thailand is seen as a country where it is possible to break free from cultural and social norms. (cf. ibid.) It seems as if Thai society accepts different gender identities and tries to dismantle heteronormativity more than so-called "modern" states. One might find understanding of this within the Buddhist religion because Buddhism does not per se refuse queer identities. (cf. JACKSON 2003) However, if this would be the prevailing rule, all Buddhist societies would accept different gender identities, which certainly is not the case. Also, same-sex and transgender marriage is not allowed in Thailand, neither are domestic partnerships or child adoptions in that case. (cf. UNDP/USAID 2014, 24)

Nevertheless, in the art and entertainment scene of Thailand various genders are socially accepted. The most famous example are the *Kathoey* ("ladyboys"). Although this does not mean that all gender identities are accepted in all branches of society, it appears easier for *Farang* to live an alternative gender or sexual lifestyle when the social environment is a different one than in their home countries.

> *"In their retirement they come out of the closet and have a Thai boyfriend. They got the freedom now to say: 'Now that I have retired I can do whatever I want.'"* (Lindley, Nov. 9 2014)

5.1.2 Reasons for retirement migration to Chiang Mai

Chiang Mai's *Farang* retired migrants name similar reasons as in HOWARD's (2008/2009) study. More encompassing reasons were named in the interviews, such as the stress-free environment. Also, the "laid back culture" is described as a very positive aspect. To follow up one's interests like culinary, fitness, traveling and hanging out with friends and family, are mentioned as the main hobbies of Chiang Mai's *Farang* retirement migrants.

Apart from that, volunteer work is important to retired expats; although legally it is not possible to do any kind of work with a retirement visa. Still, retirees like to help out in dog rescue centers, elephant farms, orphanages, et cetera. (cf. Arthur/Bill I/Bill II/Graeme, Nov. 21 2014) This is indeed comparable to MATHEWS' (1996) assessment amongst Japanese retirees (see chapter *1.1.3 Reasons for retirement migration to Thailand*): To look for what makes life worth living. Retired migrant Rolf gives a suitable example:

> *"My kids have their own household, their own kids. That was crucial for me. Life just trickled along but my motivation was so big!"* (Rolf, Nov. 30 2014)

For Bill I appreciation of the individual person is a reason to stay.

> *"In the West we don't value our elderly that much. Education and knowledge is also more valued here. I'm not talking about academic titles or anything, just being educated and having common sense is important and valued here."* (Bill I, Nov. 21 2014)

Amongst these are obvious reasons related to Thailand's culture in general; for example, the weather, the calmer pace of life, and friendly people. For positive aspects about Chiang Mai in particular, Arthur, Bill I, Bill II and Graeme designated the following at a *Chiang Mai Expats Club* breakfast meeting: safety, good medical care, culture, women, food and that Chiang Mai is a fairly clean city close to the airport. Furthermore, repairs and medical costs are considered as cheap. (cf. Arthur/Bill I/Bill II/ Graeme, Nov. 21 2014)

Nancy Lindley, president of the *Chiang Mai Expats Club,* summarizes a few reasons and also includes the position of the Thai government in her statement.

> *"[Chiang Mai] is being promoted by the Thai government as a retirement destination where there are good medical facilities. There are universities and cultural attractions in town. Quite a few consulates are located in Chiang Mai. So you do have some support from your local governments. It is a compact enough city where retirees could get around relatively easily. Because it is a tourism destination you've also got Western amenities. […] It is quite affordable. The airport has good international connections. You can fly from here to several international destinations without having to go through Bangkok."* (Lindley, Nov. 9 2014)

Almost all of the officially interviewed retired migrants spontaneously described themselves as world-travelers with a lot of travel experience not only in Thailand. They have been on business and private trips and made friends and acquaintances all over the world:

> *"I traveled a lot in the past, also for business. I always liked Thailand, I've been here a couple of times. I was looking for a kick once again in my life. Something new, a change. A new language, new people, a new mentality, new food, new everything. I still want to travel a little more: Myanmar, Laos, Cambodia."* (Rolf, Nov. 30 2014)

> *"Before I was here on vacation a lot. My daughter was on an exchange year in Thailand, even here in Chiang Mai! That was the reason why I came to Thailand in the first place. Then I took in an exchange student from Thailand myself. I always call her 'daughter of my heart'. I was still a lot in contact with her and her family years after. In the end, she even became the owner of my land here. Because she is Thai she could buy the land. As a European, I can't buy land."* (Christine, Nov. 30 2014)

> *"I got to know Christine through an ad in the 'Globetrotter magazine'. I was never in Thailand before but I called her because she wrote that she would like to receive visitors in her guesthouse. So I talked to her…"* (Marita, Nov. 30 2014)

> *"I got to know a Thai family in Zurich who owns a restaurant where I went to for dinner sometimes. They said: 'Well, why don't you come join us in Bangkok?' I went with them and they suggested I could move here. They have an apartment also in Chiang Mai and I could always stay there when I wanted. I always wanted to live in the South and now I have my own place."* (Meta, Nov. 30 2014)

Most of the *Farang* interview participants for this study purposefully distance themselves from other famous retiree places in Thailand like Hua Hin, Phuket or Pattaya.

> *"We are an important economic factor here. Money rolls in and people get work. But I see problems in the long run. Maybe the society here rejects the foreigners because also for Thais the cost of living increases. Land and rent are getting more expensive. Sometimes I hear about Farang incidents where they don't pay the rent. That is a problem. In the past it was easier. And in the South it is different anyways. I hope those people don't come to Chiang Mai but I fear that it's only a matter of time."* (Rolf, Nov. 30 2014)

> *"Well, really bad are certainly Phuket and Pattaya generally speaking. […] They don't have any idea in what country they are living. They don't know that it is Buddhist. They don't know that we eat soup for lunch. They don't know that there is no salt. They are angry about that. They are stressed out because they are angry that it is not the Swiss system."* (Christine, Nov. 30 2014)

> *"One says it is 'The Rose of the North'. The culture is the oldest in Thailand. The people are more conservative here compared to Phuket and so on. Over there they have more of the touristy hype and here we have more nature. You can do a lot of trips in the nature. There are a lot of different tribes in the mountains."* (Silvio, Nov. 18 2014)

Clearly, there are differences between *Farang* in Chiang Mai and in other places in Thailand. Silvio, who also has experience at *Care Resort Chiang Mai,* answered,

> *"I think there is a huge difference. […] Pattaya is of course, well, a place for sex tourism and, yes, also a place where one degenerates. There are a lot of people who book a flight to Pattaya, go to the red-light district and then they fly back home. In the South there are more tourists. I don't know anyone who is in a care resort there. I think there might be some care resorts but here [note: in Chiang Mai] are the people who want to stay longer."* (ibid.)

5.1.2.1 Challenges

HOWARD (2009) claims that alcohol, losing money through gambling and getting involved with women are the main problems for *Farang* in Thailand. Other than in Pattaya, there are no obvious hints in Chiang Mai for "the troubled Westerner", although the awareness is there:

> *"I have a Thai wife and it's not a dislike what I'm going to say now but one has to be careful with getting involved in a relationship with a Thai woman. I like to call it 'relationship awareness.'"* (Bill I, Nov. 21 2014)

Furthermore, one should be aware that cultural differences have a significant impact in everyday life, although there appears to be no serious problems with Thai culture or seeking a retirement visa amongst the interview participants. (cf. e.g. Arthur/Bill I/Bill II/Graeme, Nov. 21 2014) Albeit, Bill I mentions:

> *"It's not that easy. Thais always want to know how old you are, how much money you have or earn, about your occupation, education. This defines who you are. That's not only important for relationships with women."* (Bill I, Nov. 21 2014)

Interdependent relationships seem to go further than the law. For example, driving and the traffic in general are mentioned as aggravating.

> *"It is always the car driver's fault when there is an accident with a car and a motorbike, because the car is bigger than the motorbike. The story might look different when there is a Farang involved but that's a different story."* (Bill II, Nov. 21 2014)

Apart from "the law of the jungle" it should be noted that every-day prejudices and racism have to be overcome in many life situations from both sides.

Bill II adds:

> *"I am here for almost ten years now and the increase of traffic and pollution is enormous."* (Bill II, Nov. 21 2014)

Rolf, who lives at *The M-Place* (a little settlement of Swiss North of Chiang Mai), brings forward another argument to the topic of air pollution.

> *"Now it is okay with the air pollution but in April when they burn down the fields, it is a massive strain for people with breathing problems."* (Rolf, Nov. 30 2014)

Although Chiang Mai is surrounded by a lot of nature, traffic and pollution are definitely an issue. In addition, slash and burn-shifting cultivation is quite common in the North of Thailand, which can cause health problems, especially for the elderly.

Lindley (Nov. 9 2014) refers to the financial aspect not only as a pull factor but also as a challenge: Some advertisements promote a very unrealistic picture of Chiang Mai and the low cost of living. In this way, she refers to several websites and blogs that promote "Retiring in Chiang Mai, Thailand on USD 1,000 per month". (SKINKIS 2014) Especially after the global crisis in 2008, many people found themselves with nothing left but their pensions. "Perhaps maybe 1,000 US-Dollars per month. That is a difficult number to live on in Europe or North America." (Lindley, Nov. 9 2014) These people were the target group of real estate offers and promoters of Thailand as a cheap country for retirees. "The problem is you can live on that budget but there are no reserves. So when you get into problems, when you have health problems, then you have no safety net." (ibid.) Neither is there a government safety net from Thailand, nor from the embassies. Money can be a reason why people come to Chiang Mai, respectively Thailand, in the first place but it can get them into trouble just as well. As far as Lindley (Nov. 9 2014) could observe, at times of the crisis in 2008, people were naïve and hopeful at the same time and believed stories about a cheap but luxurious life in Thailand. Apparently this is not the trend anymore.

> *"What's been happening here in the last maybe four to five months is that I have not received any emails of people that are on the edge. My husband and I went to Siem Reap on a vacation and we would see a lot of elderly men hanging around in the pub streets there. […] You can buy a one-year business visa for around three hundred US-Dollars and give your passport to somebody, a fixer at a drugstore or*

> *something. […] No questions asked. The elderly Western men would sit there talking about how much more easy-going Cambodian women are than the Thai women. They don't need high luxury; they just want a motorbike. They are going to Cambodia. Not here. Not anymore."* (Lindley, Nov. 9 2014)

This phenomenon has been discussed in the literature about retirement migration already: In a not too distant future it might happen that the choices of destination will be changing because of an areas' overextension and the attraction of the new. (cf. KAISER 2011) Indications of this phenomenon are also noticed by other retired *Farang* in Chiang Mai, as is reflected on in the following statement:

> *"Medical care, housing, repairing things and so on are even cheaper in Laos. A lot of people with less money go there or people who can't behave. People who behave, like, immorally or illegally because there are fewer restrictions in Laos."* (Bill I, Nov. 21 2014)

5.1.3 Care perspective

Some authors have rudimentarily debated the subject of eldercare for *Farang* in Thailand but most of them, such as HOWARD (2009), consider it more as a problem than a solution.

> *"[International retirement migration] concerns the retirees' future care and support needs. With increasing age, the tendency is for mobility to decrease, for chronic health problems to develop, for spouses to die, and for income to decline. How viable is residence in a foreign land with no nearby relatives? Contented and fulfilling lives may worsen as resources for independent living diminish. Returning home may be difficult if links have become weak or non-existent."*

It is important to record that most *Farang* retirees in Chiang Mai certainly do not live in a care facility. Only a small percentage of people who need special eldercare, although this does not mean people do not think about the care aspect of their retired lives abroad. However, it is typically viewed as something that lies far ahead in the future.

The majority of retired *Farang* in Chiang Mai lives on their own or with their partners (Thai or *Farang*) in a still quite good state of health. The number of the high-maintenance elderly is fairly unknown due to informal care through mainly Thai spouses. Heather Smith, head of *Dok Kaew Gardens* at *McKean Rehabilitation Center* has a simple reason for that.

> *"People start looking for a facility when they are already in a nursing home stage, in a severe dementia stage. People don't start to look at a point when they are still able. More or less when it's almost too late."* (Smith, Jan. 13 2015)

In general there are three options *Farang* retirement migrants can keep open for themselves when it comes to future care in Chiang Mai:

- Self organized care
- Community organized care
- Care facilities

5.1.3.1 Care Perspective: Self-organized care

As previously mentioned, Thai spouses are the most likely to look ahead when thinking about care. Thereby, it should be noted that still most of the retired migrants are men (see chapter *5.1.1 Estimated numbers and shifts of the "Western" population in Chiang Mai*). It is common that male *Farang* are looking forward to a future with a Thai woman when they choose Thailand as their new home. In most cases women are at least ten years younger than *Farang* men in a relationship. Even though the point of a relationship with a younger woman might not necessarily be intended in the first place. Planned ahead or not, care is also an aspect of these relationships. In this case we have to see two sides of care: First of all, financial care usually is provided from *Farang* men for Thai women. Secondly, care as reproductive labor, meaning, that women provide a comfortable environment, food and other types of care, also eldercare, for their partners.

For this study, it is important to mention that *Farang* men and Thai women display an equal co-dependence in a relationship, as is observed in the following statements:

> *"Sometimes Farang don't understand that it is not only about the wife taking care of the husband. […] The men have to take care of them [note: their wives] also when it comes to money especially. A man has to feel fully responsible for the Thai wife. As a baby boomer, I went through the 'gender change'. I grew up with traditional gender roles but lived through the change in the USA. Here, it is like stepping back in time. My wife is basically retired at thirty-eight. She was traditionally raised in a farmer community to look after her man but the man has to do the financials."* (Bill I, Nov. 21 2014)

> *„Now I have a beautiful, wonderful girlfriend here. She lives with me. I didn't count on that of course. We have a really great life. [...] I am very happy but I would have stayed anyways. That has nothing to do with my girlfriend."* (Rolf, Nov. 30 2014)

> *"My wife cares about me very much in a way that she would dress me and shower me. She also takes care of the house. I wanted to have a maid but she doesn't want that."* (Ron, Nov. 22 2014)

> *"I feel taken care of by my Thai wife and the Thai hospitals."* (Bill II, Nov. 21 2014)

Heather Smith, head of *Dok Kaew Gardens*, sees the situation in a way that,

> *"[s]ome of the Thai wives are wonderful. They care for people right till the end. But sometimes those relationships break down too. Maybe the house or the land that they bought are in the wive's name. So that leaves people high and dry without any money they had and without access to their former home. It's very difficult sometimes. Some of the men are big men and small Thai girls are trying to lift them and change them and care for them. It's physically difficult."* (Smith, Jan. 13 2015)

There are also cases where Thai spouses would bring their *Farang* husbands to a care facility because they cannot deal with the situation alone anymore, although usually "[p]eople would try to take care in general. But the other thing is sometimes the income of the two comes from the pension or the social security. So the person needs to be with their partner to get access to the income. […] It's very complicated because it's so different." (ibid.)

It has been observed that a gender role-reverse scenario in this case is less than unlikely. At a group interview at *The M-Place*, a Swiss settlement North of Chiang Mai, Christine made the following statement:

> *"A topic we discuss is that none of us would get attracted to a Thai man. We are not looking for any men here. […] I don't have the feeling that I get discriminated because I am a single woman. […] But the women here [note: in Thailand] put up with everything. There are a lot of Thai men who hit their wives, booze and don't work. I really get angry when I hear about that."* (Christine, Nov. 30 2014)

Indeed noteworthy is the fact that the interviewed female retired migrants for this study would not rely on a Thai spouse when it comes to care, and thus are thinking about receiving eldercare in another way. Christine, Marita and Meta live together at the *M-Place* but each in their own house.

> *"There is another positive aspect of growing old together in this place. It is because of the provision. Maybe you get sick or fragile. Then you need help. In this settlement here we can all stay in our own house and can have certain employees. We have maids already but also caregivers for example. So we can stay here until the end. […] It is common knowledge here that caregivers are very very friendly and nice to elderly people. Veronika [note: one of the founders of The M-Place] already said that we could employ […] a medical nurse. She wouldn't have to be there all the time. Everything else somebody else can do, for example the maid."* (Marita, Nov. 30 2014)

> *"The new houses here are all wheelchair-accessible. So if it is possible, then it's clear for me. I want to stay here until my very last days. […] Maybe it is Buddhism but for the Thais it is clear: Old people are up in the hierarchy and one is responsible for them. You look after them until they die. The imagination is absolutely absurd for them that somebody in the family has to go to a nursing home. They have very strong family bonds, which also shows in care of course. That is exactly what European men like about Thai women. […] But we as women are way better off because we know that it is business. We also profit from their tenor towards old people but we know that we pay for it. [My maid] is really nice and hearty and funny. She is only thirty-six and I am thinking about that she could care for me until the end. […] She could also consult other people if she really needs professional knowledge. […] That would be my dream. If it will come true, I will know one minute before I go."* (Christine, Nov. 30 2014)

> *"I don't want to go into any kind of institutionalized care resort or nursing home if it is possible in another way. […] We would employ someone as a caregiver and pay them."* (Meta, Nov. 30 2014)

Another form of self-organized care is going to the hospital and making use of a care option provided by the Thai state as long as the situation does not reach a severe care stage. Notably, there is no Thai social security system or health care insurance for retired migrants in Thailand. In the past, there was an option for foreigners to make use of the so-called *30 Baht Program*. The *30 Baht Program* is a kind of health insurance where Thai people pay not more than THB 30 (EUR 0.86) when they seek medical care if the person is not insured through employment. The Thai government would occasionally open the *30 Baht Program* to citizens from neighboring countries, mostly because of migrant laborers from Myanmar, Laos or Cambodia. The coincidence or mistake the government made was that the paragraph in the policy could be interpreted as "for all foreigners". In this short time frame every province could decide for itself if it would open the program for every foreigner or for the neighboring countries only. Chiang Mai allowed it for all foreigners and had to deal with a rush of *Farang*

wanting to enroll in the *30 baht program*. *Nakornping Hospital* had over 100 people over the age of 80 years enlisting within the first month. The problem was that every hospital has to break even on its own which ended in a disastrous situation because the hospitals did not have the resources to cover medical expenses for all the foreigners in addition to Thai citizens. Although most of the *Farang* might have been in a position where they could afford to pay the likely fee of THB 2,000 – 3,000 for prescription medication, eyeglasses and dental coverage, they were lucky to receive it for only THB 30. (cf. Lindley, Nov. 9 2014)

> *"Some people […] made a challenge about living as cheaply as they can. […] You had to wait long lines but old people don't have a lot to do. […] It was such a paradox. They would drive their fancy Lexus cars there to sit around all day to get their treatment."* (ibid.)

On the other hand, Lindley (Nov. 9 2014) goes on,

> *"But then you do have those who live on one-thousand US-Dollars or less a month who had cardiac conditions. They needed surgery and they got their surgery."*

Globally, it is hard to start a new insurance policy when one has reached a certain age and most of the international retirement migrants are over 65.

> *"Even if you start younger and keep paying, the rates go up as you age. It's expensive to keep the policy up. Very few have insurance. So if something happens you pay on the spot."* (ibid.)

Chiang Mai has a very high density of distinguished hospitals with high-educated staff, such as the *Bangkok Hospital Chiang Mai, Mc Cormick* or the *Maharaj Nakorn Chiang Mai Hospital* and many more. Furthermore, universities offer well-established education in medicine, pharmacy and nursing. In several situations the interviewees for this study elaborated on their experience with medical care in Chiang Mai and in their home countries.

> *"I like the medical care here a lot. I had a few bypasses already where I paid around two-thousand to three-thousand Baht [note: app. 550-830 Euro] but in the USA it's about three times as high. Getting older, medical care would ruin me at home. We all pay medical bills on the spot out of our pockets or some of us have private insurance."* (Bill I, Nov. 21 2014)

> *"I am a veteran. So I have some advantages from the USA too when it comes to medical treatment. But in the USA it's harder because social and medical security is worse than in most of the European countries."* (Bill II, Nov. 21 2014)

> *"The hospitals here are excellent and much more efficient than back home. I had to see a surgeon because of my back and I couldn't walk anymore. They checked me for everything and all in one day. […] On the same day the surgeon said: 'Yes, if you want, we do it now.' It was already 5 pm! They brought me to the OR. I could even watch how they brought everything back in because all the instruments were put away already. They started operating right away with local anesthesia. […] In Switzerland you run from one doctor to the next. It takes days, weeks! Here, you come in, they take pictures and with that they send you through the hospital so they know that they have the right patient. Very efficient, very competent doctors. I had two more operations, which didn't take that long and I am very happy that I'm healthy again. In Switzerland they even told me before that I might not walk again, that I have to sit in the wheelchair for the rest of my life. But it got better very fast."* (Rolf, Nov. 30 2014)

5.1.3.2 Care Perspective: Community-organized care

Lanna Care Net is a group of foreigners who provide advice and assistance for expats in need. Nancy Lindley started the network together with a group of people in 2011 and is also the coordinator. Supported by the British Honorary Consul and the American Consul, they detected that there is the need for a support net. Members would volunteer, although one has to be careful with the word "volunteer", since retired migrants are not allowed to work, not even as volunteers. Having recognized that some expats experienced troubles they could not overcome alone, *Lanna Care Net* was founded as a system where *Farang* can relate to one another. On the other side, there are volunteer expats who want to help, or who even have certain skills that could be useful. For example, there are retired nurses or doctors volunteering at *Lanna Care Net.* (cf. Lindley, Nov. 9 2014) According to Lindley, (Nov. 9 2014) 95 percent of the people who make use of *Lanna Care Net* get themselves into medical or financial problems that are often connected to each other.

For example, volunteers from *Lanna Care Net* accompany people to the hospital and help them talk to the doctors, visit them at home when they are sick or help set up their medications.

> *"There are a few people who have cancer so Lanna Care accompanies them. When you've got something like that you need a friend to help and listen and ask questions to the doctors."* (ibid.)

When it gets to a point where there is more care needed, *Lanna Care* members would talk to Thai people who could work for them as caregivers and have experience. In this way, they can organize home care for those in need if the people themselves have the funds for it. *Lanna Care Net* is not supporting them financially. (cf. ibid.)

> *"There are Lanna Care Net clients where it has been evident that they can no longer live on their own in town. If, for a variety of reasons, it cannot be arranged for somebody to be with them in their home or condo we would send them to McKean."* (ibid.) (see chapter 4.1.3 Dok Kaew Gardens)

Another problem *Lanna Care Net* deals with is foreign retirees who are in danger of poverty. As before mentioned this can be connected to health problems.

> *"They do not have any financial reserves because they were living on their low pensions. There is no governmental safety net here, maybe other than in their home countries. So these guys are not thinking ahead."* (ibid.)

Additionally, *Lanna Care Net* deals with situations of visa overstay.

> *"We would tell them: 'You really need to get out of here before things get bad.' The one thing we are still lucky about in that case is that they are not enforcing the blacklisting yet. Which means, when you can get out now, you might have to pay penalty but you can actually still return to Thailand."* (ibid.)

Another option is to outsource the care challenge out of Thailand, respectively back to one's home country. It is only in few cases that repatriation is a decision retired migrants in need

make themselves. Most often it is others, concerned friends or *Lanna Care Net,* who contact embassies or remote relatives for help in case of repatriation. Sending someone back to his or her home country can be necessary because of lack of financial possibilities. Another point is that end of life care can be a challenge in Thailand. There are no hospices, but hospice situations can be set up in case at some hospitals, such as *McKean*. For example, injectable morphine can only legally be administered in hospitals, not in private homes. (cf. ibid.)

> *"In fact we are working on a case right now and she will be going back. That can be tricky. To get someone back to their home country with a fatal diagnosis because they get to the point where they can't travel."* (ibid.)

According to the experience of *Lanna Care Net*, it is possible to live on one's own in Chiang Mai as an elderly but only when there is a good support network. *Lanna Care Net* and expats' clubs are a good option to stay in touch but it may be necessary to relate to someone closer, like family or family-like relationships.

5.1.3.3 Care Perspective: Care Facilities

Only few of the interviewed retired migrants have made experience in a care facility in Chiang Mai, although many have visited one in order to keep their options open.

Unfortunately, it was not possible to talk to the elderly patrons at *Baan Kamlangchay* and *Dok Kaew Gardens* due to their health situations, mainly suffering from dementia and Alzheimer's. Interestingly, all the visited facilities are known in the expats' communities, and when asked, retired migrants have strong opinions about them. Especially comparisons to care facilities and nursing homes in their home countries emerge, thus affecting the opinions about nursing homes in general.

> *"We have this view of Europe: Nursing home, put in the corner, drug them and that's it. This is something we definitely don't want. We want to live self-determined with a detachment figure and care until the end. Here you can still afford it. […] I have a friend visiting from Hua-Hin right now. She came here only to look at care facilities. Yesterday she was at Mr. Woodtli's [note: Baan Kamlangchay] Tomorrow we will go to McKean and then to Doi Saket to Vivo bene. Care Resort Chiang Mai seems very similar to Vivo bene. We just want to inform ourselves, what options we have other than the individual settlements, especially when it comes to care. […] Just in case if something happens, then we know where we would go."* (Marita, Nov. 30 2014)

> *"We visited a nursing home. At McKean, Dok Kaew. I was there already three times and went on a short tour. I think it's beautiful there. The surroundings are really nice. Now I have the house here and different options with the community and my maid, but where I stayed at before… I could have imagined to go to McKean when I really couldn't live on my own anymore. You can even ride your bike and walk through the park there. […] McKean is the only one I know where you can go also without dementia. They have a settlement for the elderly where you can stay. Once a week they go on fieldtrips. Then there is also a real nursing home, which is kind of sad like everywhere in the world. But this is because of the patients not because of the institution. […] I think the others are not even allowed to call themselves 'nursing home'. To Woodtli's [note: Baan Kamlangchay] I'd go immediately. But I don't want to suffer from dementia."* (Christine, Nov. 30 2014)

> *"I have only heard of McKean. I saw the advertisement on the streets. I think it's a growing industry. […] I see it very much connected with medical tourism. […] I wonder where this is going to lead us*

> *with all the old people here. […] The topic nursing home came up at home with my Thai wife and she went bananas! But I just don't want to be a burden to anyone."* (Bill I, Nov. 21 2014)
>
> *"I haven't thought about care facilities here until now. I differ between high care and low care. Low care is probably easier and more financeable here than everywhere else. Now, when I hear it, I will inform myself about it because, after my short-term visa permit, I plan to stay forever."* (Graeme, Nov. 21 2014)
>
> *"My sister works at a nursing home in Switzerland and I know how it is like. It scares me off. Old people are drugged to keep them quiet. In the new resort they built [note: Vivo bene] there are four nurses for one person!"* (Silvio, Nov. 18 2014)

Certainly, one of the most important aspects to mention is autonomy. Especially the single female interviewees seem to think more ahead with organizing their own care, eventually also in a care facility because they do not have a partner to depend on. In relationships between Thai and *Farang,* Thai wives play a grand role when it comes to care. The decision about a *Farang* man seeking care in a care facility mainly depends on the Thai wife.

In general, all interviewees like to keep their options open and inform themselves about the care facilities in the area. *Dok Kaew Gardens,* respectively *McKean,* is the best-known facility amongst retired migrants in Chiang Mai. This is probably because of their advertisements on the streets in the city and their long history as a Christian community in Chiang Mai.

Baan Kamlangchay also has good reviews when it comes to dementia and Alzheimer's, especially among Swiss retirees due to its Swiss owner. *Baan Kamlangchay* is well known in Switzerland and other German-speaking countries.

Besides, *Vivo bene Village* is already quite prominent for its young age. Overall, the "retirement industry" in Chiang Mai is seen as a growing one due to the increasing number of retired migrants, although most of those in good health see a care facility or nursing home as their last option. This is likely because the word "nursing home" has a negative connotation due to experience with nursing homes in "Western" countries. Ultimately, no one wants to grow old and lose independence; it is indeed a depressing topic to talk about.

However, this research showed that in the majority of cases it is the relatives or very close friends who decide to admit their dependent to a care facility or nursing home. When asking the question about who decides to go into a nursing home, there are two scenarios that usually appear: (1) Foreign elderly were admitted to a Thai nursing home by their relatives directly from their home countries or (2) referent persons in Thailand report to organizations or directly to nursing homes to take in a foreign retiree in need of high eldercare.

In cases where family members decide to admit their elderly into a care facility directly from home, research shows that they most likely come from transnational families, where members travel a lot and live all around the world. Furthermore, most families have a connection to

Thailand through former visits. Because they have plenty of travel experience, especially in the case of direct relatives, distances do not seem so far away anymore. Also, most of the affected people who need care were once well traveled, for example, through their former employment or vacation trips. (e.g. Woodtli, Jan. 16 2015)

> *"They are all people who are very well traveled. They are used to traveling. Even when they suffer from dementia they can travel because they are used to it from their past." (*Knecht, Jan. 28 2015)

Additionally, the families are usually well educated and command the financial reserves to organize a transition in old age to another country.

Some Alzheimer patients at *Baan Kamlangchay* and at other institutions stay short-term. (cf. Benny, Jan. 16 2015) The reasons for a short-term visit differ the same way as the different families' stories; for instance, when adult children, who normally take care of their ill parents at home, go on business trips or vacation to Southeast Asia. It might also occur that spouses change their minds and decide that they cannot live with their partners far away from them.

> *"A Swiss man brought his wife here. He was in a tricky situation of emotional dependence. This is very common with people who have relatives suffering from dementia. He went through difficult situations in Switzerland with his wife's illness. He decided to come here. […] She was a really difficult person but she liked it here. It went well. But for him it was really hard. He didn't want to go back but he couldn't be with her either. He was devastated. He saw that she likes it better than home, that she was in a better mood but he couldn't go back without her. He intended to but then he couldn't. That was why they went back to Switzerland although I even could have made it possible for him to stay here longer too."* (Woodtli, Jan. 16 2015)

This shows that, not only the decision of going to a nursing home in Chiang Mai is most often left up to someone close to the dependent, but also the decision of staying there. As previously mentioned, from a certain stage of dementia on, which is most likely the biggest foreign eldercare group in Chiang Mai, it is not possible to make any competent decision about one's own wellbeing. This makes retired migrants very vulnerable towards being placed in a nursing home or elder care facility.

According to this research and against the media's view, money is not the main reason why relatives make their decisions. Although it is the most common answer in several newspaper articles and TV shows, (see chapter *3.1.1 Media analysis*) this study does not show that "cheaper care" is the main argument. This makes perfect sense when looking at the actual costs in a care facility in Chiang Mai (for costs see chapter *4.1 Locations of the care facilities* and following subitems). In fact, in most cases- especially when it comes to a high care standard- Chiang Mai's nursing homes for foreigners are everything but inexpensive, even for an average "Western" pension.

> *"It's not cheap. Cheaper here than elsewhere but it's not cheap. So they [note: some people with*

> *'Western' pensions] still just can't afford it. It's just simply impossible for them."* (Brown, Nov. 11 2014)

This arises the following important question: What is it that makes people want to send their dementia-suffering relatives to Thailand?

> *"Those who can afford it get better care for the money. The biggest single reason why people would come here is not really the cost. It's the care. It's what you get for the money. So it must be for care."* (ibid.)

According to all interviewees in the sphere of eldercare, it is the positive Thai approach to elderly people, the Buddhist way of altruism and, in a general way, the loving Thai culture. Foreigners tend to ascribe Thailand- especially its female caregivers- certain attributes that make a beneficial impact on the country's performance in (familial) eldercare. Of course these attributes can be called into question because of their general changeability. Indeed it would be illusive to see them as perpetual character traits for a heterogeneous group of people in a globalized world.

5.1.3.3.1 A retiree's inside story of staying at a care facility

Marion (87, from the UK) is one of the few interviewed retired migrants who actually stay at a care facility. Marion is still in a quite good state of health, although she likes being in an environment where she can have care when she needs it. *Care Resort Chiang Mai* is a facility, which does not restrict their care to only dementia and Alzheimer's. Like many other interviewees who also plan to decide about their provision of care for themselves, Marion made the decision to go into a care facility in Chiang Mai herself and organized her own transition. She first read about *Care Resort Chiang Mai* in a British magazine for people over 50 years old named *Saga.* After making the decision, she sold her house in Coventry and moved to *Care Resort Chiang Mai* in November 2013. Marion has two adult children. She did not want to bother them with taking care of her in the near future. Similar to many other interviewees and people in care facilities in Chiang Mai, Marion traveled a lot when she was younger and lived in different countries. She stays in contact with friends and family via cellphone and iPad. In regards to *Care Resort Chiang Mai,* Marion likes the nature and meeting different people from all over the world there. She also likes to visit the temple next to the resort and has considered converting to Buddhism after talking to the local monk. A multi-cultural environment with foreigners in the resort and Thai in the near village is ideal to Marion. In regards to her life in England, she did not like how weeks could go by without her seeing anyone. Most of her friends already passed away or are no longer in their best health. When comparing a British care facility to *Care Resort Chiang Mai* Marion says, that nothing can be compared. In England, Marion went to visit her friends in the nursing homes. She

recalls how the people were just sitting there, watching TV all day long, getting a lot of pills to keep them quiet. (cf. Marion, Nov. 18 2014)

> *"There is nothing to do, very little opportunity to speak to different people. But even when you have dementia you can stimulate the brain and you can still talk to the people!" (ibid.)*

Furthermore, the cold and icy weather in England gave her a hard time and made it dangerous for her to walk around. In Chiang Mai she does not have to worry about that and is able to go on walks. The only thing that she sees controversial about *Care Resort Chiang Mai* is that it is so far away from the city. Marion misses the city-life and the city culture, but she knows that she could never have this kind of natural environment in the city.

> *"Peter is a man with a great vision to make all of this happen. Unfortunately, there are not more permanent guests. […] Although it's not a typical nursing home I feel safe for the future. Fern [note: the head nurse] and I are friends and she is always there for me and she or another nurse visit me two times a day to check on me and to see if the alarm is working properly." (ibid.)*

Marion lives an independent life and does not need a lot of care, although "I could have 24-hour-care". (ibid.) In case of emergency there are two ropes for alarm in her apartment.

> *"In England I also thought about having a stay-at-home carer from the Philippines. It's a common thing in England. But I wanted a better life for myself. It's never too late." (ibid.)*

Additionally, Rolf (76, from Switzerland) experienced care at *Care Resort Chiang Mai*. He needed care in the beginning of his stay because of his back surgery. He could depend on the facility to provide proper care for him. Rolf recovered soon from his back surgery and decided to move elsewhere. He did not like the care facility enough to actually stay there for a longer time period mainly due to value-for-money.

> *"Not all the options are that expensive. It was not a care facility, you know. It was a resort with holiday guests and hotel and so on. […] But the site itself is beautiful there and so are the employees. […] Just not the right thing for me."* (Rolf, Nov. 30 2014)

Rolf got introduced to the Swiss community in Chiang Mai and got a house at *The M-Place*, an independent settlement for Swiss people North of Chiang Mai city. He has a Thai girlfriend now who also lives with him.

When asked about his future Rolf answered,

> *"I am a founding member of 'Exit', which is a medicide organization in Switzerland. […] If I should get really really sick, I do not want to vegetate. Now I feel great and I want to stay. I'm so happy here with my girlfriend. But just in case, I have an option."* (ibid.)

5.1.4 Talking about death

In fast-paced societies around the world, death is frequently considered as something unmentionable. Especially one's own death is often a taboo subject. Still, most interviewees were very open-minded about this topic and where willing to talk about it. Their perceptions about death were occasionally very clear.

"*My wife [note: Thai] would never let me go to a nursing home. She wants to take care of me. So I'll probably die before her so she can take care of me for the rest of my life."* (Ron, Nov. 22 2014)

"[My Thai wife] will of course take care of me when I get older. [Otherwise] they would talk about her in her village and say that she is a bad wife. But at least she is fine with me arranging my own death." (Bill I, Nov. 21 2014)

Again, we see the predominance of female caregivers within the international family. In particular, *Farang* men willingly depend on their Thai wives to take care of them for the rest of their lives. This system is entirely based on the men's pensions and financial resources, as well as on informal interpersonal relationships, as is typical in Thai culture. Often it is the foreigners who adapt to the Thai system and not the other way around.

For the retirees living at *The M-Place*, a small Swiss settlement North of Chiang Mai, the question of where to live and where to die is beyond debate. Not least because the social interaction with death in the stereotypical European society is not suitable to some personal needs.

"Predominantly I am here because I don't need total medical care in my older days but personal care and as natural as possible. I will be allowed to die when it is time. No one will deter me from dying with using total medical care in the hospital. [In the hospital] you are simply not allowed to pass away. I certainly don't want that. […] My whole lifestyle is more based on Asian philosophy and therefore this is not the way I want to go. Here we can come to a consensus. […] I never would have guessed." (Marita, Nov. 30 2014)

"I sold my house and dissolved my household [in Switzerland]. No way I am going back! I want to die here. I have a wonderful life here." (Rolf, Nov. 30 2014)

"For all of us it is clear: Live here, die here. We have nearly all of our houses accessible now. Ours is Thai style, but we can change it easily. All of the women [living at the M-Place] say they want to pass away here. We just talked about it this lunchtime that we want to resolve the topic till Christmas. Everyone of us will sign a paper… who we should call when something happens. With all the insurance numbers and so on. Just a simple piece of paper that we keep somewhere central. […] We talk very openly about this because we are all in the age group where it can happen anytime. We don't hope so but it can happen." (Mannhart, Nov. 30 2014)

Nancy Lindley, president of the *Chiang Mai Expats Club* and *Lanna Care Net*, is very undeceived when it comes to her personal perceptions about a future in high-age. The members of *Lanna Care Network* come across the expats' challenges in Chiang Mai frequently (see chapter *5.1.3.2 Care Perspective: Community-organized care*) and dealing with death is one of their important topics.

"My husband and I, we won't stay here forever. It's a lovely place to be when both of us are still alive. When one passes, the other one would move back to the States closer to the family. Usually when one of the partners passes away, people go through an evaluation process. They think about what they want to do. For me personally it's too soon to tell. You do see a lot of people on their own here. But you do have to have a good network. […] In case of passing away, there are cemeteries. Hospitals arrange that for you. There are crematoriums and consulates usually help with that too." (Lindley, Nov. 9 2014)

5.2 Category II: Institutionalized care

It is difficult to find the origin of the idea of founding a care facility for foreigners and so are the reasons for the matter alone. Therefore, it is very important to distinguish between corporate investors (*Vivo bene Village)* and private-, family-like institutions (*Baan Kamlangchay)* and a mix between both (*Care Resort Chiang Mai)*. Additionally, Chiang Mai has one more facility that is neither of those above but that belongs to the Christian church (*Dok Kaew Gardens, Mc Kean*). Nonetheless, *Farang* are the only ones operating the care facilities for other *Farang.* Thai play along on the side as employees (see chapter *5.3 Category III: Caregivers*). The only exceptions in Chiang Mai are care facilities for Thai people, which are governmentally owned and organized. However, those government facilities are very rare and not at all comparable to the visited care facilities for "Westerners". In fact, they resemble a reception camp of unlucky members of Thai society, in other words, a homeless shelter.

5.2.1 Backgrounds and strategies of establishing a care facility

Martin Woodtli, founder and owner of *Baan Kamlangchay,* has a history in Thailand since he worked for *Doctors Without Borders* as a social worker. After he returned to his home country Switzerland, he always desired to go back to Thailand. During his time-period in Switzerland, his mother first exhibited signs of Alzheimer's. As many people in his age group do, Martin found himself thinking about future care for his mother and what possibilities existed.

> *"Of course I also looked for possibilities in Switzerland. However, I decided to move to Thailand with my mother because I also wanted to fulfill my dream. But there was the clear thought of living together with her. I would have organized home-care for her anyways because I knew about the culture. And then I would have looked for a normal job. That was the idea. That something like this [note: Baan Kamlangchay] emerged over the years that is actually… it just so happened out of my personal story."* (Woodtli, Jan. 16 2015)

Similarly, Peter Brown, originally from the UK, founder of *Care Resort Chiang Mai,* traveled a lot when he was younger but wanted to stay in Thailand.

> *"I met a Thai girl so I came out to live in Thailand. Seven years ago we bought a rundown hotel in Bangkok for three years. We spent a year rebuilding and refurnishing and then we opened a hotel. I lived here ever since and now we have two young children. My mother was in a care facility in the UK and every year that care got worse and worse and worse. My wife and I thought we have got a nice location [note: when they already lived in Chiang Mai]. Northern Thai people have a very strong family culture; respect the elderly as part of their upbringing. […] So we've decided we could open a care facility."* (Brown, Nov. 11 2014)

In the cases of the two aforementioned care facilities, it was never the clear intend of the founders to establish a private care business. The family history, empathy and interest of individuals enabling other people to have an equally good experience with Thai caregivers

seem to have priority.

Although the founders' reasons present close resemblance in their families' histories (both have mothers who need high care, both started a family and settled down in Thailand), they vary at a certain point when it comes to an explicit target group and strategies.

Martin Woodtli reaches out to people directly in their home countries, specifically Switzerland. Retired migrants who are already in Thailand do not count in *Baan Kamlangchay's* main target group. Furthermore, Woodtli focuses on the elderly's relatives who actually have to make the decision due to their partners' or parent's dementia disease.

> *"The guests come directly to this place here with their relatives. They are all people who come from Switzerland or Germany, also Austria."* (Woodtli, Jan. 16 2015)

Because the owner's first language is German and he keeps close connections to the guests and their families, he describes it as easier if the people concerned are German-speaking as well. (cf. ibid.) Martin Woodtli is a self-described pioneer for Alzheimer's care in Chiang Mai.

> *"There are other projects here, also Swiss. The Swiss are a little bit omnipresent in Thailand. But I can say this, right? I was the pioneer. There were a couple of followers and copycats. Most of them failed because their expectations were too high according to the profitable possibilities and so on. They really shipwrecked because they didn't know their stuff about the local conditions and caregivers. It didn't work. It is a completely different culture. You have to know what you can do. They dreamt of big money! I still don't believe in that. Maybe it doesn't fit in your concept, but I am the one who actually has big doubts. […] To me it was never a financial idea in the first place. That is why our space is limited. A slow development is essential for success."* (ibid.)

Martin Woodtli describes the development of *Baan Kamlangchay* as follows:

> *"In the beginning we were a kind of household. We took two more people in. That is how it developed. Of course at some point I deliberately decided to start a company. I want to share this experience with others. […] I was lucky too. A journalist of a Swiss TV channel found the situation interesting of me emigrating to Thailand with my mother who is suffering from Alzheimer's. He did a report on it. That was at the same time when I decided I wanted to open up to other people. […] A lot of people saw the report on TV and word got around. That's how I got a lot of sympathizers."* (ibid.)

When asked about a business strategy it is primarily the spirit of *Baan Kamlangchay* that should keep the facility running.

> *"There are two things that are very important to me: First, it should always be a familiar arrangement. The second point is I want it to be integrated in the village, in the structure of a village. This is the reason why we don't have to deal with a lot of aggressiveness. The people should live a normal life. They live in a house, they go to eat at the main house, they walk through the village. They see a minimarket. They see other people, other faces. Despite their illness they move autonomously because there is always someone accompanying them.*" (ibid.)

In contrast, Peter Brown, founder and owner of *Care Resort Chiang Mai*, is not directing any nationality or people suffering from a certain illness explicitly as a target group.

He wants to enable all kinds of individuals from different countries, ages and conditions to seek care at *Care Resort Chiang Mai.*

> *"We made a conscious decision, not a very sensible, economic one: We are trying to attract people from all over to be a multinational community. […] We prefer they have English or Thai at least as a second language. Otherwise it becomes a little bit difficult. But yes, we'll take them from anywhere. If we had focused on Japan I would probably be full in less than half a day. If I had Japanese food and just had Japanese people we would fill this place easily. But I didn't want only one nationality. […] So if people are going to stay for the rest of their lives, you have to be able to cope with disability, because the guests you get this year may not be the same guest next year as they get older. Things happen. And you have to deal with mental decline. So we have to set up an ability to cover dementia. Ironically my mother then got dementia. She was already blind but then she got dementia and UK's care facilities couldn't cope."* (Brown, Nov. 11 2014)

Once again it becomes obvious that Chiang Mai hosts a community of elderly that is unsatisfied with conditions for their age group in Europe, North America, Australia or elsewhere in the world. Sharing this experience, sharing a refusal towards a "Western" system, is something that brings together the care facilities' leaders and elderly (future-) expatriates in need. On the one side, Peter Brown's strategy includes internationality and openness; on the contrary side, it implies disorientation. Another challenge of *Care Resort Chiang Mai* is to bridge the gap between hotels and care facility. Currently it is a mix between both.

> *"Well, you can't see the joint. It's all mixed here. […] We are still struggling to run a business. […] So a year ago we opened a care facility and we are now building it up. So we still run the hotel and the care facility is growing and if the care facility has grown enough we won't run the hotel anymore."* (ibid.)

When it comes to the actual target group of *Care Resort Chiang Mai,* Peter Brown refers his argument more towards the stage of health condition.

> *"I'm targeting people who are actually still in a stage where they can decide themselves that they want to come here and then, when they need the care, they'll get it. We prefer when they come semi-independent and just get used to this here. But they don't have to worry about going out for food, shopping; just focus on their lives, enjoying themselves."* (ibid.)

Heather Smith is the head and one of the founders of *Dok Kaew Gardens,* the independent and semi-independent section for eldercare at *Mc Kean Rehabilitation Center. Dok Kaew Gardens* is the contact point of many elderly expatriates in need of care, especially of English speaking origins. This facility caters for a lot of foreigners because it is connected to a hospital and an actual nursing home with hospice character (*Bougainvillea Center*). Also it is a more affordable option compared to the other care facilities run by private people or investors. Amongst other results, this shows that *Dok Kaew Gardens* does not have a fancy-looking character of a resort but a practical one that is similar to an ordinary home for the elderly in "Western" countries. Due to *Mc Kean's* long history starting with Christian missionary and the leprosy colony in the twentieth century (see chapter *4.1.3 Dok Kaew Gardens*) the founders of *Dok Kaew Gardens* can take advantage of experience from the missionary group. The focus expanded to eldercare because there were an increasing number

of elderly leprosy patients.

> *"Also for the Thai society we thought we should be using this large facility that we have for providing this social need as well. […] I've been doing development work for forty years. We also have a lot of experience with age care facilities in Australia […] because my husband's parents went through all the different levels of age care in age care facilities in Australia. Before we established this place we visited a large number of facilities and places and saw all the modern trends, the standards and requirements. Because there, we go through the same things as Thailand, only a bit earlier with demographic aging. We also wanted to see examples about 'what not to do'."* (Smith, Jan. 13 2015)

Even though the Thai church owns *Dok Kaew Gardens,* it is evident that private individual histories, in combination with the cognition of demographic aging in a global picture, are essential for the formation of an eldercare facility.

Additionally, it is the only facility that exclusively focuses on expatriates in their concept. They also - at least in theory - provide care for the Thai elderly. Of course this can only be the case when there are the financial resources for staying at a care facility or nursing home. They are not deliberately targeting foreigners in their home countries.

> *"The main principle, the main vision that we have is that we are enabling the elderly or disabled people or patients to live in a caring community and have a quality of life with appropriate support according to their situation. So we are really looking to help people keep their quality of life. That's basically the vision. […] Church is about love and quality of life. About living life to the fullest in every stage of life. You should have the opportunity to live it to the best of your capacity. So I think it fits very much with the Christian goal of expressing God's love in enabling people to live life to the fullest. But there is no criteria for people coming here. People from all religions can come. But everything we do is also our Christian devotion."* (ibid.)

Vivo bene Village tries to combine all of the herein before mentioned strategies and other facilities' experiences to create an ultimate care resort that aims to be highly competitive as a large-scale project. It is the only facility that can be denominated as a foreign corporate care investment. The founders do not conceal their purpose: Although the main aspect is providing care of high quality, it is meant to be a profitable business for the investors. In a newspaper article Roger Holzer, asset manager of *Vivo bene Villages's* investor group, admitted that lots of time and money was spent to invest in this project. According to an article in *Schweiz am Sonntag* the investors expect a five percent rate of return and target the middle and upper class. Still, being a care resident at *Vivo bene Village* should be half as expensive for clients than eldercare in Switzerland, including a luxurious home and the best caregivers. *Vivo bene Village* in Chiang Mai is only the beginning. Other locations are evaluated as well. *Vivo bene's* investors imagine more expenditure to other hotspots for Swiss retirement migration, such as Portugal or Spain. At the same time they are not only thinking about more care resorts but also nursing schools to correct a shortage of professional caretakers in Switzerland. Additionally, there is a resulting possibility of lowering unemployment rates in the evaluated countries. (cf. KRAUSHAAR 2013)

> *"There is a nursing faculty at Chiang Mai University. We are in contact with them and they have big interest to improve their gerontology department because it is very new in Thailand. […] We also want to*

> *have a master student in nursing here in the future. She could make her research paper here which would add value to our facility and to CMU. The kind of care we provide here is new ground in Thailand. […] We are interested in our success control."* (Eze, Jan. 28 2015)

In the interview with two care authorities of *Vivo bene Village* in Chiang Mai the main topic regards "care".

> *"Caring occupies our center stage. This means the integral care of a human being. On the one side there is the illness of course but we also concentrate on what does exists and what can be developed, not only on fulfilling their basic needs. […] The Thai knowledge is also important to bring the matter down to a common denominator. […] We set the focus on professional care. That's how we are different to other facilities' concepts. We don't want to 'overcare'. We don't want dementia patients to become silent or dependent. We want to dig out the possibilities which are certain techniques, certain medical knowledge we can work with."* (Knecht, Jan. 28 2015)

So according to Germaine Eze, consultant at *Vivo bene Village,* not only knowledge about care in general is important when working with the elderly but also knowledge about dementia and cognition.

> *"From the perspective of care, an old person is the most challenging person to care for because there is always risk; chronic diseases and so on that need to be observed. You can't just say 'Well, this person lives here now.' This can be dangerous. The people here should have safety and maximal freedom in their environment which should give them space and activate them."* (Eze, Jan. 28 2015)

One can see clearly in the leaders' statements that an individual definition of every care facility is very important to the people in charge, and also in order to differentiate one care facility from another. Their intentions range from missionary work, to the aim of sharing their own experiences, earning enough money to support their own families and pay their employees equally, to investing in a supposedly growing mega-business and showing professionalism in care. Drawing a distinction between the four facilities is challenging and the leaders' explanations are often unsettled and overlapping. Competitiveness is a big talking point, except for *Dok Kaew Gardens,* due to its special status connected to the church. Besides, the concern about "reputational damage" (Woodtli, Jan. 16 2015) of this niche market seems to be of importance.

> *"I don't see competition. The trend is nearly towards defamation. There are people in Switzerland who mistook the facilities already. They asked me, 'Why can you expand this big?' Then I told them, 'No, this is not me! This is somebody else! Those are investors!' […] It can be easily mistaken."* (ibid.)

To a certain extent, every care facility tries to find its niche within the niche so as to stand out for attracting potential clients.

Some "Westernized" care facilities, such as *Bann Kamlangchay* maintain a loose rule with degrees, emphasizing more on practical experience in care, whilst others, like *Vivo bene Village*, refuse this way of dealing. *Vivo bene* only employs certificated nurses or nursing assistants as one of their main regulations. By their agenda there has to be at least one nurse with a bachelor's degree in every division of the complex. (cf. Eze, Jan. 28 2015) This is a

self-imposed adjustment and not at all effectuated by any higher (Thai or foreign) authority volitionally.

Every privately founded care facility by foreigners built up its staff with close connections to the Thai community. In the case of the Swiss facilities (*Baan Kamlangchay* and *Vivo bene Village*) the founders were able to look back on many years of experience in Thailand. In case the founders did not gain this experience themselves, they could at least draw on the Swiss community in Thailand, which enriched its tradition in the country already for ten to twenty years. Apart from spending many years in Thailand, some of the founders are married to Thai women, which gives them increasing insight of living the Thai culture.

5.2.1.1 In case of emergency

From the beginning, people responsible at the care facilities have made sure - for their own and their business' safety - to come to an agreement about what to do in case of an emergency. This could happen with either their guests or with relatives (e.g. in case of dementia). Relatives give authority to people in charge of the care facility, respectively to the caregivers.

> *"First of all we need a written agreement that they [note: the relatives] delegate us for taking care and secondly, in case of death, how we should organize the matter. We have an advance directive, which needs to be signed by the relatives. That is an advantage here. The doctors listen to the relatives, so to me vicariously. I can go there and say: Do this, don't do that because I have the advance directive. In Europe this is more complicated."* (Woodtli, Jan. 16 2015)

In general, peoples' main concern is the lack of professionalism of care facilities in connection with the fact that most of the places are not part of a hospital, except *Dok Kaew Gardens*. Often media reports share this opinion and even distribute it. This is definitely a concern that needs to be examined carefully. Doctors come in, but they are not based at the care facilities. In some cases, certificated nurses have to take responsibility; in others, the facilities' owners are responsible. Although hospitals are multitudinous in Chiang Mai, some facilities are situated far out of the city center and only have fast access to minor medical clinics. As long as care is not exigent this deficiency is not very obvious. Still, the question remains if sparse medical provision is enough for high care.

Nancy Lindley, president of the *Chiang Mai Expats Club* and *Lanna Care Net,* sees a lack in hospice care in Thailand, which is often repeatedly the reason why people would go back to their home countries. (cf. Lindley, Nov. 11 2014)

> *"End of life care… they don't have hospices here per se, they can set up sort of a hospice situation, for example out at Mc Kean [note: Mc Kean Rehabilitation Center], but it's not the same as in the West. For example, you cannot have injectable morphine in the home, even if you have an RN coming in."* (ibid.)

Furthermore, what to do in case of death needs to be organized. Because some of the care facilities are very new, there is hardly any experience in the discourse of death. Leaders often cannot resort to past occasions. (cf. Brown, Nov. 11 2014)

In dealing with death and grief, Martin Woodtli, owner of *Baan Kamlangchay*, has established some routine, which he considers as important for his work. (cf. Woodtli, Jan 16 2015)

> *"We talk about death from the beginning on. This is also important to the relatives. Including now, we have always had the situation to arrange a funeral or a cremation here in Thailand. We had eight cases of death so far. The relatives and we would grieve here for the person. The cremains are put into a case. The relatives decide if they want to inter them here or in Switzerland or in Germany or wherever."* (ibid.)

5.2.2 Supply and demand – much ado about nothing?

Two out of four visited care facilities are still in a build-up phase (*Care Resort Chiang Mai* and *Vivo bene Village*), even though their actual projects - sometimes even their buildings and compounds – have existed for several years. Both of these facilities still miss permanent guests who mean to spend the rest of their lives, or at least a longer period of time, in Chiang Mai. *Vivo bene Village* had around 20 non-permanent guests since the opening in November (status Jan. 2015). There are 72 rooms for care guests and additionally 6 mansions for relatives who are visiting. *Care Resort Chiang Mai* has 6 permanent guests versus 63 rooms (status Jan. 2015) and occasional holiday guests.

In some cases, the only way out of misery is to change the name of the complex; to switch to a different or to an additional business idea. Such as the case of *Care Resort Chiang Mai*, which was originally named *Away Suansawan*. At that time the same resort was presented as a holiday hotel complex only. The care strategy was added to its marketing concept later on.

The number of care guests is unambiguously incomparable to the number of rooms and dimensions of both complexes. In other words, both facilities are luxurious and beautiful but almost utterly empty. Although the two facilities are very sovereign in their appearance and expenditures, currently the number of retired migrants is not relevant to the plans and announcements of a rush on care facilities in Chiang Mai (e.g. cf. KRAUSHAAR 2013) Even though, according to the Swiss media, there are conferences with two cantons in Switzerland to offer Chiang Mai as an official target destination for the retired Swiss. Reason for that is the reduction of cost compared to care in Switzerland. (cf. ibid.)

A "rush" cannot be verified. So the question remains if it will happen in the near future or if the predicted success will never ever be achieved. As yet, only assumptions can be made about this.

> *"Some are staying here all year, some just half a year. […] It's been a very slow process. I currently have about 700-800 inquiries from remarkably all over. India, Iraq, Afghanistan. Most are looking for permanent. A lot of them are looking for 'when I need it'. We will be busy in a year or two. […] Everybody thinks it's a fast growing market, which it is, baby boomers coming through. There is a need that needs to be filled, so there's huge market but it isn't quick. People don't see an advert. And it takes usually a year. People I have got coming now are a year old inquiry.*" (Brown, Nov. 11 2014)

> *"It trickles slowly, but okay; we just opened. It is not like there is a big boom yet. It's not like that."* (Eze, Jan. 28 2015)

> *"We have quite a lot of requests though. But it is indeed a big step. People have to ask themselves, 'What do I want? Do I want to go on holidays? Then the step won't be as big.' A lot of them have in mind to check it out for the future. What it would be like. Of course, then it takes family meetings, considerations. […] It takes some time till the decision is made. If it will be made, is a different question. […] A lot of questions have to be asked, like: How often can the relatives come visit? How much money does the family have?"* (Knecht, Jan. 28 2015)

The demand does not only depend on the actual target group - wealthy, cosmopolitan people in their retirement - but also on their adult children and other relatives. Currently the biggest group of care-seeking retirees in Chiang Mai is the one suffering from dementia and Alzheimer's. It is impossible for people suffering from these illnesses to make decisions anymore.

Overall, there are still a lot of challenges to keep a care business running when aiming for grand opportunities in economic development. In contrast, Martin Woodtli of *Baan Kamlangchay* has different intents with keeping his care facility comparably small. Hence, he can rise to the occasion of a demand mainly from Switzerland.

> *"How did I detect the demand? That is a good question. I just tried. Not like others who plan a huge project and then the people should come but they don't come. I tried it small and I looked if I can target people with it. That's how it has developed. There were a few people who also looked for different opportunities for their elderly, sick relatives in Thailand. They were not happy with the system in Europe and looked for a different option to let somebody take care of their elderly relatives in good conscience."* (Woodtli, Jan. 16 2015)

Focusing on a certain group of people or a certain illness, such as Alzheimer's, may also lead to ongoing success.

> *"In the beginning I experimented. People with different illnesses were interested. For example we cared for a young man suffering from schizophrenia […] and still spritely elderly people. Eventually I came to the conclusion 'A cobbler should stick to his last' [note: dementia and Alzheimer's]. Also, concerning the caregivers: What can I expect them to do and what can't I?'"* (ibid.)

It seems that other new institutions in Chiang Mai try to make use of *Baan Kamlangchay's* experiences as an example. Therefore, it must be explained that *Baan Kamlangchay* has success, but in a very small context with comparably large demand. The facility has room for about 14 guests and occasionally has to reject interested people. It seems that other investors try to make the business of eldercare in Chiang Mai more profitable, which does not correlate positively at this time with the demand. The business itself might grow, but the demand might not.

> *"I get a lot of emails every day and precise inquiries I get way more than people I could ever take in. The demand is very high but it is not that high like some people preach. People don't come a-flocking. Not at all! I really have to contradict those big projects. […] With care facilities here it is like that: The bigger it gets, the lesser the demand."* (Woodtli, Jan. 16 2015)

For European retirement destinations KAISER (2011) describes this phenomenon as an area's overextension. This is likely to become accurate for luxurious care facilities in Chiang Mai as well.

Another noticeable fact is that some care facilities allow a greater budget for advertising and marketing, especially *Vivo bene Village*. *Vivo bene* has an office in Switzerland that organizes all matters for potential residents. It should be the first contact point when thinking about retiring or seeking care at *Vivo bene Village*. This office is also responsible for public relations. Its target market is primarily in Switzerland. To a lesser extent, retired migrants who already live in Chiang Mai area are also targeted as potential residents.

Care Resort Chiang Mai is advertising mainly in English speaking countries. Marion, who is a permanent resident at *Care Resort Chiang Mai*, came because of an advertisement in the British *Saga Magazine*, which targets people over 50 years old. (cf. Marion, Nov. 18 2014) Peter Brown, owner of *Care Resort Chiang Mai,* sees hope in US-Americans retiring in Chiang Mai. (cf. Brown, Nov. 11 2014) According to the numbers of US-Americans retirees in Chiang Mai (see chapter *5.1.1 Estimated numbers and shifts of the Farang population in Chiang Mai*) he may be right.

Dok Kaew Gardens is experiencing an increasing demand of inquiries and also of actual patients.

> *"What we are doing, we are adding up the facilities. So for example we are thinking about making shared rooms. So we will increase the type of facility we can give to people."* (Smith, Jan. 13 2015)

But, moreover, one has to recall that *Dok Kaew Garden's* main target group is expatriates and not the elderly abroad.

> *The demand is increasing but the facilities are increasing too. It's an increasing market. People are coming here because they heard about this sort of age care. The university students, the medical students are all studying about age care now, which they didn't do in the same way some years ago. So it's an increasing awareness of age care. [...] The resistance is still there within the Thai community because of the philopatry. But inevitably people are happy to send them here over to people with the knowledge of need for dementia or nursing home care. Because Thailand has advertised it so fast as a retirement destination, but the infrastructure is not there to support needy expats. That need is increasing too. So all of the consulates will have problems with elderly people who can't cope with society. And the consulates are not set up to look after individuals.* (Smith, Jan. 13 2015)

According to the previous experts' statements it is unsure if the demand from abroad will increase; however, it appears very likely that the need from elderly expats within Thailand

will grow. Due to several reasons, for example, the more inexpensive costs and connection to the hospital, *Dok Kaew Gardens* is already experiencing the pressure and its leaders are thinking about redeveloping its spatiality. Of course, this pressure will not only be perceptible in the care facilities, but also particularly within informal care systems. This is because male retired migrants especially tend to rely on them. The only other way remains repatriation of expatriates to their home countries, as before mentioned. (cf. Lindley, Nov. 9 2014) In this case, the challenge will not fall on informal care networks or care facilities, but on the consulates. This way, care for elderly foreigners in Thailand might even become a political issue for the state of Thailand. However, the numbers of retired migrants in Chiang Mai hardly bear a relation to the number of elderly Thai who will doubtlessly draw on human resources in care. This will constitute a bigger challenge for the Thai government.

5.2.3 Public care for the elderly Thai in Chiang Mai

As before mentioned, eldercare in Thailand happens mainly within the family. Thus, nursing homes for Thai retirees in Chiang Mai are also very rare. In theory, none of the visited care facilities for foreigners reject Thai citizens or certain nationalities. However, in reality, the situation looks quite different according to financial possibilities. The cost of living at every single care facility in Chiang Mai (which are run by foreigners) unquestionably exceeds an average Thai income or pension. This might not be an official turndown, but the facts show that currently there is no Thai citizen in a nursing home organized by foreigners. Notwithstanding, one exception is *Bougainvillea Center* that is located on the same grounds as *Dok Kaew Gardens* at the hospital of *McKean Rehabilitation Center*. It is a kind of nursing home where patients are fully dependent on a nursing team and doctors. According to the interview participants at *Dok Kaew Gardens,* only two out of 20 patients there are expats. (cf. Smith, Jan. 13 2015) Still, as of now, care facilities for the elderly Thai are not seen as necessary in the Thai community in Chiang Mai. However, this does not mean that there is no need at all for organized adequate care when kinship structures fail.

Help Age International is an NGO that cares about the situation of the elderly worldwide and is also based in Chiang Mai. Out of *Help Age,* another NGO caring about the elderly developed in Chiang Mai: *FOPDEV (Foundation of Older Person's Development)*. Founded in 1999, in the *International Year of Older Persons*, this foundation sets its focus on local elderly residents in need in the North of Thailand. (cf. Kaewkantha, Jan. 26 2015)

> *"There was no organization for elderly poor people who live in remote areas. Most of them don't earn any pension from the state, they are simply too poor to join the pension program. They have to work hard. They struggle. This is the duty of FOPDEV."* (ibid.)

Sawang Kaewkantha, who is the director of *FOPDEV*, explains that the organization does not approach other countries or areas but only the North of Thailand. This way it is easier to raise funds and recruit helpers in the area. (cf. ibid.)

> "*I want to keep it as a national organization. Our target groups are older Thai people who live in Thailand. […] We focus on income security and rights of older people. We don't focus too much on health because in Thailand we have health coverage for everyone who lives in Thailand. […] But the accessibility is the challenge that raises our attention. A number of old people don't have access to government service due to lacking infrastructure or information. […] Sometimes they hesitate to see a doctor because they don't know better. We have to generate information to the remote areas. […] In Thailand we have a public address system in every village. We train our volunteers to provide information and speak through these speakers in the village."* (ibid.)

The challenge in healthcare in Thailand is most often not the quality and availability, but the knowledge about possibilities and accessibility. This overlaps with Kaewkantha's perception from experience. (cf. ibid.) Elderly associations are used as a big voice for Thailand's elderly, as mentioned in chapter *1.2.2. Public support for the elderly in Thailand*. (KNODEL/CHAYOVAN 2008, 100) Also, a vast number of elderly associations are located in the province of Chiang Mai.

> *"They have one in almost every village and city. […] Our aim is to create a motor for the government […] [and to] empower the elderly clubs."* (Kaewkantha, Jan. 26 2015)

According to Sawang Kaewkantha the challenge is to encourage all kinds of elderly people, especially in the rural areas, to join the elderly clubs. Most of the retirees in the clubs are government pensioners and they do not approach people living in remote areas. (cf. ibid.)

> *"Every month we have a meeting with our volunteers. We train the neighbors to monitor and pay attention to older people in the area. Mainly it's about sanitation improvement of older people. Also, that they help them change and clean."* (ibid.)

Most of the volunteers are elderly people themselves, sometimes also students, who have the time to make regular visits. Native minorities, often refered to as "hilltribes", are also target groups of *FOPDEV's* charity work, especially the Akha villages in Chiang Rai. In any case the NGO wants to bulid up connections sustainably with a related person before going into the field. (cf. ibid.)

When observing *FOPDEV's* approach it becomes increasingly clear that Thailand fully depends on family and community-based bonds for care, although the government supports medical care financially for every individual. Even official authorities make use of the Thai people's mentality of charity for their fellow beings in order to organize care for the elderly. Anyhow, this should not be faulted as long as care happens voluntarily. Still it is risky for a state to totally depend on cultural and religious roots when it comes to care apart from financial support, as minds and mentalities may shift through globalization.

5.2.3.1 Care Facilities for the elderly Thai in Chiang Mai

As observation proves, government homes to provide care for the elderly Thai are very unusual and rare.

> *"Unfortunately there are hardly any government homes for the elderly Thai people. There is one in Chiang Mai but that's it in the area. […] There used to be twenty homes in the whole country, but now there are only seven. The one on Moon Mueang [note: south-east in the center of Chiang Mai] is one of them."* (Kaewkantha, Jan. 26 2015)

Additionally, the plan is to even convert this one governmental home for the elderly, *Baan Thammapakorn*, in Chiang Mai into a study center for aging issues, according to Sawang Kaewkantha from *FOPDEV*.

> *"So there won't be a home anymore. But those who are there, they will still keep them there. In case the community cannot do it and there is no place to go, they would still accept [elderly in need]."* (ibid.)

Unfortunately, it is unanswered why there is the need to close this one nursing home. However, it becomes clear that the trend in official planning swings more towards community organized care than through superior state authority.

> *"People in charge say that it is the local authorities' business to build a home for the elderly or to care for them in another way."* (ibid.)

By means of the interview with Sawang Kaewkantha it becomes obvious that there is no similarity between a care facility for elderly *Farang* and a care facility for elderly Thai. As before mentioned, a care facility for the elderly Thai is the very last resort in case there is nobody who can care for the elderly person in need in the family or community. People living at a governmental nursing home in Thailand live on the edge of poverty and most likely suffered from great misfortune in their lives. Among Chiang Mai's residents *Baan Thammapakorn* is considered a homeless shelter for elderly people. Residents would go there in Buddhist charity, bring the elderly food and talk to them. (cf. Mah, Nov. 17 2014) As an example for Thai care facilities provided by the state, *Baan Thammapakorn* is neither comparable to care facilities *in* "Western" countries, nor to care facilities where people *from* Western countries stay at in Chiang Mai. Joining a care facility as a foreigner in Chiang Mai is a choice, not a necessity. This choice is either made by the elderly themselves or by their very close relatives. The decision to move to the facility is reached because of wealth and not because of poverty.

> *"Here and there, there are nursing homes. Those are reception camps. People come there who are shunned by the world. Once we went to this home in the city [note: Baan Thammapakorn] but it is… You have to imagine: It is a big hall. There are maybe thirty patients. Partly, they are seriously ill and then there are two nurses. Desolately! There are elderly people there but they are really… well, marooned, like pushed away. But there are very few of those in Thailand. […] I once went there for charity with my wife and we cooked for them. Occasionally there are homes, but they are really an exception. And then of course they have those high-styled places because this is coming in more now. […] China and Hong Kong are organizing a lot, huge future-projects. Unbelievable! For apartments and health care and search me! That is the opposite of those squalid places. […] But the biggest group of elderly is taken care of at home by the family."* (Woodtli, Jan. 16 2015)

Although homes for the elderly, such as *Baan Thammapakorn,* do not seem to have a future in supplying a growing group of Thai elderly, experts believe that sooner or later there will not be a way out of institutionally organized care.

> *"I think one day we will come across this. The community-based system will be dropped. The family support will be dropped. The needs of older people will grow and grow. Why? Because the birth rate is low. There is not enough human workforce to support the older people. That's number one. Number two, people tend not to get married and live alone. Be single, more and more. They don't have children. That is quite clear then that no children will look after them. […] In the future, I don't know. Yes, it will be a big problem and nursing homes will be in place by that time. I don't know, maybe thirty or fifty years ahead.* (Kaewkantha, Jan. 26 2015)

This example shows very clearly how controversial the topic of eldercare is treated in Thai society. On the one hand it seems impossible to depart from the family-based care system, on the other hand, it is obvious that somebody has to think about an alternative due to demographic reasons. According to Sawang Kaewkantha, the government is aware of this, still, thoroughgoing operations are not in progress. Interactions with neighboring countries are conceivable, yet limited to experiencing a similar development when it comes to demographic aging. (cf. ibid.)

> *"Even Vietnam will be facing the problem, slower and later but it will come. In Thailand it will happen rapidly. […] The advantage of cross border laborers is good for Thai society. Because not many Thai people like to do certain jobs, like in the fishery for example. But the border migrants don't work in the care system. I don't think that we can even out the problem this way."* (ibid.)

Furthermore, migration is only able to alleviate demographic aging in a country; it cannot fully resolve a challenge that has developed globally. (cf. COLEMAN 2001, 3)

The described possibilities for the Thai elderly in Chiang Mai show again that the state does not adequately provide more than minimal financial support in medical care for its elderly. The responsibility of care in this generation of elderly still falls back on the family. Nevertheless there are a couple of signs that community-bonds grow stronger whilst the family's role is repressed more and more. According to Kaewkantha, president of *FOPDEV*, the state tries to yield responsibility to the municipals; the municipals to the communities and elderly clubs. With the help of intermediaries, like NGOs, information of occurrences in the field is supposed to be taken back to higher authorities (see Fig. 16).

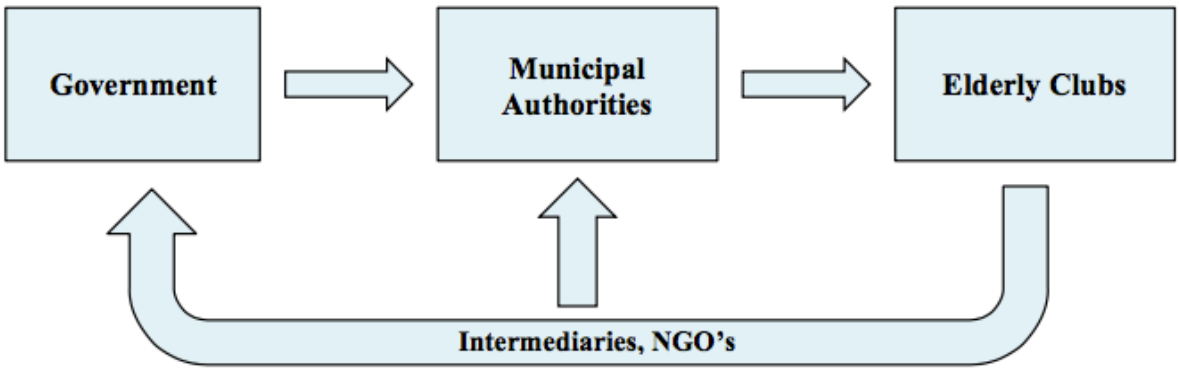

Fig. 16: Responsibility and information flows of elderly care in Thailand. Own design.

The importance of elderly clubs asserted by the government cannot be underrated. They build up the "action unit" in a community. Apart from their relation to the Thai monarchy in politics in general, their function is quite comparable to elderly clubs for Westerners in Chiang Mai, such as the *Chiang Mai Expats Club, Swiss Lanna Society* and even *Lanna Care Net,* respectively vice versa. On the one hand their role is representing a platform for acting out common interests; on the other hand, the elderly in better condition help those in worse condition. This can indeed be interpreted as a result of declining birth rates and even more as a consequence of modernization and self-fulfillment of the baby-boomer generation. Due to this development it is likely that the role of elderly clubs will be carried further into future generations and that their importance for society will grow.

5.3 Category III: Caregivers

For an overall spectrum on care for elderly foreigners in Chiang Mai it is essential to examine the caregivers' perspectives on their work because they are a main carrier of the system in providing care. The following chapter will demonstrate the caregivers' work, function and perceptions about their own and the foreign "Western" culture. All interviewees of Category III work at one of the above-mentioned care facilities and earn their salaries through "Western" employers or the Thai church in the case of *Dok Kaew Gardens,* which has an US-American origin in missionary work.

Nevertheless, it has to be pointed out that most of the caregivers - not only in Thailand but all around the world - carry out reproductive labor in their own families without payment. This appears, for example, in caring for their own children, husbands, parents as well as other relatives and friends. Still, work in care is typically stigmatized as a "female" profession. (e.g. cf. JUTRAS/VEILLEUX 1991, 2)

Seven out of eight interviewed caregivers for this research are female. Only one facility, *Dok Kaew Gardens,* is currently also employing male caregivers.

Baan Kamlangchay, the first Swiss care facility in Chiang Mai, employed a transgender person in their very beginning of business. Martin Woodtli, founder of *Baan Kamlangchay,* says that he makes no difference in employing different genders and it just happened that he currently only employs women. (cf. Woodtli, Jan. 16 2015) Additionally, the reason is also attributed to the "female" role ascription to care. In this area of work the gender distribution is very one-sided, which is also noted by the caregivers.

> *"In general yes [note: the caregivers are female only]. We are looking for male staff but it's very hard to find, because it's a female job. They think a nurse is a woman only. It is very difficult to find men. But me and my staff we can take care of men and women because we have the experience from the hospital. There is no difference."* (Fern, Nov. 18 2014)

Although the caregivers who were interviewed for this research are performing their labor in care for a salary, they are of course not uninvolved in caring for their own family without payment. Usually they accomplish care through employment *and* care through reproductive labor. (e.g. cf. Benny, Jan. 16 2015) Additionally, supporting one's family financially is expected in Thai society. (cf. Boyd, Jan. 13 2015)

Combining employment in care with reproductive labor of care is not the only double burden most caregiving interviewees are dealing with. Susi, 23-year-old soon-to-be nurse at *Dok Kaew Gardens*, is working fulltime when also studying at a nursing school for her degree. (cf. Susi, Jan. 13 2015)

5.3.1 The caregivers' backgrounds

All of the interviewed caregivers grew up in the countryside of Chiang Mai or other less populated areas. Lee, 32-year-old caregiver at *Baan* Kamlangchay, comes from the area of Chiang Rai. Joy, 38 years old, who worked at *Baan Kamlangchay* in the past, has her roots close to the Laotian border. Both of their parents still live in their hometowns. Most of the caregivers moved to larger towns like Chiang Mai for their education and stayed there for work. Some of them grew up in Northern Thailand's hilltribe communities.

> *"I come from Chiang Rai, that is about three hours by car to my workplace. I moved to Chiang Mai for studying there at university and now I rent an apartment in Chiang Mai. But my family stays in Chiang Rai. I go from Chiang Mai to Mae Rim every day [note: for work at Care Resort Chiang Mai]."* (Fern, Nov. 18 2014)

As mentioned in chapter *4. Case study: Chiang Mai*, Chiang Mai is quite popular for its educational programs. It is common for people from the countryside to send their kids away to schools in the city, even for secondary school. The children would attend boarding school and return to their original villages on the weekends and holidays, such as Boyd, 29-year-old male caregiver at *Dok Kaew Gardens.*

> *"I am from Chiang Mai, yes. I went to secondary school, which is high school in Thailand, where I just learned physical sciences and the different courses that prepare me for later. I was learning more about nursing in the medical field at Payap University, School of Nursing. […] I am a practical nurse. That is a one-year-degree in nursing."* (Boyd, Jan. 13 2015)

Occasionally, it seemed difficult for the caregivers to be honest about origins and individual backgrounds. When questioned about their hometowns, most of them named Chiang Mai right away. After asking for more information about personal backgrounds they would start talking about their families' histories. For example, Boyd, caregiver at *Dok Kaew Gardens,* revised his first answer about his hometown Chiang Mai later in the interview.

> *"Technically, I am from the mountains. I am a Karen. I didn't actually grow up in Chiang Mai, a little bit, yes. But I am from a Karen village. That is where my grandparents and parents and family live."* (Boyd, Jan. 13 2015)

All of the interviewed caregivers describe themselves as modern Chiang Mai city persons. One of the first aspects mentioned when talking about the personal history was the identification with the city of Chiang Mai. In an informal conversation with Susi, 23 years old caregiver at *Dok Kaew Gardens,* the following dialogue took place.

> Researcher: *"Where do you come from?"*
> Susi: *"From here, Chiang Mai."*
> R: *"And where does your family live?"*
> S: *"In a Karen village."* (conversation between the researcher and Susi, Jan. 13 2015)

There seems to be ambivalence about slightly concealing one's origin, because, when asked further questions, it is clear the family bond remains strong. Although the family might live far away, regular visits are self-evident and so is sharing material goods and financial resources. According to Boyd, "most young people seek employment or some sort of work in the town in my age group." (Boyd, Jan. 13 2015)

Young caregivers save money not only for themselves but also for their family. Even though some caregivers do not have children to care for yet, money is still shared corporately with older generations in the family and community. Although Boyd lives in Chiang Mai for work, his commission from his family and his self-imposed duty is to send remittances to his family in the mountains.

> *"I help with providing income. Extra money to buy sweaters in the wintertime. I help out to give them some extra cash."* (Boyd, Jan. 13 2015)

It is seen as a privilege to have the opportunity to study in the city. At the same time, sending a family member to study in the city can be beneficial for the whole family and, especially in case of indigenous origins, for the whole community. While not all of the interviewed caregivers got the opportunity to study and achieve a degree in nursing, many received the opportunity to work in the care business, such as at *Baan Kamlangchay*, through a short educational program.

> *"For me, to be a nurse is my dream since I was young. But […] I didn't study to be here as a nurse. […] I didn't have a chance to work in this field. So I just did something else, working in the office, doing something else, absolutely different from this. […] Because my daughter is getting older, she can take care of herself. So I had a lot of time. So I decided to learn more about nursing. I did a short course of six months to become a nurse assistant from a school in Chiang Mai here."* (Benny, Jan. 16 2015)

5.3.2 Motivation of working in the care business for "Westerners"

In a conversation with Lee and Joy, caregivers at *Baan Kamlangchay*, both of them implied that they are happy with their jobs and like their work very much. The caregivers at *Baan Kamlangchay* were either referred to the care facilities' founders, found an advertisement in the newspaper, (cf. Noot, Jan. 16 2015) or took notice of a job offering when the care facility was introduced in nursing classes.

> *"So even before I finished, Mr. Martin [note: owner of Baan Kamlangchay] and his wife came to our school and gave information about this place and invited us to join and work with him. This is the way how I came to Baan Kamlangchay."* (Benny, Jan. 16 2015)

Nui, former caregiver at *Baan Kamlangchay,* worked at the care facility for many years before she quit due to personal attachment to the patients she took care off.

> *"After a while it was so hard because people are sick and die. That is something that makes you sad, you know. They are like family. It's a good work, but it is also hard. But this is life."* (Nui, Jan. 16 2015)

Because Nui did not want to end her time at *Baan Kamlangchay* entirely, she decided to open up a café in the village to host other caregivers and patients. Nui is kept very busy at her café, almost exclusively serving *Baan Kamlangchay's* employees and guests. In this small community, they can share work experiences and enjoy their time all together, caregivers and guests alike. Although *Baan Kamlangchay* follows a "one-caregiver-per-guest-per-shift" rule, the caregivers usually get together in one house and chat while looking after their patients. The atmosphere is very calm, quiet but communicative. The guests, respectively patients, seem happy in relation to their bad conditions suffering from late stages of Alzheimer's.

At *Baan Kamlangchay,* the point of working in a community is the number one reason for Lee and Joy. (cf. Lee, Nui, Joy, Jan. 16 2015) The personal aspect of their jobs in caregiving is vital for their work.

> *"[It is n]ot only 'the elderly'. I think it's much more personal than that. Like Ludwig[4]. He is not just elderly. He has Alzheimer's. […] That means more difficult. We have 'more than elderly people'. They need more help, need more care, need more heart. […] I am new here but […] in those almost six months it has changed my life in a way of thinking about them. I am changing. Absolutely different than what I was thinking before. […] It is difficult for someone who never had an experience before. […] I mean, when the feeling of them [note: the guests] is not the same every day. It can change. Bad or good. We don't know. We never know. Every day can be different with the mood. […] It is hard for them. All of them worked hard in their lives. And after that… They might have dreamed for themselves when they get older they are a grandma and have a good life. It is not in our hands. Anita[4] was a painter. The main family wealth comes from her painting. Edith[4] worked as a banker. We don't do this*

[4] Real name withheld.

> *only for the money because the money is not that high. I do it because I am flexible and because it's like working in a family."* (Benny, Jan. 16 2015)

In addition to the community aspect, flexibility and the ability to adapt to new moods and situations in their jobs are described as crucial for caregivers working with Alzheimer's patients.

> *"I work here so long already. You build up a relationship. The feeling, it is way more than working. It is like grandma. Sometimes we all have to fight and it's hard but in a few minutes it is gone."* (Noot, Jan. 16 2015)

> *"I thought it's just a nursing job. I thought that we would have time to feed, time to eat, time to clean. But other things: The way to take care of them, the way to control them and to control yourself, I didn't know in the beginning. I didn't learn. Because when we learn from the school, it is not like how it is here. It is different."* (Benny, Jan. 16 2015)

Currently, Fern is the only certificated nurse employed at *Care Resort Chiang Mai*. She found her job online through a friend's recommendation. At the time of the interview, she was responsible for the care of five permanent guests.

> *"When I worked at international school, I had a friend who went on the internet and found a job offer for a nurse in a resort. She told me, oh, that is very interesting for you! […] The environment is a lot better than at the hospital. When you work in a hospital, the patients are sick and stay in bed. But if you work in a resort, you have many trees, the nature. She told me it's very interesting. So I saw the job ad and called and gave Peter [note: Peter Brown, founder of Care Resort Chiang Mai] my application. […] I really like my job! Some elderly people are strong, there is still something they can do. But I feel happy when I can help also the weaker ones to improve. I like to make their life-quality better.""* (Fern, Nov. 18 2014)

Dok Kaew Gardens has a stricter rule of employment since it is officially linked to a hospital. They also offer jobs and internships for university students.

> *"Six years ago [I found my job at Dok Kaew Gardens]. […] While I was studying at Payap. I had an internship or some practice that I came here to do. Like the current students who come here and take practicums for their classes at the university. I got credits for that. And I knew that there was an open position. Then I interviewed and got the open position after I finished my practicum."* (Boyd, Jan. 13 2015)

Furthermore, it is common among caregivers at "Western" care facilities to have gained some experience at a hospital before.

> *"I was working at a hospital. Many caregivers worked at a hospital before and they stopped and came to Mr. Martin [note: founder of Baan Kamlangchay]. It is better work here. The time schedule for us is not fixed like in the hospital. We have more time. After finished our times, we are off and hand over the job to the next colleague. In the hospital it's quite busy and stressful, more hours. Overtime everyday. But here, one guest has three caregivers to take care for him. So we have plenty of time after we are finished. After our time, we leave."* (Noot, Jan. 16 2015)

All in all the caregivers at the visited private care facilities describe their care jobs as more convenient than at a hospital. They appreciate the work with the elderly although they admit it can be challenging and burdensome at times for they are confronted with transience every day. (cf. e.g. Nui, Jan. 16 2015) On the other hand, they describe their work as "life changing" and enriching for their own lives. (cf. e.g. Benny, Jan. 16 2015)

5.3.2.1 Example: A typical caregiver's workday

While walking through the village of *Baan Kamlangchay* with its houses scattered around, Benny, 38-year old caregiver, describes a typical workday for her:

> *"It's not so much. We just have to be here and look the whole time, talk to them, play with them. Whatever they want to do. It is not the same for every person. Martin doesn't tell us to wake them up. Just whatever. If they want to sleep, they sleep. They can have breakfast whenever they want. Normally they wake up early though. Anita wakes up at six o'clock or six thirty. Then we dress them and take them to breakfast. After breakfast we go to the swimming pool area and talk with them. Most of them can't have a conversation together, so we talk. Some like to play ball, Anton[5] really likes to play badminton. Anita, Edith and Sophie[5] just enjoy sitting there and listening to music. Sometimes they dance, Edith really likes dancing. Anita just sits down and smiles, she doesn't talk but she understands everything. English too. Sometimes we go swim in the pool. Afterwards we all get together in the houses, talk and exchange things. This is important for us. For people who can walk, like Sophie, Anita and Gertraud[5], we walk around a lot in the village. Martin allows us to walk within the village. We don't have to cook for them. But we have a kitchen in their houses so we can cook for us. Or we can go to the market and the coffee place with them. Just take them everywhere so they see things and people. Let them feel like they stay at home, not in the hospital. They get a chance to see other people, locals outside. Sometimes they have a massage. Not everybody, some like some don't. At five o'clock there starts the next shift. Another caregiver is coming. We spend the night, when we have the night shift, in their room. Dinner, they bring to our house. We don't have to take them to the eating area at Martin's house. Then in the evening we are listening to music, whatever, play cards. Then we take a shower, watch TV or so. And then we bring them to bed. But that depends. Gertraud will not sleep until midnight so we have to wait up with them. It is like with a kid, but harder. Because with a kid you can be strict and say: You have to go to bed now, close the door, turn off the light. But they can't understand. At nighttime we still have to get up, go to the toilet or change their pampers. Anita will sleep and lie down the whole night because she doesn't know when she has to go to the toilet anymore. She won't wake up when she has to go to the toilet. So we have to wake her up one or two times, otherwise the next morning we have a problem."* (Benny, Jan. 16 2015)

5.3.3 The care situation in a caregivers' family

As already indicated, most of the interviewed caregivers do not only provide care for the elderly foreigners, but also for their own family members. These relatives are usually either children or elderly. Their "care" is composed of financial, physical and mental care. As some of the caregivers participating in this research are still in their twenties or early thirties, they do not yet have to deal with elderly parents in need yet.

> *"I have grandparents but they don't stay together with my parents. My parents stay in the center of Chiang Rai, but my grandparents live one-and-a-half hours away from that. […] They only have diabetes and high blood pressure. Except from that they are fine."* (Fern, Nov. 18 2014)

Often physical and mental care needs are addressed secondhand through the parents. Fern, (who is a 27-year-old nurse at *Care Resort Chiang Mai*) and her family, do not want to rely on the government when it comes to care.

> *"I talked with my parents before about when my grandparents get older. My mum is a nurse too. In about four to five years she will retire and she plans to move to my grandparents' house for taking care of them. She will move outside of the city."* (Fern, Nov. 18 2014)

Caregivers, Lee, Nui and Joy at *Baan Kamlangchay* are already in their thirties and have a little more experience in caring for their elderly relatives. Lee, Nui and Joy know they are

[5] Real names withheld.

expected to take care of them when they need it. But they do not see it as their liability. They will do it voluntarily because the parents took care of them when they were children. (cf. Lee, Nui, Joy; Jan. 16 2015) It is in fact a matter of loyalty towards the family and of grace and charity.

Benny and Noot from *Baan Kamlangchay* both have children themselves, as well as elderly parents who are semi-dependent. Noot's father is very dependent on her care because he is sick. Noot has two sons, who do not live with her in Chiang Mai but with her husband's family.

> *"My dad is in a bad condition. He has cancer. I go back because my parents don't live in Chiang Mai. I don't come from Chiang Mai. I go back to take care of them every two or three months and I also take care of my sons then. I am single now. I separated from my husband and the family of my husband is taking care of my two sons. So I am renting a room close to Baan Kamlangchay. I just take care of myself and sending money to my sons and go back to my parents after a while."* (Noot, Jan. 16 2015)

Noot's story can be seen as an indicatory example of how alternative family patterns have reached Northern Thailand's society. "Modern" forms of patchwork-families through separation or divorce, as well as female labor migration combined with sending remittances to their children, are results of a worldwide socio-demographic change.

Boyd, 29-year-old caregiver at *Dok Kaew Gardens,* has parents and a grandmother who live in a Karen village in the mountains North of Chiang Mai. His parents provide physical and mental care for his grandmother, but even if his parents could not do so, the village would function as a community safety net. Additionally Boyd himself gives money to the family and community.

> *"There are plenty of other relatives there who help, not only my father and mother but also uncles and aunts who assist with my grandmother. Even friends. Friends who had their children grow up and move on and there are just mother and father in the house together. You know, husband and wife who have nothing else, maybe some fields. They have time to help out with the elder people. Like a community. […] There is more than enough help with all the other relatives helping."* (Boyd, Jan. 13 2015)

Susi, 23-year-old caregiver at *Dok Kaew Gardens*, has a very clear vision of her future concerning supporting the elderly. The following short transcript was taken out of a conversation with her:

> Researcher: *"Do you have older people in your village?"*
> Susi: *"Yes, grandparents and so."*
> R: *"Who is taking care of them?"*
> S: *"I don't have a lot of elderly relatives. They all passed away already."*
> R: *"How old are your parents?"*
> S: *"My mother is forty-nine, and my father is fifty."*
> R: *"Do you talk about what will happen when they get older? Who will take care of them?"*
> S: *"I will take care of them."*
> R: *"So you would move back to the Karen village?"*
> S: *"I will go back to my place and work there."* (conversation with Susi, Jan. 13 2015)

In Susi's situation it seems out of discussion that anybody else but herself will take care of her family. Again, the level of dependence on the Thai government is kept small when it comes to eldercare within one's own family. She also describes the difference between elderly people in the city and those living in the mountains. In her opinion, work and activity are reasons that keep peoples' bodies and minds younger.

> *"My grandmother […] is ninety-eight and she cares for herself. She does all her own, whatever she needs to do for a daily living she does herself. That is the difference between people in the town and people in the mountains. They are more self-sufficient. They are hard working. They get along just fine without that much extra care."* (Susi, Jan. 13 2015)

For now, Benny's mother is still helping out with her daughter and is not yet dependent on eldercare.

> *"My mom is still healthy. I have one brother too and four older sisters. So my mom, she is healthy. She can still go everywhere. Mostly she will come and visit her daughters and her son and help out in their houses. I don't have to give her special care yet because she doesn't need it at this time. […] When she will need it I will take care of her of course. I have to go back."* (Benny, Jan. 16 2015)

According to Benny, offering elderly people an option to be active is also a form of care and prevents from physical and mental diminishment. She gained this experience by her own mother helping out at her house and with helping raise her daughter. Benny tries to embed this experimental knowledge into her work as a caregiver. As a matter of fact, at *Baan Kamlangchay* the options of activity are limited due to the guests' Alzheimer's illness. However, Benny and her colleagues regard the guests' personal preferences in hobbies like playing ball, swimming, walking, talking, listening to conversations et cetera. (cf. Benny, Jan. 16 2015) Even though colleagues in other care facilities in Chiang Mai criticize *Baan Kamlangchay*, this "natural" approach to activity in eldercare is approved by professional nursing scientists at *Vivo bene Village.*

> *"In our concept we foster person-centered care, communication and encounter among the patients in a way that they can interact and socialize with each other and not separate from each other or only be with the nurses. […] For example, we played a game with a group this morning with rustling musical instruments, percussion instruments, dance, balance and walking ability. This way we integrate physical and cognitive abilities. Everybody had great fun with it."* (Eze, Jan. 28 2015)

In the case of *Vivo bene Village,* the knowledge of eldercare is gained through scientific research, whereas *Baan Kamlangchay* functions through experience and a learning-by-doing mentality. Although the caregivers' backgrounds, education and rationales vary between the different institutions, their ideas and mindsets about this grand topic of eldercare stay the same. Once more, it should be added that every institution makes use of the Thai attitude towards elderly people because, after all, "it's Thai people." (Benny, Jan. 16 2015)

> *"My dad was sick. Every holiday and on my day off I had to ride back to my dad and care, clean the room, feed him. Something like that. We have to do that. It's Thai people." (ibid.)*

5.3.4 Opinions about eldercare facilities for Thai people

All the interviewed caregivers have heard about eldercare state facilities for Thai people but consider them as worn down places, although only few have actually visited one. Still, as with many different people participating in this research, they confirm that these places are more comparable to a homeless shelter than to an eldercare facility. Also, they are non-comparable to private eldercare facilities for "Western" people in Chiang Mai. This shows in the fact that none of the interviewed caregivers even considers comparing one of the very few eldercare state facilities for Thai people to the privately owned ones for foreigners where they are working at.

Boyd, caregiver at *Dok Kaew Gardens*, is more comfortable comparing the facility he is employed at to other facilities in the same price range.

> *"There are a couple of other ones. I can't remember all their names. But Baan Kamlangchay for example. […] They are more for foreigners, but if you can afford them you can stay there. It doesn't matter who you are. […] But they are in the process of discussing for building a government subsidized facility for elderly care."* (Boyd, Jan. 13 2015)

Although there is knowledge of eldercare state facilities in Thailand, this knowledge is very limited to their mere existence.

> *"In Chiang Mai I know about two places. […] One place is separate of a private hospital. They have nurses twenty-four hours and doctors. It's different to here. We have just care, no treatment. We can't do treatments because we don't have doctors."* (Fern, Nov. 18 2014)

This facility mentioned by Fern turns out to be *Dok Kaew Gardens,* which is also attractive for wealthier Thai people due to its significantly more favorable costs compared to the other three privately owned care facilities.

Noot, a caregiver at *Baan Kamlangchay*, has work experience at a state nursing home for the elderly Thai in Bangkok and confirms her co-workers presumptions about the matter there.

> *"Once I was a volunteer in Bangkok before I came here. I was working at one of these places. The elderly people who stay at these places, they are very happy when somebody comes and talks with them because a normal day for them is just for nothing. Nobody comes and talks to them."* (Noot, Jan. 16 2015)

> *"Yes [I know a care facility for elderly Thai] but they are bad I think. But it never happened to anybody I know, so I don't know really. But I am talking to myself: I might go to one of these places to give them food and do charity. You know, instead of baking a pie, I just go there and give them food."* (Benny, Jan. 16 2015)

Considering the caregivers' views on governmentally subsidized eldercare facilities for Thai people, one surely experienced misfortune or hardship in life to be placed into a home. As mentioned beforehand, going to a public care home for the elderly Thai is not a choice that is made by those in need, but by people who cannot see another way out of a really bad situation. Thai people living at those facilities are being commiserated by society.

When asking for the assumed reasons why someone *has* to stay at one of the few public care facilities the answers are quite clear and overlap with generation conflicts and distribution of wealth all over globalized societies.

> *"The children don't have time to take care of them. They can't leave them alone in the house, so they bring them to a place like that. At least they are not alone there, they still have other people."* (Noot, Jan. 16 2015)

> *"If there are no family members to look after them this would be a likely place where Thai people could go."* (Boyd, Jan. 13 2015)

> *"If that happens in a rich family, if they don't have time to take care of the parents, they have the money to send them to a place. But it is not their own decision. Their kids took them to a place like that."* (Benny, Jan. 16 2015)

Thus, the aspects of generation conflicts and individual financial options still interfere with tradition and origin, especially in Lanna culture.

> *"In the North, we are very much focused on the family. Most people work in the village, in the farm. They also work in the city but they go back in the evening. They still have time to take care of them [note: the elderly]. Also, even in my generation, they still have many children in the family. So my mum has seven children all together. Even if there are three away, there are still four left. But this is changing, I only have one kid. Noot only has two children."* (Benny, Jan. 16 2015)

5.3.4.1 Considering a care facility for their own elderly? A paradox question.

Working at a care facility and the possibility of actually staying at a care facility as a patient are mostly not associated with each other for the caregivers. In general, this means that if foreigners stay at a care facility in Thailand, it is not seen as a challenge for Thai people, but as a chance to work and earn money. Yet, imagining an alternative eldercare situation besides caring within one's own family seems inconceivable for most of the Thai caregivers.

Now and again, it becomes clear in the various statements that there is also a severe difference in where the caregivers come from. Boyd and Susi (both caregivers at *Dok Kaew Gardens*) are Karen and knit to their traditions much more than other caregivers who might not have their origins in large cities but who consider themselves of "Thai" ethnicity. As a matter of course, a generalizing assertion cannot be made, yet still, their statements give hints on differences in between Thai society and ethnicity when it comes to origins and traditions.

> *"In the village with the Karen people it is not acceptable [to put the elderly in a home] with all the relatives able to care for an elderly person. Others would look at you and say: No! Your parents raised you as a child all these years. The least you can do is care for them when they are old."* (Susi, Jan. 13 2015)

> *"We would not even think of such a thing [to put the parents into a care facility]. It is not accepted at all. We would lose our faces. We would be considered as… My father would say: Your father and mother helped you when you were a child and we cared for you growing up until you were an adult and now you are leaving us in a facility? It would hurt them."* (Boyd, Jan. 13 2015)

After being asked about further explanation, Boyd describes the Karen culture, their family bonds and makes clear that Karen culture and Thai culture is not necessarily the same. For Thai, he says, it is more likely to go to a care facility than for Karen people.

> *"The Karen people are more of a close-knit family unit. So we are doing our fields and rice cultivation in the mountains, so it is easier for us to care for the elderly and not practical to send them off somewhere, especially the costs and so on. It is not a consideration at this time. But the Thai people who are in the towns and cities and cannot care for their elderly family members will consider it. It has become more and more a way of life to have them being cared for in facilities. [It is] more common because they are working. They have to go out and get jobs and there is no one home to provide care for the elderly members. […] For Thai but not for Karen."* (Boyd, Jan. 13 2015)

Susi, who is also Karen and caregiver at *Dok Kaew Gardens*, has a very similar view on the matter when asked if, in the future, her parents would move to the city instead of her going back to the village.

> *"No, they cannot [move to the city]. They don't like the city,[…] two they cannot drive and three the city is too far. So they want to stay and I will go back. [But] for Thai people I think it's good. […] I think Thai people who are able to care for the family members that have still relatives who are able to do this, who are still around, should do it. It would be inappropriate for them to just leave them at a facility when they are still able to have family members care for them. But for people who don't, then that's acceptable. If you don't have any other relatives, if the family moved off somewhere and you are all alone, then yes. Then it would be acceptable as a last resort. I think the nursing home is good for people who don't have a wife or children."* (Susi, Jan. 13 2015)

Although, according to Boyd and Susi, it is more acceptable for Thai people to seek care somewhere else than in ones own family, it is still very uncommon in the present generation.

> *"No [, I would never put my parents into a care facility]! I know about the culture in Europe and America. The teenagers like sixteen or seventeen, they move out of the family. That is different in Thailand. Maybe some families stay together until the mom dies."* (Fern, Nov. 18 2014)

All caregivers who have been interviewed would not take the parents out of their convenient environment. Also, all of them point out that they could never afford a modern nursing home or a home with assisted living. (e.g. cf. Joy, Lee, Nui; Jan. 16 2015)
A care pattern like in "the West" or for "Westerners" in Thailand seems out of every question for most of the Thai givers when thinking about their own elderly relatives.

Even Martin Woodtli, owner of *Baan Kamlangchay*, does not expect his female employees to put their work first above all their other liabilities.

> *"If, for example, a caregiver's parents struggle with something, then they leave. I have to reckon with that for this time someone would have to fill in for this person. This is a fact that transfers also to economy. If something, maybe only a little thing, happens [in the family] then you have to find a replacement quickly. They [note: the caregivers] might not understand that this is different in the Western world but they are so much happier then when the relatives come and visit [the elderly Westerners at Baan Kamlangchay]."* (Woodtli, Jan. 16 2015)

5.3.5 Perceptions: Will the care patterns in Thailand change?

Globalization and socio-demographic change predict that Thailand will face challenges in an aging population. In this sub-chapter the main question focuses on if the caregivers are aware of these predictions and if they see the government reacting on these challenges.

As mentioned before, there were differences in the answers according to where the caregivers come from originally. Susi (caregiver at *Dok Kaew Gardens* and Karen) does not see a change within Karen society, which the following transcription of conversation shows.

> Susi: *"I think that it is not going to change because of the strong tradition we have. If, for example, a family had ten children then there would be at least one or two of these children who would take responsibility, take care for the parents in their elderly years."*
> Researcher: *"But in reality, do parents nowadays have ten children?"*
> Susi: "*No; that was just an extreme example. My family only has two children: Me and my younger sister. One of us, most likely me because I am the older one, would have to take care of the parents."*
> (conversation with Susi, Jan. 13 2015)

Susi sees her Karen community rather uncoupled from occurrences in socio-demographic change in Thailand, which the previous example shows quite well. Although Susi is currently working in the city, she will go back to care for her parents when they need it. Even though she only has one sister, her duty is unswayable on her family's micro level, despite the fact that on a macro level, socio-demographics might predict differently for the long run.

Indeed there are different perceptions amongst the caregivers that reach from simple awareness to actual plans for the future. Undoubtedly, there will be the need for alternative eldercare systems in Thailand and the government is expected to take on the responsibility.

> *"I think in the future it is going to change. People don't have enough children anymore. […] The government has to react to that. I think they will, because I saw the news on TV. Many times, they talk about health, high-technology for medications. In hospitals they get more and more high-technologies for treating the people. […] The structure of the people changes. I don't know the real plan, but I expect the government to have a plan to build nursing homes like this one. For the people who don't have children."* (Fern, Nov. 18 2014)

> *"I am not sure, but I think in the future in Thailand it will be the same [like in Europe]. The young […] don't live very close to their parents. […] The way how to take care of the children is not the same. Like me, when I was young, the way my parents raised me and were teaching me is different from many families in this generation. Even myself - how I raise my daughter is so much different. In the past we didn't have mobile phones, television, tablets and so on. […] I think in the future it will change and I don't want that. I would like it to stay the way like it was in the past. I don't want it to become like in Europe. […] I prefer to stay in the countryside like this because our lives nearly stay the same as they were a few years ago. More close to the people. Bangkok is different; people are like Farang. It is easier for them to do their thing."* (Benny, Jan. 16 2015)

We see that an increasing need for eldercare is, as a logical conclusion, the result of more elderly people. In the comments above, Benny and Fern see this movement connected closely to technology, not only in medical treatment, but also in everyday life. Technology makes people change. This can be a seen as furthering society, while inhibiting it at the same time.

When thinking about her own future, Benny, caregiver at *Baan Kamlangchay*, does not expect her only child to take care of her when she reaches high age.

> *"I don't expect anything from my daughter. Now, I am just doing my best. I am showing her how I act towards my mom. I let her know what I am doing to help her out and hopefully she will follow my step. But if she will not do that, I will just think: Ok, I am not as lucky as my mom. So I am working hard to save some money for when I am older. I am not dreaming for that. That she will take care of me. But if she would do the same like I do to my parents, I would be lucky. I would prefer that, but I don't know. […] The most important thing is: You have to show the kids. You have to do the good things and then they will pick up. If they see that you take care of the parents, you show them a good thing and they can imagine and design what they are going to do. Your kids are like a mirror."* (Benny, Jan. 15 2015)

Benny does not expect her daughter to commit to the tradition in family care. She aims to provide for herself as much as she can manage. This basically means saving up enough money for when she wants to retire so she can afford paying for eldercare. Nonetheless, Benny could not go to a care facility, at least not to a good one, she says.

> *"I don't think that I can do that [note: go to a care facility]. I think it is quite expensive. You must have money. But I think there are organizations that take care of these kinds of people, even if they have no money. But I don't know that. But in Thailand you have to have the money if you want a good home like this one here."* (Benny, Jan. 15 2015)

As pointed out in *5.3.3 The care situation in a caregiver's family,* alternative care patterns are not something that lies too far ahead in the future. Noot, caregiver at *Baan Kamlangchay,* comes from far away but lives nearby without her children who stay back home with the rest of her family. (cf. Noot, Jan. 15 2015) Change is happening right now, and this is something that is not only to be seen in aging societies and rapidly sinking birthrates. It also shows in peoples' life experiences, although an exact outcome for society is not in sight yet. It is to be hoped for that the Thai government will pick up on the challenge of aging societies, that they will support its families and offer them alternative high age care appropriate to Thai traditions.

5.3.3 Opinions about foreigners seeking care abroad

People from "Western" countries who concern themselves with high age care abroad usually have strong opinions about the matter. Most often, it is the media that forges these opinions that rapidly ridicule care abroad. As before mentioned, the term "gerontolocial colonialism" (PRANTL 2012) is not a scientific one, but invented and forced by the German speaking media. Yet the essential question here should not only be about Eurocentric moral conceivability, but moreover, about the opinions of those who work in the care business for foreigners.

> *"[T]he culture is different. In Europe the parents are left alone with each other. In my opinion, it's good to come here. They can find new friends; maybe they can learn a new culture, a new language. They can meet friends from many countries: Switzerland, America, England. They can talk together and share experience in a multicultural environment. […] Maybe they don't have children. Or maybe when the elderly people stay in the home they feel lonely because their son or daughter goes to work, grandchildren go to school and maybe they don't like to stay alone in the home. Maybe some even want*

> *to go to the nursing home. To see people in the same age. […] Some elderly people when they stay alone in the house, they get depressed because they don't have anyone to talk to. When they come to a nursing home like this one they have activities for exercise. We go to Chiang Mai together, we go shopping every week."* (Fern, Nov. 18 2014)

In this phase of the interviews, it became obvious that there are also stereotypes of Europeans built up by Thai society. These stereotypes become stronger through working in care for people from abroad. Those stereotypes and opinions are the following, as examples:

- *Farang* have money.
- Working for a *Farang* is a lucrative business.
- Europe and "the West" in general are immoral, consumerist places.
- Therefore, a "Western" lifestyle is not something to aspire after.

Although some of the stereotypes might be proven wrong through personal relationships, through an imbalance of power and financial options between *Farang* and caregiver in the sphere of care, stereotypes are verified for the caregivers.
As seen in the comment above, Fern (nurse at *Care Resort Chiang Mai*) commiserates with her patients to a certain extent. Benny, caregiver at *Baan Kamlangchay,* feels a similar way.

> *"I don't care if they bring them here or they bring them to the same kind of place in Europe. I don't think that's the main point. The most important thing is if they leave them alone in the house and don't have time to take care of them that is way worse! When they bring them here, they still have us to take care. The most important thing for them would be to stay with their family, but if they don't have time, then bring them here! And I think that is the same for Thai people. If you think you don't have much time for them, don't leave them alone in the house. Send them to this kind of place! They still have friends. But that depends on the money of course. I think Baan Kamlangchay is a very good place."* (Benny, Jan. 15 2015)

The caregivers' opinions about care facilities for foreigners do not vary much with those about institutionalized care in general. It is seen as the last resort for people who do not have any other option. Yet, when a Thai person is going to a governmental care facility, it is mainly a result of poverty. This is not the case for foreigners. Because signing in at a care facility for "Westerners" can never be a consequence of poverty, but rather a privilege of wealth and choice. As a result, the perception lies somewhere in between comprehension and incomprehension because, in the end, the caregivers' combined opinion is that ones' own family would be the most important entity to age among.

For Boyd (Karen caregiver at *Dok Kaew Gardens*) working in his profession does change his picture of eldercare apart from traditional family structure.

> *"I have a full understanding of both sides of the issue. I know that the people on the mountain and in the villages have the option to care for their families there because they have enough relatives who are not working or have the time to take care for an elderly, but then I understand the fact that people who live in the towns and cities have all these responsibilities of going to work. They don't have the time to provide twenty-four-hour care for someone with Alzheimer's or dementia or who simply needs this kind*

of assistance daily. So they are willing to bring a family member to a place like this. They know that it is good care. It costs money, sure, but that's part of the thing. They accept that. They come visit when they can. On the weekends or something like that. It's not like, many family members are just dropping them off and leaving and then forgetting about them. Sometimes that happens but many many families come here, take them for a ride in the wheelchair or take them to lunch or something. Whenever they have a spare moment they come and visit. I understand both sides and I understand why people must do that to function themselves in life." (Boyd, Jan. 13 2015)

Sometimes the family stories are concealed, which makes understanding reasons and situations for care even harder for the caregivers.

"Yes, I do wonder [where their children are]. […] Often I don't understand the foreign people who have their relatives here from other countries who don't come and visit them very often. Sometime, there was a case, or several cases, of a woman who just died a couple of months ago. She was from the U.S; Her son would only visit her maybe twice a year but only for a very short time. […] He was back and forth. He had a home nearby. In fact, she used to live with him there for a couple of years until it became too much to care. […] She was not a very sociable person. She had a little bit of dementia. […] Anyways, I don't understand why these people don't come and visit more often. […] One time when he visited she thought that he was taking her back to the States. […] She wanted to go back. […] I can't understand why." (Susi, Jan. 13 2015)

"[The relatives do] not come very often. Most of them. Some of them come often, like Mr. Gustav[6]. His wife comes very often. Anita also gets more visitors than other people. Like one time a year. […] Yes, one time is often!" (Benny, Jan. 15 2015)

As a matter of fact, this raises a whole lot of follow-up questions that cannot be answered in this research. Benny (caregiver at *Baan Kamlangchay*) tries to explain the reasons why people do not come to visit more often.

"It's because it is so far away for them. On the other side, money can't be the problem. Because only to send them here is already expensive and they can do that. So it has to be, because it's far away and they don't have the time." (Benny, Jan 15 2015)

[6] Real name withheld

6 Excursus: “Neocolonialism”

Although tourism and migration from “the West” to Thailand are generally welcomed among Thai people for bringing the country forward economically, there are also critical voices, especially when it comes to land grabbing. It is important to make note of the fact that it is usually not the individual who causes trouble for locals when it comes to land acquisition but commercial investor groups, e.g. real-estate firms. In general this is promoted with the chance of economic development through financial investments.

Some reviewers do not only see the positive side of touristic factors (cf. e.g. NATIONAL SECURITY SEMINAR THAILAND 2014). Due to them, tourism also involves the danger of stepping backwards in social development. If foreign ownership goes too far, like in Pattaya or Hua Hin, it can bring pauperization and overdependence to local communities and companies, as well as exploitation of land and human capital. So, according to estimates, there are areas in Thailand that are verging on neocolonialism. Thus, this does not characterize the situation for entire Thailand. There are areas where land is scarce, especially on the seaside and in urbanized areas, but there are other areas where a wide range of land is available because there is no need for it (yet) on local terms.

For example, in the case of *Dok Kaew Gardens* and *Vivo bene Village*: According to local narratives both facilities are located in places that are denounced as accursed in Thai natural religions and spiritual beliefs. Whereas the history of *Dok Kaew Gardens* even goes back to the nineteenth century, *Vivo bene Village* is a very new development. Still, both of their stories lead back to a similar motive for why the land was given to foreigners: Superstition in Thai culture.

Observation shows that, in regards to scarcity of land, Chiang Mai province does not have a problem. Outside of the city center, there is plenty of space that, in theory, can be bought and used. This is demonstrated, for instance, by the area around *Care Resort Chiang Mai*, which is surrounded by a lot of nature and little villages. Notwithstanding, one can argue about the ecological consequences and cultural conflicts of formerly natural and uninhabited areas.

Prima facie, there are no official signs for any form of colonialism in Thailand, since Thailand was never colonized when the rest of Southeast Asia was occupied by European and American powers in the not too distant past. Neocolonialism, nevertheless, is a very sly form of colonialism and often not discovered as such in the first place. By definition, neocolonialism, by definition, requires a certain system behind some kind of exploitation in a

broader approach. WATTS (2009) describes three main requirements of exploitation through foreign powers or local elites in the context of neocolonialism:

(1) Exploitation of land
(2) Unjustness or oppression of humans
(3) Enhancing economic power of those repressing

Additionally, but not necessarily, the repressed country has a historical colonial background. Investing in land in Thailand as a foreigner and building a care facility on it does not automatically correspond with neocolonialism. It mainly depends on (1) if the land is bought on fair terms for all affected sides, (2) if employees are paid and treated humanely and (3) if there are broader economic power games involved; for example, if there is an interference in local politics or aspiration for more investments. At least the first two points are very vague and subjective factors for human judgment and may not immediately be verified or falsified in every case.

No obvious evidence - neither in personal observations, nor in the interviews - showed that Chiang Mai has to deal with scarcity of land. Still, the accusation of neocolonialism holds up, at least in the media. German media has invented the expression "Gerontologischer Kolonialismus" (engl.: "gerontological colonialism") and spread the word. (cf. e.g. PRANTL 2012) This definitely implies a negative connotation that international retirement migrants in Chiang Mai are also confronted with. Nancy Lindley, president of the *Chiang Mai Expats Club* and *Lanna Care Net,* sees the critical side of the broad picture about international retirement migration to Thailand.

> *"Certainly, in some aspects it's accurate. Some of it might be about the high population we have because of the baby boomers. I can see that it makes a difference in the place where the elderly go to."* (Lindley, Nov. 9 2014)

The land where Christine built her house on as part of *The M-Place*, a Swiss settlement North of Chiang Mai center, does not seem to bother anybody in particular. Per contra, it is seen and used as employment possibility by locals: gardeners, cleaning ladies, maids and even stable hands for their horses are needed to manage *The M-Place.* Still, the colonial side effect is involved and appears in interpersonal relationships, for example:

> *"Of course I recognize how we behave like in colonial rule sometimes. How we learned it in schoolbooks once. How colonial masters looked for their employees. But we treat the situation differently. […] Sure, sometimes I feel silly when I pay as much for a vase like some Thais earn in a month. […] We are the only white people here [note: in a village North of Chiang Mai center] Of course we are the biggest employers in the village! That is why when they hear that a position is open there are always relatives who want to work here. […] I don't really see it 'gerontologically' at the*

> *moment. But of course it implies the aspect […] that we are something 'grand' in this country. This was a new experience that we all didn't expect, that we would be something like this ever in our lives. […] How I handle that? I can say as an example: When I see a rich banker in Switzerland who earns billions a year, I might also have the feeling that I am a poor bugger in contrast. […] I am not comparing anymore and I think neither are our maids. My attitude towards this is: I can try to treat them kindly, considerately, equitably but maybe also strictly. […] It needs also the aspect to be the boss but in a very benevolent and good way."* (Christine, Nov. 30 2014)

To keep up flat hierarchical structures and mutual respect, Christine and her friends pay their employees equitably. It is even common to arrange informal private safety funds for employees as a form of retirement pension.

> *"She [the maid] needs to know that she does a great job and she and her work mean a lot to me. There should not be an arrogant relationship between employer and employee."* (ibid.)

Also, participating in local activities and Thai festivities in the village is part of everyday life for retirement migrants at *The M-Place.* There they can interact with employees and their families.

> *"They present us proudly: This is my boss. They are really proud that we want to be a part of their lives."* (Marita, Nov. 30 2014)

On the part of the care facilities, their owners might feel the need to revise the medias' reproval that is directed towards them. Martin Woodtli, founder and owner of *Baan Kamlangchay,* sees the accusation as follows:

> *"It has indeed its entitlement that we see the term [note: geronotological colonialism] critically. In any case! But one has to look closely. If people say: 'Deported' and mean it across-the-board… I could never take in that many people. It's not possible. […] It is not a matter of planning this with a system to bring people here to Thailand. If you would do it with a system then […] I am critical and I wouldn't think it's good. That is why I am against those big institutions that show a system. […] But one has to look closely and don't lump them all together."* (Woodtli, Jan. 16 2015)

It remains to mention that we are facing a gray area, trying to find a connection between the care business for *Farang* in Thailand and a form of neocolonialism. Nevertheless, unambiguous is the fact of obvious disparities in distribution of wealth and power on the micro-level in interpersonal relationships, for example between "Western" employer and Thai employee. An imbalance of power can be discerned in several interviews' statements.

7 Results

7.1 Results of the main research question

The main research question for this study focuses on the linkages of international retirement migration to Thailand and the local care sector of Chiang Mai. The goal is to find these connections and segregations between the different research categories and members of the care sphere in Chiang Mai.

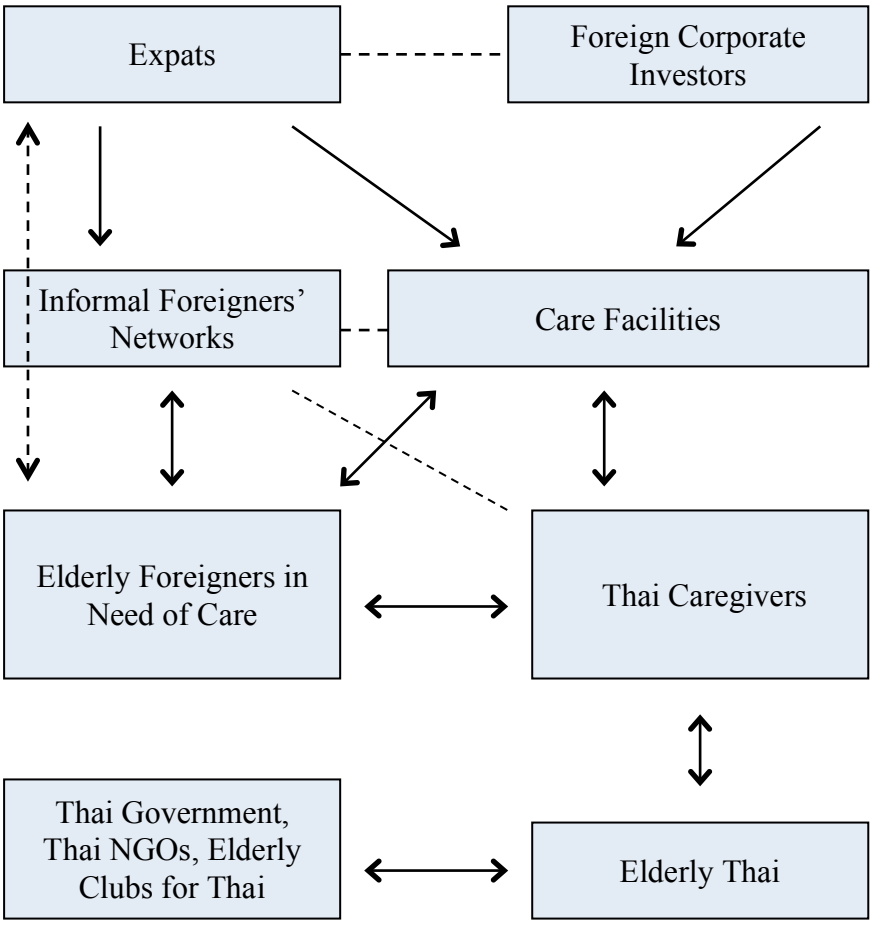

Fig. 17: Linkages between members of the sphere of international retirement migrants and care in Thailand. Own design.

In Fig. 17 we see that **Expats** and **Foreign Corporate Investors** are loosely connected with each other. This means that often, foreign investment is made through private individuals who have lived in Chiang Mai many years and who have extensive experience in the area. However, sometimes this might not be the case and foreign investors are in fact business consolidations, such as *Vivo bene Village*. Although the company might not be residing in Thailand, they can still reach back on the expats' communities' experiences.

Care Facilities are a way of investment by foreigners - either **Expats** and/or **Foreign Corporate Investors** - in Chiang Mai. Care facilities draw their prospects out of the group of **Elderly Foreigners in Need of Care**. The members of this group are either already expats or people who live in their home countries but are still targeted by care facilities from abroad. Specifically, *Vivo bene Village, Baan Kamlangchay* and *Care Resort Chiang Mai* target elderly people in their home countries (e.g. Switzerland, UK,…), either through intended advertisement or through conversational viral marketing. In general, they are also open to expats who already live in Chiang Mai. However, *Dok Kaew Gardens* is the only facility that draws its patients from the expat community. This is likely because it is basic and less costly than the other facilities.

An important role in the expats' community is the care component of **Informal Foreigners' Networks**. For example, several expats' clubs, including *Chiang Mai Expats Club*, *Swiss Lanna Society* and *Lanna Care Net*, are reaching out to elderly expats' in need in order to provide basic care and help for them. Also, *Dok Kaew Gardens* is promoted as an option to avoid repatriation. Occasionally, they find **Thai caregivers** to care for those in need in their homes. These networks are on a voluntary basis and create help within the group of elderly people. They subsist on mutual support as long as there are enough members, but, nevertheless, they are fragile. Therefore, their sustainability can be called into question.

When looking at eldercare for foreigners abroad in Chiang Mai, **Thai Caregivers** play an essential part. Without them conducting care, the entire network could not exist. They care for **Elderly Foreigners in Need of Care** either privately (e.g. through marriage or other relations) or publicly in care facilities. In the latter case, they earn their salary through care. Nevertheless, their connection to foreigners is not their only care aspect because they also care for the **Elderly Thai**. First and foremost, the caregivers' function lies in reproductive labor of caring for their own elderly and younger family members.

For the most part, Thai and *Farang* live separate lives and cultivate contacts with their own kinds. If there are connections, it is usually a result of marriage between *Farang* men and Thai women or employer-employee relationships, for example, in care. Therefore, the caregivers are a component of the system's centerpiece in connecting foreigners with Thai natives. Even though conflicts are not explicitly visible and living side-by-side seems harmoniously, without the caregivers there would hardly be any perceptible linkage. Although there is no evidence of labor exploitation, it is critical to recognize that an imbalance of power

between foreigners and Thai exists in a way that retired migrants have the spending power to pay a Thai person for care, which brings the latter into a subordinate position. Furthermore, this can cause gender inequality since the caregivers are predominately female and retired migrants are chiefly male (although the situation is shifting in recent years).

Since Thailand is still one of the countries in Southeast Asia that offers governmental pension provision for everyone who signs up, the state provides the absolute minimum of financial care for the **Elderly Thai**. (cf. HUSA/WOHLSCHLÄGL 2008b, 165 et sqq.) The **Thai Government, Thai NGOs** and **Elderly Clubs for Thai** are on hand for the elderly Thai in need. But this primarily basic financial basic aid does not cover all needs of elderly people. Here, we see the result of family members again entering the picture as **Caregivers**. Additionally these family members provide financial provision, mental and physical care.
An NGO can only function as far as its funds suffice. *FOPDEV (Foundation of the Older People's Development)*, as an example for an NGO in Chiang Mai, does not give money to the elderly people, but provides communal care for those in need through its volunteers. Also, they work closely with the elderly clubs for Thai people and empower them to help the elderly in their communities.
No connection is seen between the **Thai Government, Thai NGOs**, **Elderly Clubs for Thai** and **Elderly Foreigners in Need of Care**, which leads us to the matter of mutual unconcern between Thai and foreigners in living parallel lives.

7.2 Results of the sub-questions

Finally, answers to the research questions depicted introductory, will be given on the following pages:

- How are international retirement migrants and the fact of seeking care in care facilities for the elderly in Chiang Mai connected with each other?

The hypothesis assumed that the more retired migrants are involved in the Thai community, the more they rely on caregiving within the family rather than making use of an institutionalized care facility.
In general, this assumption can be verified, particularly for male retired migrants. *Farang* men who are married to or in a relationship with a Thai woman rely on their wives when it comes to care. Occasionally, there are cases where the Thai woman cannot cope with caring, for

example due to physical conditions. An by example Heather Smith (head at *Dok Kaew Gardens*), is a small Thai woman taking care of a tall British man. (cf. Smith, Jan. 13 2015) Other than this physical limitation, divorce or separation can also leave a *Farang* without a direct care resource. In this case, a *Farang* man would again be on his own. Yet, similar to the traditional Thai systems (especially in rural areas) it is not only the nuclear family that is available for eldercare, but also the community. Communities and elderly clubs can be a substitute for the family. The Thai care system is built up on altruism and charity. It seems that the elderly foreigners in Chiang Mai have adapted to this system in their possibility of using their elderly communities as a support network with *Lanna Care Net,* leading the way as the first officially founded informal care network for foreign retirees.
Even successful care facilities are built up resembling familiar fabric more than an institution. Care facilities for foreigners in Chiang Mai only seem to work if their different parts are closely linked to each other in unity.

The second hypothesis to the previous question is that the process of receiving care in an eldercare facility in Chiang Mai is a heteronomous decision rather than a self-determined one. This can be verified for the most parts because, usually, the elderly are already in a severe stage when a decision has to be made. Essentially, these residents might not be able to decide for themselves anymore. In some rare cases, such as at *Care Resort Chiang Mai*, the elderly foreigners came to a decision to stay there themselves. Additionally, the fact has to be acknowledged that there are indeed elderly people with Alzheimer's disease in Switzerland who were put into a care facility such as *Baan Kamlangchay* by their relatives directly from Switzerland. The exact reasons for that could not be found out because it was not possible to talk to the family members who made the decisions. Founders justify the families' decisions with the high quality of care, and caregivers, respectively. Nevertheless, cost has to play a minor part because services are definitely not as affordable as assumed in the beginning of this research.

- To what extent does care for elderly "Westerners" influence the care providers and their views on geriatric care apart from traditional family structures?

The assumption was that the more the Thai caregivers are involved with their jobs and the "Western" care takers' lives, the more they could agree with institutionalized eldercare within Thai society, even when considering it for their own family.
This statement cannot be verified. There is no explicit assertion throughout the interviews that

receiving care in a care facility is an option in a Thai caregiver's family at present, especially when talking to Karen caregivers at *Dok Kaew Gardens.* To do so would mean an insult to the family. Only one caregiver admitted that she would not count on her one daughter to care for her when she is old. Still, she wants to set a good example and care for her own parents in order to lead her daughter on a family-oriented path. In case of her daughter's refusal, she saves enough money to provide for herself in her retirement. (cf. Benny, Jan. 16 2015) Receiving care at a facility is seen as an elderly person's last option if every other option fails. Care facilities for the elderly Thai, provided by the state or by charity organizations, are considered as homeless shelters and are not comparable to a Eurocentric understanding of an eldercare facility or a nursing home for the elderly.

The second hypothesis to this question is that the process of providing care in a care facility for the foreign elderly in Chiang Mai is a heteronomous decision and not self-determined. This is mostly falsified. Working at a care facility in Chiang Mai is a worthwhile employment for Thai caregivers, especially females. They enjoy the flexible working hours so they can care for their families. The general experience is that in a hospital their scope would be inferior compared to a care facility led by foreigners. Also, a familial work environment that exists within most of the facilities adds to a good social climate and lets caregivers find their complete expressions.
In the interviews with the younger Karen caregivers at *Dok Kaew Gardens,* their community benefits of their good education and employment through financial support is evident. Hence, it is always possible that the decision of working in the care business for elderly foreigners might also come through their families; however, there is no evidence to prove this.

- How are care facilities for elderly people in Chiang Mai conducive to "gerontological colonialism" in the context of neocolonialism?

Neocolonialism questions if the care facilities for the "Western" elderly are a mass phenomenon or isolated cases. We know about four care facilities for "Westerners" in Chiang Mai area at the point of this study. These facilities cannot be seen as a mass phenomenon, but indeed as buoyancy since 2006. Nevertheless, it remains important to consider the number of foreigners in the care facilities and if there is an exploitation of resources. This cannot be answered universally for every care facility in Chiang Mai. Therefore, we must again consider WATTS' (2009) classification for neocolonialism: There are no hints of exploitation of land or land-grabbing in Chiang Mai. In two cases (*Dok Kaew Gardens* and *Vivo bene Village*) the

land was given to the investors because the Thai people had no use for it. In these cases, giving the land to foreigners meant additional jobs and a chance of economic advancement in the region. Furthermore, the motivation behind founding the care facilities does not necessarily fall under the definition of neocolonialism because it was not always economically driven. There is one exception; a foreign Swiss investor company established the facility *Vivo bene Village.* Therefore, it is clear that behind *Vivo bene Village* there is an aim for financial accumulation. At the other care facilities, the financial outcome is either respectively small or irrelevant. Such is true in the case of *Dok Kaew Gardens* because it is not owned by a foreign person but by the Thai church. Therefore, at *Dok Kaew Gardens* the aspect of Christian charity is very important. For Martin Woodtli at *Baan Kamlangchay* and Peter Brown at *Care Resort Chiang Mai,* the decision of founding a care facility was also a social one due to their personal histories.

Secondly, employees at care facilities are not being oppressed or mistreated in any kind of way. There is no evidence of exploitation of human resources by foreign investors or private people in the care business. In fact, caregivers are paid better and describe their working conditions as better than at a hospital. Thus, the example of care facilities does not fit the characteristic of human oppression under the neocolonial definition.

Of course this information must be approached critically on several terms, especially when regarding the care section for the elderly Thai and when considering a possible brain drain to a different branch in the care business: If healthcare facilities for foreigners will multiply as Thai authorities are planning, health personnel from local Thai hospitals might move on to facilities for foreigners due to better payment and more flexible hours. This, in turn, could lead to a decrease of healthcare quality on the Thai national level, as the two systems are seperate and unconnected from each other.

This leads directly to WATT's (2009) third point because what persists; however, is enhancing economic power over locals. The roles of donor and recipient in economic power and financial possibilities are clearly allocated by foreigners to Thais, respectively. This is even emphasized by some of the interviewed retired migrants. Although there is no proof that it is actually harming any member in the care business, it undoubtedly reinforces an unambiguous power structure, an imbalance of economic power and prejudices towards the respective other side.

Services abroad tend to implicate inequalities. When retiring in Thailand, where services are cheaper than in their home country, a *Farang* typically remains as a person with expendable finances. While, in comparison, a Thai person who is providing service is earning little

money. Thus, in case of this research, one must acknowledge that all of the heads at the care facilities for foreigners are "Westerners" who employ Thai for services. This aspect certainly has a neo-colonial impact.

Furthermore, there is one last aspect to add to WATT's (2009) understanding, which is the number of foreign people who are actually making use of a care facility in Chiang Mai. This leads to the next sub-question:

- How do the dispersal of offerings and the variety of care supply correspond with the real demand of geriatric nursing homes for "Westerners" in Chiang Mai?

The representation of care facilities in Chiang Mai in the "Western" media is quite large.
It is worth noting that the facilities with the most elaborate websites and online offerings are the least successful. This research reveals that foreigners' decisions to seek care at a care facility (or to admit their frail relatives into a care facility) are not the result of marketing and advertising in the media, but of word-by-mouth advertising. *Dok Kaew Gardens* and *Baan Kamlangchay* prove this notion. Although *Baan Kamlangchay* does not advertise much intentionally, the facility is still quite present in the German speaking media.
At the time of this research, *Baan Kamlangchay* and *Dok Kaew Gardens* were filled to capacity, whereas *Care Resort Chiang Mai* and *Vivo bene Village* were struggling for guests. Both of the latter mentioned care facilities are in a build-up phase, still waiting for the "big boom". Whether or not a boom will ever come for them remains a question to be answered by future research.
Still eldercare facilities are a possibility why international retirement migrants could imagine spending their remaining years of retirement in Thailand. Some interviewed retirees mentioned that they visited one or another care facility already and liked the atmosphere and the idea of having options, although it is definitely not seen as the only option. Other choices for the elderly foreigners are receiving home-care through employing Thai caregivers or marrying a Thai woman. Lastly is the option of repatriation to their home countries, which is generally avoided by individuals who did not originally plan on returning to their home countries.

7.3 Further results: Critical aspects

Mutual lack of knowledge or interest

Frequently, members of the different categories (international retirement migrants – care facilities – caregivers) were surprised about the options of networking in eldercare in Chiang Mai. Reports revealed that they rarely connected willingly with each other.

In fact the elderly clubs, as mentioned before, are an excellent example for similarity between the elderly communities of Chiang Mai, including Thai clubs and clubs for foreigners. Their function is practically the same: Enjoying life in a community and caring for those in need amongst ones' own social circle. Although, this does not mean that there is an overlap between the clubs apart from possible private interpersonal relations. While there is no explicit refusal, neither from Thai nor from the foreigners' side, there is hardly any deliberate connection between them either. Although general willingness to get to know each other might be shown as is indicated in the following quotation by the head of *FOPDEV*:

> *"I'd be pleased if we could have a network with them. […] If they are interested, I would be happy. Because they are still healthy and if they have nothing to do, they can come to us as a volunteer."* (Kaewkantha, Jan. 26 2015)

Another aspect that can be seen in the previous statement is the lack of knowledge about foreigners facing the same health and aging struggles as everybody else. Rather than push each other in reciprocal roles of "giving" and "taking", the strategy should be to try and work together as a global aging community.

As an example, Sawang Kaewkantha, head of *FOPDEV* who also worked for *HelpAge* for many years, has never heard of most clubs mentioned in this study (although he has heard of *Lanna Care Net* and knows its founders as well as *Dok Kaew Gardens*, as it has a long history in Chiang Mai through *McKean Rehabilitation Center*). He sums up the Thai perception of the matter:

> *"I can see the problems of the older foreigners but this has nothing to do with the Thai country. They have their senior visa and if they have enough money to live on, they can stay here. […] Well, they use the infrastructure like roads, water, electricity. They consume that but electricity and water they can pay, that's fine. The road is okay, that doesn't bother anybody. […] The problem is… They have it a lot better than most of the Thai people with that amount of money. But when they are sick, then the quality of care is still expensive here, they cannot afford. They cannot afford to go to the nursing home."* (Kaewkantha, Jan. 26 2015)

Lack of inexpensive but qualified resources

Not only in Sawang Kaewkantha's statement but also throughout this study do we see money as a driving force for foreigners' retirement abroad. However, contrary to the general public opinion it is not exactly the struggle with money that makes retirees move abroad, but the

option of better quality care for the same amount of money. This applies to lifestyle reasons for migration as well as to eldercare.

> *"The biggest single reason why people would come here is money. But it's not really the cost; it's the care. It's what you get for the money."* (Brown, Nov. 11 2014)

It is not the extreme wealthy bracket of "Western" people who migrate to Thailand and/or seek care in the country in their older days, nor is it the impoverished or under-privileged. It is retirees from a financially well-situated, well-educated global middle class who strive for more options outside of their own national borders.

Nevertheless, it is doubtful if this middle class situation can be made use of by private care facilities that want to make a large profit with care for the elderly foreigners in Chiang Mai. Some of those care facilities (*Vivo bene Village* leading the way in price) are already too expensive for the average "Western" retiree's wallet.

> *"The problem of the older foreigners will be that there won't be enough care services for them. There won't be anything provided by the government except maybe hospitals, but they still have to pay that. The government specifically cares for Thai people. If they are not Thai, if they pay, that's okay."* (Kaewkantha, Jan. 26 2015)

If (foreign) entrepreneurs and investors find a financially moderate way in an international retirement migration process to mix the Thai and "Western" way of life, they may indeed be successful with their concept. *Baan Kamlangchay* or *Dok Kaew Gardens* can be seen as early examples of proof.

Another important point mentioned by Sawang Kaewkantha that could influence the Thai community and also international retirement migrants, is exodus of qualified medical personnel.

> *"What we are concerned [about] more is the brain drain of the physicians in Thailand. We don't mention the foreign elderly in Thailand a lot but what we are concerned about is that when we open to ASEAN that Thai caregivers will likely move to Singapore or other countries for their jobs because they can earn more money there."* (Kaewkantha, Jan. 26 2015)

We see that this regional occurrence in Chiang Mai demands global regard, especially with the ASEAN (Association of Southeast Asian Nations) economic integration in 2015. ASEAN shows a similar development as the European Union in free movement of persons and labor, among the other basic principles. (cf. HUELSER/HEAL 2014, 1)

Overextension of an area

Already KAISER (2011) describes the overextension of an area and the attraction of the new with retirement migration within Europe. This research has given indications about the same development in Southeast Asia. Alternatives are already described with Cambodia, Laos and Vietnam. Specifically Cambodia is portrayed as cheaper to live at than Thailand multiple

times throughout the interviews for this study. However, the question is debatable if the same health care options as in Thailand are given in its neighboring countries.

Different opinions in care concepts

Disorientation of a care facility's concept in the beginning state of development can cause confusion and lack of professionalism. *Baan Kamlangchay* and *Care Resort Chiang Mai* work with the Thai caregivers and their intuition in care as their main initiative. On the contrary, *Dok Kaew Gardens* operates on an increased level of professionalism and clinical setting model. *Vivo bene Village's* concept includes professional knowledge as the main importance and a caregiver's intuition as the second one, whereas Martin Woodtli from *Baan Kamlangchay* considers intuition in eldercare as the more important aspect.

Social isolation

Associated with competition is the aspect of "overprotectiveness" of patients that *Vivo bene Village* is holding against its opponents.

> *"To bind a person to a patient is actually a no-go, even in scientific literature. It is not possible because the patients need their possibilities, their individual entity, their independence. We know what we are talking about. There are several institutions, without naming them: It is terrible. We know that the patients are losing their tactile abilities, they lose their language, they become silent. I think that is sad. It is like a willing development of isolation."* (Eze, Jan. 28 2015)

Social isolation can also be a result of language barriers. Although the interpersonal connection between caregiver and patient might go beyond verbal communication (as is debated by most founders of the care facilities), an indirect assumption regarding the contention of elderly people losing their language is made. In many patients' cases - particularly with German native speakers - it is not possible for them to have a verbal conversation with their caregivers in their native language, since they are mainly Thai and do not speak many other languages, i.e. German. Sometimes caregivers also have insufficient commands of the English language and the patients in general do not speak Thai.

Spatial isolation

The impact of location of a care facility is not to be undermined. *Care Resort Chiang Mai* and *Vivo bene Village* have idyllic landscapes but are located very far from the city center. Partly, this can entail a lack of infrastructure for elderly people. Consequently, spatial isolation can be a challenge. Several retired migrants' statements throughout this study prove that there is a personal need of community, both socially *and* spatially.

Additionally, it is important to be geared to- and equipped for elderly people. A care facility for elderly people has to feature accessibility in all aspects. This means that a hilly landscape with many steps, such as at the area of *Care Resort Chiang Mai*, can be a challenge for the elderly to move around independently.

Another point associated with isolation is that the foreign patients are not in their familiar surroundings. However, one precarious argument around this is that Alzheimer's patients may no longer recognize their surroundings anymore, so it does not matter if they are in Thailand, in England or in Switzerland. (c.f. e.g. Woodtli, Jan. 16 2015/Eze, Jan. 28 2015) To some extent, permanent eldercare abroad inescapably means isolation from residents' former lives.

Ascription and self-ascription of cultural behavior

The main reason why retirees and/or their families seek care in Thailand is for the quality of care and the caregivers' spontaneous intuition of how to give care to elderly people. Female caregivers are reduced to their sex and their "natural intuition" for caregiving. Throughout this research, such a caring intuition is described as "God-given". The reasons for this are understood within the fluctuating term of "culture". Yet, culture is something changeable; it is not static. Cultural origins may stay the same, insofar as they are constructed by society (cf. e.g. FASCHINGEDER 2001). Therefore, culture is changeable in the same way the composition of humans in society changes naturally due to socio-demographic change and globalization.

Additionally, female caregivers are often sexualized with their work. This is particularly apparent when care is outside of an official profession or setting. For example, when a Thai female's caring role is as a form of reproductive work within marriage between a *Farang* man and a Thai woman. As Martin Woodtli mentions in an interview for this reason, some care facilities, such as *Baan Kamlangchay*, must fight against unjustified accusations of sexualizing their caregivers. (cf. Woodtli, Jan. 16 2015)

Conclusion

When Chiang Mai became a destination for retirement, approximately ten years ago, hardly anyone thought about what would happen to the international retirement migrants when they will reach a critical age or stage of health. Little by little, it emerges that care based on family linkages through transcultural marriage between Thai and *Farang* fail. As a result, there is a need for organizational care. Additionally, this research reports an increase in migration of couples and women in recent years. An "organization" does not necessarily have to be an eldercare facility; it can be "home care abroad" by seeking help in an informal support network operated by foreigners or employing Thai caregivers at the home. This shows that eldercare might not result in a "Western way" of being utterly outsourced by the family. Private at-home care is also an option, and is perhaps the imagined future situation of retired migrants. In this way, it is more likely for *Farang* to adapt to the Thai system than the other way around. Of course this always implies that elderly foreigners build up their connections with others around them when they are still able to, in order to avoid falling through the social cracks.

Lifestyle migration, and thus also international retirement migration, emerges out of an abundance of prosperity and possibilities and not out of distress. If we are aware of the increasing number of supposedly wealthy international retirement migrants in Chiang Mai and the fact that those with lesser financial possibilities rather move to other nearby countries or desist from migrating at all, then the cognition stands to reason that a luxurious form of international retirement migration, respectively care, is more likely for Chiang Mai's future than a migration of those migrants without prospects or any financial reserves.
Thus, it is possible that luxurious care resorts such as *Vivo bene Village* could be crowned with success, assuming that Chiang Mai will rise up from a low-budget destination and manage to attract a global middle- to upper-class. However, this requires that middle-class affluence is going to increase with age in Western countries. Unfortunately, when looking at marking up retirement age and the predicted declines of pension payments in a lot of "Western" countries, this outcome is very unlikely.

For most of the mentioned care facilities, founding such a business was experimental in the beginning. In some cases, such as *Baan Kamlangchay*, it brought gains on different levels, including financial profit and plenty of guests to care for. Some other facilities, such as *Care Resort Chiang Mai*, are still struggling with their reach.

Whether, a facility's care concept is successful or fails depends on a lot of factors that are not always in the founders' hands but more dependent on the willingness of permanent migration as an old and frail person.

Ultimately, the caregivers are the main carriers of the system and the elements that link Thai and *Farang* spheres. Role ascriptions to their character, such as being calm, respectful, loving and always in a good mood, are crucial to making the scheme work. It is very questionable if the caregivers can support this system that depends on them, their culture and their upbringing because culture is constructed and alterable.

On the Thai side elderly clubs will probably gain more significance in the near future due to demographic aging, reduction of the number of family members and alternative family patterns instead of conservative ones. Additionally, Thai authorities presently plan to use the Thai mentally for charity in their elderly clubs. This community aspect will most certainly grow, whereas the family aspect may decline. In the future care facilities for the elderly Thai might play a part for either rich or very poor Thai. Currently there is no offer for the growing middle class but this does not mean that the need for eldercare facilities will not exist for Thai people in the near future.

In the media, a demographic challenge in "Western" countries is equalized with care facilities in Thailand, but this bears little relation to the actual matter. The media's blame of "the West" moving its "problem" to Thailand cannot be a stable assertion whatsoever. Migration from industrialized countries to newly-industrialized or developing countries is still a choice and not to be misunderstood with compulsion or poverty. Anyhow, demographic aging might be one of the reasons why some "Westerners" choose to retire abroad, but it is not the reason for the existence of eldercare facilities for *Farang* in Chiang Mai, Thailand. A capitalist, modernizing and globalizing world system has considerably more impact for the decision of founding a care facility and also staying at a care facility than a feeling of being ousted by too many elderly in need of care in "Western" countries.
Thus, the question should not be if care facilities will attract masses of elderly people from abroad, but, rather if elderly people and their families from abroad will continue to broaden their horizons and will be able to see options in care that may not lie directly ahead of them.

Most of the interviewed *Farang* are longing for the "local" instead of the "global", although they moved abroad. They prefer quality instead of quantity and the less commercial, more

personal aspect of retiring and care. This can also be seen as an explanation for the initial difficulties of some care businesses - and the reason why elderly foreigners initially turn to Thai caregivers before turning to care facilities. The trend is evident in supported home- and community care. Almost all of the interviewed retired migrants, who live in Chiang Mai in a good state of health, see care facilities as an option they would make use of if it becomes necessary, and when there is no other option to avoid repatriation.

Research perspectives

Thailand is a popular tourism and long-stay retirement destination; however, this study has shown that it is very unclear if the "big boom" will ever happen for some care facilities or if an area's overextension will forestall such an event. Interestingly, international retirement migrants are starting to favor other destinations in Southeast Asia, such as Cambodia or Vietnam. Therefore, additional countries should be considered in order to conceive a broader view on receiving and providing care abroad. This is true not only for Southeast Asia but also in other parts of the world.

Furthermore, quantitative data should be collected on the number of retired migrants in Thailand, including the number of repatriations. Such information would contribute to a better understanding of an overall perspective. Moreover, this could enable researchers to make generally valid statements on actual numbers of international retirement migrants.

The female emancipated aspect of international retirement migration - not only to Thailand but also to other newcomer-countries (for example in Eastern Africa) - can bring new insights to research.

Additionally, continual observation and information about care facilities and nursing homes in various countries "abroad" could lead to further answers. This would also provide reference about *who* is going to a care facility in a foreign country, their socio-economic statuses and *how long* they are staying, as well as their family backgrounds. This way it would be possible to detect an exact pattern in migration habits.

Finally, an additional research perspective worth investigating is the phenomenon of caregivers migrating to "Western" countries in order to provide eldercare labor. Some examples include Eastern Europeans migrating to Central Europe or Filipinos migrating to the USA.

Overall, cooperation with the local authorities is important, especially with quantitative data. This research has proven that immigration offices keep accurate records, and, in theory, command the numbers of international retirement migrants, such as in the case of Chiang Mai. Therefore, close collaboration between local authorities and scientific researchers is a key-aspect for successful research.

List of interviews

The author conducted and transcribed all interviews listed below. Transcriptions can be provided on request (please see contact information / Annex).

Arthur, Nov. 21 2014: Group interview. Retiree of Chiang Mai Expats Club. River Gate Restaurant, Chiang Mai.

Benny, Jan. 16 2015: Group interview led by the author. Caregiver at Baan Kamlangchay, Chiang Mai.

Bill I, Nov. 21 2014: Group interview led by the author. Retiree of Chiang Mai Expats Club. River Gate Restaurant, Chiang Mai.

Bill II, Nov. 21 2014: Group interview led by the author. Retiree of Chiang Mai Expats Club. River Gate Restaurant, Chiang Mai.

Boyd, Jan. 13 2015: Personal interview led by the author. Caregiver at Dok Kaew Gardens, Chiang Mai. Translation from Thai by John Collins.

Brown, Peter. Nov. 11 2014: Personal interview. Founder and head of Care Resort Chiang Mai, Chiang Mai.

Christine, Nov. 30 2014: Group interview, translated from German by the author. Retiree at The M-Place, Chiang Mai.

Eze, Germaine. Jan. 28 2015: Group interview, translated from German by the author. Consultant at Vivo bene Village, Chiang Mai.

Fern, Nov. 18 2014: Personal interview led by the author. Caregiver at Care Resort Chiang Mai, Chiang Mai.

Graeme, Nov. 21 2014: Group interview. Retiree of Chiang Mai Expats Club. River Gate Restaurant, Chiang Mai.

Joy, Jan. 16 2015: Group interview. Caregiver at Baan Kamlangchay, Chiang Mai.

Kaewkantha, Sawang. Jan. 26 2015: Personal interview. Director of FOPDEV (Foundation for Older Persons' Development), Chiang Mai.

Knecht, Doris. Jan. 28 2015: Group interview, translated from German by the author. Developer/head of Vivo bene Village, Chiang Mai.

Lee, Jan. 16 2015: Group interview. Caregiver at Baan Kamlangchay, Chiang Mai.

Lindley, Nancy. Nov. 9 2014: Personal interview. Retiree and president of Chiang Mai Expats Club and Lanna Care Net, Chiang Mai.

Mah, Nov. 17 2015: Personal interview. Citizen of Chiang Mai visiting Baan Thammapakorn.

Mannhart, Andy. Nov. 30 2014: Personal interview, translated from German by the author. Retiree and president of Swiss Lanna Society. Chiang Mai.

Marion, Nov. 18 2014: Personal interview. Retiree at Care Resort Chiang Mai. Chiang Mai.

Marita, Nov. 30 2014: Group interview, translated by the author. Retiree at The M-Place, Chiang Mai.

Meta, Nov. 30 2014: Group interview, translated from German by the author. Retiree at The M-Place, Chiang Mai.

Noot, Jan. 16 2015: Group interview. Caregiver at Baan Kamlangchay, Chiang Mai.

Nui, Nov. 16 2015: Group interview. Caregiver at Baan Kamlangchay, Chiang Mai.

Rolf, Nov. 30 2014: Personal interview, translated by from German by the author. Retiree at The M-Place, Chiang Mai.

Ron, Nov. 22 2014: Personal interview. Retiree of Chiang Mai Expats Club at City Life JJ Market Charity Fair, Chiang Mai.

Silvio, Nov. 18 2014: Personal interview, translated from German by the author. Retiree at Care Resort Chiang Mai, Chiang Mai.

Smith, Heather. Jan. 13 2015: Personal interview. Head of Dok Kaew Gardens, Chiang Mai.

Susi, Jan. 13 2015: Personal interview led by the author. Caregiver at Dok Kaew Gardens, Chiang Mai. Translation from Thai by John Collins.

Woodtli, Martin. Jan. 16 2015: Personal interview, translated from German by the author. Founder and head of Baan Kamlangchay, Chiang Mai.

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Annex

Abstract (English)

This thesis analyzes the connections between retirement migration from "Western" countries to Chiang Mai in Thailand and the local eldercare sector. Chiang Mai is a popular retirement destination worldwide and does not only count numerous elderly's residencies, but also four eldercare facilities for retired migrants. Due to their presence in the media, special focus is set on those facilities. The following three research categories are to the central focus of this study: Retired migrants, institutionalized care facilities and caregivers. They are analyzed for their interactions based on qualitative narrative interviews.

Analysis shows that Chiang Mai does not only command institutional care facilities for the elderly from "Western" countries, but also influential informal care networks within the communities. Such networks are predominantly used when there is the need for care. Typically, Thai caregivers are the persons responsible for the actual work of eldercare of retired migrants. Due to positive culture-related attributes that are ascribed to them, Thai nationals are the main persons responsible of "care abroad" in informal networks, as well as at care institutions.
This study concludes that eldercare for retired migrants from "Western" countries is, in fact, more equivalent to the Thai care system which is mainly built on kinship relations. For the most part, the elderly become admitted into institutional eldercare facilities when they are no longer able to decide care for themselves, due to old age and/or illness. This results in the fact that most eldercare facilities see their target group in people who are still in their home countries (e.g. United States, United Kingdom, Switzerland, etc.). Concluding, retired migrants living in Chiang Mai see eldercare facilities as a backup plan, one that should be implemented with intent of preventing repatriation near the end of life.

Overall, there is little scientific research about the future of the eldercare aspect of international retirement migration. The perceptions gained by the research in this thesis contribute to an increased understanding of "care abroad" for retired migrants in Thailand.

Abstract (Deutsch)

Die vorliegende Masterarbeit untersucht inwiefern Altersmigration aus „westlichen“ Ländern nach Chiang Mai in Thailand mit dem Pflegesektor vor Ort verbunden ist. Chiang Mai ist als Altersdestination weltweit populär und verfügt nicht nur über zahlreiche Altersresidenzen, sondern auch über vier Seniorenunterkünfte für pflegebedürftige AltersmigrantInnen. Aufgrund deren Medienpräsenz wird ihnen in dieser Studie besondere Bedeutung zugeschrieben. Der Schwerpunkt wird auf den Zusammenhang der folgenden drei Untersuchungsgruppen gelegt: AltersmigrantInnen, Pflegeinstitutionen und Pflegekräfte. Diese werden anhand qualitativer narrativer Interviews zu ihren Interaktionen analysiert.

Die Untersuchungen ergeben, dass Chiang Mai nicht nur über institutionelle Pflegeunterkünfte für ältere Menschen aus dem „westlichen“ Ausland verfügt, sondern auch über einflussreiche informelle Pflegenetzwerke innerhalb der Communities, die in erster Linie genutzt werden, wenn Pflege benötigt wird.
In der Regel sind es thailändische Pflegepersonen, welche für die tatsächliche Arbeit der Altenpflege für MigrantInnen zuständig sind. Ihnen werden bestimmte positive kulturbezogene Attribute zugeschrieben, die es ihnen ermöglichen die primären TrägerInnen des Systems „Pflege im Ausland“ zu sein, sowohl in informellen Netzwerken als auch in Pflegeeinrichtungen.
Die Studie kommt zu dem Ergebnis, dass Altenpflege für MigrantInnen aus westlichen Ländern vielmehr einer Anpassung an das thailändische Pflegesystem entspricht, welches größtenteils auf engen Verwandtschaftsbeziehungen basiert. Institutionelle Pflegeheime kommen in der Regel erst dann zum Tragen, wenn ältere Menschen selbst aufgrund von altersbedingter Krankheit keine eigenständigen Entscheidungen mehr treffen können. Dies hat auch zur Folge, dass viele Pflegeeinrichtungen vor allem jene Menschen als nachhaltige Zielgruppe sehen, die sich noch in ihren Heimatländern befinden (z.B. USA, UK, Schweiz, etc.). Institutionelle Pflegeeinrichtungen werden von AltersmigrantInnen vor Ort als Notfallplan angesehen, der in Kraft treten soll, wenn auf diese Weise eine ungewollte Rücksiedlung vermieden werden kann.

Bisher existieren nur wenige wissenschaftliche Studien zur Zukunft hinsichtlich des Pflegeaspekts der Internationalen Altersmigration. Aufgrund der gewonnenen Erkenntnisse leistet diese Masterarbeit einen Beitrag zum besseren Verständnis von „Pflege im Ausland“ für AltersmigrantInnen in Thailand.

Curriculum Vitae

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EDUCATION

10/2012 - present **MA in Geography, University of Vienna**
Focus: Population Studies, Asia

03/2009 - 06/2012 **BA in International Development Studies, University of Vienna**
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2003 - 2007 **ORG der Englischen Fräulein, High School Krems/Donau**
Focus: Biology and Ecology

CAREER STRUCTURE

04/2015 – present **Intern in Online Communications**
Amnesty International Austria

04/2009 – 04/2015 **Project Employee**
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10/2011 – 02/2012 **Intern in Environment and Culture**
Global 2000 (Friends of the Earth Europe)

07/2011 – 10/2011 **Intern in PR**
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RELEVANT INTERNATIONAL EXPERIENCE

11/2014 – 02/2015 **Research Stay: Thailand**
KWA-scholarship of University of Vienna: research for master thesis

12/2014 – 01/2015 **Foreign Excursion: Thailand/Myanmar**
Faculty of Geography and Regional Studies, University of Vienna
Borderlands: Socioeconomic and Political Transformations in Southeast Asia

04/2008 – 02/2009 **Au Pair**
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SKILLS

Languages German & English (expert), French & Swahili (basic)
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IT Skills Windows OS & Mac OSX, SPSS, ArcGIS, Adobe Photoshop