

# **Dutch retirement migrants seeking access to healthcare: on how the law matters in retirement migrants' choices for a specific mobility and residence pattern**

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Introduction to the CMR Wine and Discussion presentation

## **Retirement migration and the 'fourth age'**

Northern European retirement migrants tend to portray themselves and are often portrayed in the literature on retirement migration as active, healthy and well off migrants for whom migration to the Mediterranean is a way to pursue the 'good life' (see for example Benson & O'Reilly, 2009). A way to improve the quality of life is moving to a country with a warmer climate, with a lower cost of living, and with more possibilities to maintain an active and social life (Casado-Díaz, Kaiser, & Warnes, 2004; King, Warnes, & Williams, 2000; O'Reilly, 2000). Likewise, retirement migrants are often depicted as 'amenity seekers' (Haas & Serow, 2002; Williams, King, Warnes, & Patterson, 2000) or 'lifestyle' migrants (Benson & O'Reilly, 2009). The focus in studies on retirement migration is generally on the first move after retirement which is largely undertaken within the 'third age' during which new social and recreational activities can be pursued (Hall & Hardill, 2014). As the ageing process continues retirement migrants approach however the 'fourth age' which can be associated with health deterioration, decrease of choice and autonomy, and less activity (Gilleard & Higgs, 2010). Because retirement migrants know that they have to deal with these fourth age problems in the near future, they often anticipate on these problems by securing access to certain healthcare provisions through obtaining specific mobility and residence patterns (Gehring, forthcoming).

Studies on retirement migration often acknowledge the impact of both retirement migrant's stage in the lifecycle and the need to seek access to care provisions (Bahar, Laciner, Bal, & Özcan, 2009; Gustafson, 2008; O'Reilly & Benson, 2009), yet an in-depth analysis of how these factors (migration later in life, seeking access to healthcare, and choices for a certain mobility and residence pattern) interact is often lacking.<sup>1</sup> In order to deepen our knowledge on the topic, this study addresses the subject by focusing on Dutch migrants who move (permanently or temporarily) to Spain or Turkey after retirement.

When seeking access to healthcare provisions, Dutch retirement migrants are confronted with healthcare rules on a national and, when migrating to Spain also on a European level. Through legal rules which determine retirement migrants' access to healthcare, states interfere in the migratory decisions of retirement migrants and as a

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<sup>1</sup> Important exceptions are the work of Ackers and Dwyer (2002, 2004) and Coldron and Ackers (2009).

consequence retirement migrants have to anticipate on these rules on a micro-individual level. Healthcare provisions are generally granted nationally and by migrating and claiming access to healthcare provisions abroad retirement migrants may challenge this territorial system (see also Faist et al. 2015). In the analysis I apply both a structural approach in which the legal rules with regard to accessing healthcare are discussed as well as an agency-based approach when reviewing how Dutch retirement migrants living in Spain and Turkey navigate their way through the legal systems. By doing so this study contributes to what Faist et al. (2015) have called the lacuna within the body of literature addressing different forms of social protection across borders.

In national and European legal rules on healthcare, retirement migrants are categorised as permanent or temporary retirement migrants based on their mobility patterns and country of residence. This categorisation determines retirement migrants' rights to healthcare in the home and host state. These legal categories may be in accordance with retirement migrants wishes regarding access to specific healthcare provisions, yet for others these categories conflict with their own wishes. If this is the case retirement migrants may navigate their way through the legal system and sometimes may use or abuse the legal rules in order to fall under a different category and to be able to access specific healthcare provisions. In the study three ways are identified which retirement migrants apply to fall within a specific category: (1) choosing for a specific migratory pattern; (2) choosing for a specific residence pattern; and (3) holding on to their migratory and registration pattern yet trying to change the rules and/or categories.