



## SKILLED MEXICAN MIGRANTS IN TEXAS: WHAT THE NUMBERS HIDE

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“Skilled Mexican Migrants in Texas: What the Numbers Hide”

## Introduction

In his study of Houston's Mexican-American community, De Leon<sup>1</sup> (1989, 26) showed that Mexicans have had an active role in the city's development since the end of the 19th century. Their reputation was such that by the period between the two World Wars, "many employers ... preferred Mexican labor because of its reliability, dependability, and punctuality," De Leon writes. Several research lines arise from his study, including the key differences between college-educated, middle class Mexicans and their less-educated peers, often undocumented migrants; and the types of skills educated Mexicans possess. De Leon's study showed a steady increase in the percentage of Mexican migrants who have professional and technical abilities, from 11.2 percent in 1960 to 12.2 percent in 1970. Currently, higher skilled Mexican migrants are a large proportion of the total number of migrants from Mexico, about 34 percent, according to a study by the Migration Policy Institute.<sup>2</sup> However, not all of these migrants have graduate or undergraduate degrees in fields such as science, technology, engineering, and mathematics, which are considered more valuable human capital in the knowledge economy.

Although we acknowledge that low-skilled migrants have some skills, they are not necessarily at a professional or technical level. Previous research by Solimano<sup>3</sup> outlines two primary ways to analyze skills: by level of education (which is especially useful for quantitative research) and by occupation (i.e., what people actually do and their ability or talent to do it, independent of their education). For the purposes of this paper, a migrant is considered skilled if he has received an undergraduate degree and highly skilled if he has a graduate degree. Measuring skills according to education level has the advantage of setting a common definition for qualitative and quantitative purposes, so that the same group of individuals can be studied in terms of their numbers abroad as well as what they do as professionals.

The purpose of this paper is to look at Mexican skilled migration to Texas, particularly to Houston, a prominent U.S. health research hub. The paper is structured as follows: a) a literature review and research questions; b) background on the issue of skilled Mexican migration; c) methodology for the study; d) results on a "care drain,"<sup>4</sup> or the migration of medical professionals and women; e) a discussion of Mexican diaspora organizations; and f) conclusions.

## Literature Review and Research Questions

Previous research has compared skilled migration from Mexico with that from other Latin American countries<sup>5</sup> and described the characteristics of the Mexican skilled population abroad and its presence in primary countries of destination such as the United States,<sup>6</sup> Canada, Germany,<sup>7</sup> and Australia.<sup>8</sup> While previous studies generally analyzed Mexican skilled migrants in North America,<sup>9</sup> this paper aims to identify the characteristics of Mexican migrants who have settled in a specific region (Texas) and in a health and energy hub (Houston).

Professional and highly skilled expats may be considered cultural ambassadors, as they represent their countries of origin abroad. At the same time, their experiences abroad could provide useful on-the-ground knowledge to decision-makers at home developing policies related to the skilled migrants' professions.

Highly skilled migrants possess key intellectual capital as well as a cosmopolitan view of their profession and the world that enables them to evaluate their home country from a unique perspective. Problems identified by skilled migrants should be considered in the development of public policies in general and as they relate to migration in particular. Skilled migrants and diasporas may be the subjects of public policies but are also sources of information for decision-makers back home.

Policies regarding skilled migrants are different for countries of origin and countries of destination. From a developmentalist, neoclassical point of view, skilled Mexican migrants may be considered a gain for the U.S. economy because they contribute to economic growth and research—and a loss for Mexico, especially if the migrants were educated with public resources. Major host countries such as the United States may try to attract migrants with certain skills while Mexico, a major sending country, may look for ways to invite or coax them back to Mexico—or at least stimulate a networking system with Mexican professionals in Mexico. The ideal model for managing talent is one in which the professionals circulate between the two countries, knowledge is shared, and both economies benefit.

The goal of this study is to determine whether skilled Mexicans as a group have integrated into the economy and society of Texas, if they plan a permanent return to Mexico, and how they network with colleagues back home. What are the factors that motivate these professionals to accept and stay in highly demanding jobs abroad, which can at times require temporary work permits that come with an array of bureaucratic burdens? Further, are they able to participate in knowledge-transfer activities between the United States and Mexico? Do they actively participate in diaspora or professional associations?

My main working hypothesis is as follows: the migration of skilled professionals from Mexico to the United States due to factors such as violence, concerns about personal safety, and poor living conditions in Mexico suggests that they are motivated by both professional and emotional reasons—and that migration is often a family (rather than an individual) decision. These factors are similar to the decision-making process for middle- or low-skilled migrants. Therefore, policymakers in Mexico should consider the family rather than the individual when proposing solutions to retain skilled migrants.

## Background: High-skilled Mexican Migrants in Houston, Texas, by the Numbers

Estimates based on data from the American Community Survey (ACS)<sup>10</sup> show that in 2014, 2,611,462 Mexican immigrants lived in Texas, of which 168,505 had a bachelor's degree or higher. Of the Mexican immigrants in Texas, 617,293 lived in the Houston–The Woodlands–Sugar Land metropolitan area, and 36,793 had a bachelor's degree or higher. Just 0.2 percent of the Houston-area migrants had a Ph.D. (Table 1). Previous studies show that Mexican migrants have lower educational levels than Asian migrants and, consequently, are paid less than Asian migrants to the U.S., and that fewer Mexican migrants apply for citizenship compared to those from Vietnam, India, and China.<sup>11</sup> Although the number of skilled migrants from Mexico is relatively small compared to those from countries such as India or China, they are represented in larger numbers in Texas than elsewhere in the U.S.

**Table 1.** Educational attainment of skilled Mexicans in Texas and the Houston–The Woodlands–Sugar Land metropolitan area

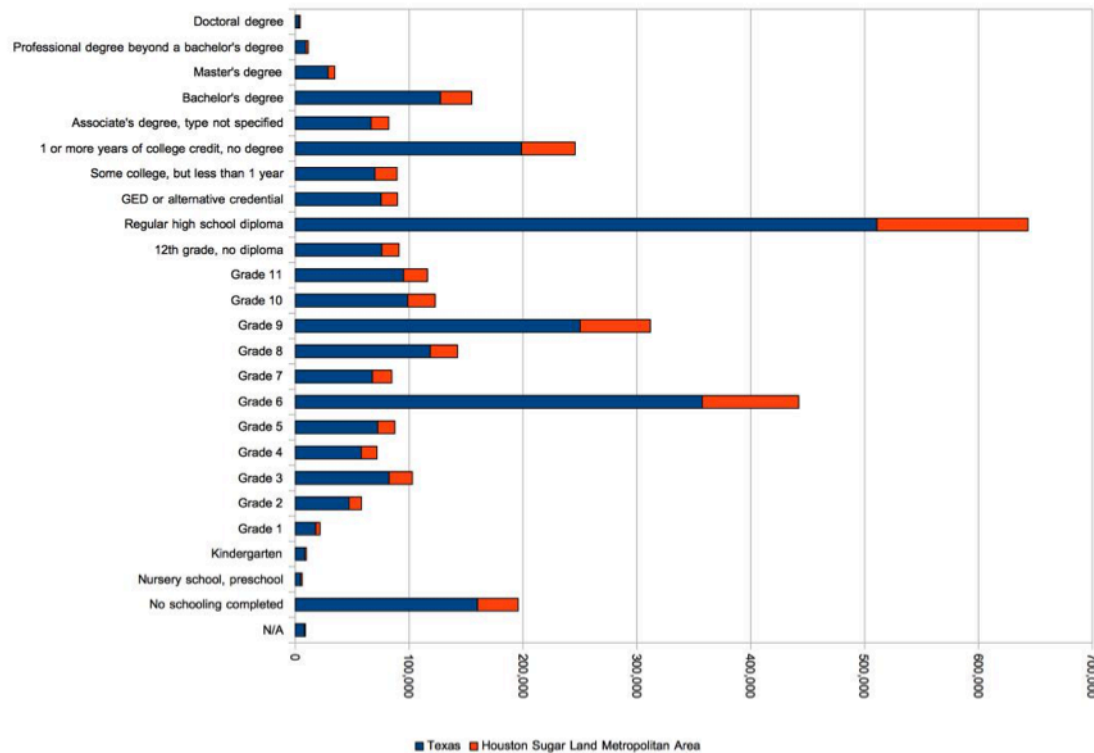
	Texas		Houston	
	Total	%	Total	%
Bachelor's degree	127,485	4.8%	27,509	4.4%
Master's degree	28,711	5.9%	5,911	0.9%
Professional degree beyond a bachelor's degree	9,237	0.3%	2,131	0.3%
Doctoral degree	3,072	0.1%	1,242	0.2%
Total skilled (with a bachelor's or higher)	168,505	6.4%	36,793	5.9%
Total Mexican population	2,611,462	100.0%	617,293	100.0%

Source: Estimates based on IPUMS: American Community Survey (ACS), 2014.

From a birds-eye view, the relatively low percentage of highly skilled Mexican immigrants in Houston may lead some to think that they are not a population worthy of study. Only 6.4 percent of Mexican immigrants in Texas completed undergraduate or graduate studies in their home country before moving to the Lone Star State; that figure is 5.9 percent for skilled Mexican migrants in the city of Houston (Figure 1). By comparison, 71 percent of immigrants from India, 64 percent from the Philippines, and 60 percent from China who migrated to Houston have completed undergraduate or graduate studies.<sup>12</sup> However, skilled Mexicans in Houston are a population worth studying as they represent a sector of the

overall number of Mexicans who migrate to Texas and because of their impact on the culture and science-related endeavors of the society of destination, as this article further discusses below.

**Figure 1.** Educational Attainment of the Population of Mexican Origin in Texas



Source: Estimates based on IPUMS, American Community Survey (ACS), 2014.

Of the overall cohort of Mexican migrants to the United States, 6.7 percent have completed graduate studies or other advanced degrees.<sup>13</sup> However, if the total population of Mexican origin in the United States is included, i.e., second- and third-generation immigrants who are U.S. citizens and have obtained advanced degrees in the United States, the percentage increases to 10 percent, which means that the population of Mexican origin tends to become more skilled over time.<sup>14</sup>

At present, 10 percent of the 6.3 million residents in the Houston metropolitan area are persons of Mexican origin.<sup>15</sup>

That said, qualitative studies have shown that the more important story is not in the decreasing number of Mexican immigrants in Texas, but in the changes in their professional profiles and specializations. Recent studies show important trends, including: a growing number of professionals who want to do research in another country because they do not get sufficient financial and institutional support in Mexico; a desire among Mexican

migrants to improve their economic condition; and the relevance of factors such as concerns about personal safety and poor environmental conditions like severe air pollution, or migration related to family considerations.<sup>16</sup>

## Methodology

To understand the particularities of higher skilled Mexican migrants in Texas, this study utilizes a mixed research method that employs descriptive statistics as a foundation for qualitative field research. The study contributes to existing literature by isolating the experiences of skilled migrants from Mexico in the United States, and by examining their integration in the labor force by profession and gender. The purpose of the qualitative research is to discover individual migration histories, and thereby better understand how the immigrants' interests and assessments may inform the development of public policy.

I chose in-depth, semi-structured interviews as a way to document each study participant's migration history. This interview format allows a balance of open- and closed-ended questions—depending on an individual's availability to talk—and also allows the possibility of new and unplanned questions that may arise with each case study. Information was collected on five primary topics of interest:

- a. Personal (age, place of origin in Mexico, years abroad, education, and marital status);
- b. Migration history (year of arrival in the United States, reasons for outmigration, and individual versus family migration);
- c. Integration into the U.S. labor market (license or certification requirements, satisfaction with their work from professional and financial points of view, experiences with discrimination, and how their experiences in general compare to those of other migrant worker groups);
- d. Professional or leisure-time participation in associations or networks composed of Mexican/Latino immigrants; and
- e. Desire to return to Mexico. (This line of questioning was included to explore the myth of the eternal return—i.e., the migrant's dream to return to his home country, which is rarely realized<sup>17</sup>—as opposed to the failed return—i.e., when the migrant returns early from a position abroad or leaves his host organization while on assignment—which some would prefer to avoid.)

## The “Care Drain”: Migration by Women and Those in the Medical Field

I conducted 29 in-depth, semi-structured interviews with migrants from a range of different professions. Ten of the subjects were women and 19 were men. This paper sheds light on what could be viewed as two types of “care drain”: health care (the migration of medical doctors) and family care (migration of women).<sup>18</sup>

*Immigrant Doctors Who Work in Houston's Health Research Hub*

At present, 27 percent of medical doctors (MDs) in the United States are foreign born, and research has shown a possible increase in their participation in the American health care sector, particularly as the need for general physicians and family doctors grows.<sup>19</sup> Twenty Texas counties (7.9 percent) have no practicing physician; Texas is among the top 10 states with the highest number of counties devoid of active physicians.<sup>20</sup>

While Houston is an important recipient of foreign-born doctors—mainly from India, Lebanon, and China—relatively few come from Mexico. This is in spite of Mexico's geographic proximity to Texas and the potential for Mexican doctors to provide care for the state's growing Hispanic population. Eight Mexican doctors (one woman and seven men) who work at internationally respected health institutions in Houston were interviewed for this study. The difficulty in finding more than one female doctor from Mexico to interview as well as comments made by the interviewees themselves anecdotally indicate a high degree of masculinization among Mexican medical doctors who have migrated. This could be due to the long process of becoming a physician, which some women may find restricting if, for instance, they assume dual roles as mothers and care providers. As one of the interviewees said:

Among the Mexican MDs that are here, I only know one woman. I believe that in Mexico we still don't have a culture where a woman can go by herself to study in a foreign country. It is a family problem, but also a personal option.

—Dr. Y,<sup>21</sup> who received a medical degree from the National Autonomous University of Mexico in 1991 and is practicing and teaching at The University of Texas MD Anderson Cancer Center

Several general findings became clear during the field research. First, I found that among the highly skilled Mexican migrants included in the study sample, the MDs who emigrated between the 1980s and the 21st century sought better research opportunities as well as academic achievement abroad. As Dr. W explains: "While my friends at the university were looking for their white wedding dresses, I was looking for my white lab coat." In other words, she postponed having a family in order to study cancer. While she did not consider herself more professionally prepared than her colleagues at the National Autonomous University of Mexico, she thinks her success is due to having studied for her master's degree and certification exams abroad. She is also thankful to her family, who supported her long-term study plans. "The certification exam was one of the most difficult exams in my life," says Dr. W. She received her medical degree from the National Autonomous University of Mexico in 2003, and currently practices and teaches at MD Anderson Cancer Center in Houston.



Another Mexican colleague expressed the same sense of privilege at landing at one of the best research and practice institutions in the world:

It was very difficult to do research in hematology at the time I studied. This is one of the most important institutions for cancer research in the world. I have a lot more patients than I'd have in Mexico. I work with 10 of the most important authorities in leukemia in the world. I am in an ideal situation. Things turned out so well, that I sometimes wonder: Am I not dreaming?

—Dr. Y

All of the Mexican MDs interviewed for this study share a similar professional profile and mix of academic and practical interests. As Dr. X states:

I was always a very academic person, I wanted to do research and publish. From an academic and professional perspective, they were offering me more opportunities here. There is more access to research funds here. I also arrived at a good time in my career, where I didn't have to retake exams.

—Dr. X, who received his medical degree from the National Autonomous University of Mexico in 1999 and currently works at Memorial Hermann and The University of Texas Medical School at Houston

A second general finding among the migrants in this study concerns the way in which the interviewees, who had studied in Mexico, approached their licensing process in the U.S. One way to practice medicine in the United States is to pay a sizable fee to take the exams, which usually means that the person must come from a family in Mexico that is financially able and willing to assume such an expense. Another way is to get a medical degree in the United States, which might mean repeating studies that had already been completed abroad and which requires a considerable investment of time. Those who may not be able to invest either time or money in these options may choose alternative strategies to enter the health care industry, such as taking administrative positions based on their previous experience in medicine.

I thought I'd complete my medical degree [in the U.S.] and then return to Mexico. But then I got hired by a television station, started making money, it was exciting. But when things took a bad turn here in Houston with the television station, everything was destroyed. I considered finishing my degree and graduating, but I couldn't do it any longer. There were no more scholarships available for me. Initially, I considered returning to Mexico, but I didn't want to return because of a failure. I decided to stay in the administrative area of the hospital; I found a girlfriend and got married. The idea of returning to Mexico wasn't going to work anymore. Finally, I realized that my colleagues in Mexico didn't have an easy life, either.

—Mr. Z, pre-med studies in the United States, executive, Memorial Hermann Health System in Houston

The interviews suggest that a common way for Mexican doctors to practice medicine in the United States is to specialize in Mexico and then take equivalence and certification exams in the United States. According to the Mexican doctors interviewed, this may be quite stressful for many health care workers, as it is similar to starting a new degree, especially when their knowledge of scientific/medical terms in English is limited. Therefore, many Mexican doctors prefer to specialize in Spain, where they do not face language or cultural barriers, according to the MDs interviewed for this study.

A general observation from my research is, if medical doctors do not migrate at an early stage of their career, they are more reluctant and unlikely to study again and retake their exams to get certified to practice in the United States. If they decide to migrate for other reasons, such as to escape violence or because their income is low in Mexico, they tend to find employment in the administrative areas of hospitals, in the pharmaceutical industry, or even in areas completely outside the medical field. It is extremely difficult to go from the Mexican medical context to the American one without an intermediate academic stage, according to those interviewed for this study.

A third finding was that the interviewees noted similar reasons for leaving Mexico, such as low pay in Mexico compared to the salaries abroad, political corruption, a hiring system based on personal networks rather than merit, poor environmental conditions including severe air pollution, and limited transportation within the country, which makes commuting difficult. I also found that the migrants' perspectives of Mexico do not change once they are abroad and they do not regret having migrated.

I feel that the Mexican system makes you wait until there is an opportunity, and that may be a long time. Here, opportunities showed up immediately. If I were to return to one of the health institutes [in Mexico] or to the Universidad Nacional Autónoma de Mexico, I would have to wait until somebody left their position.

—Dr. X

Lastly, all of the interviewed MDs are willing to give something back to Mexico, since they have generally benefited from public education there or because they hold a certain affection for their country of birth. This is an opportunity for future collaboration and a reason for ongoing cooperation between Mexican and U.S. health research institutions.

The interviewed MDs are experts recognized in the United States and in Mexico and maintain professional networks with Mexican colleagues. They visit Mexico periodically for conferences and academic events. However, none of them has considered returning to Mexico permanently, not even the youngest (age 38). Quoting from some of the interviews:

I still have a lot of affection for and still have roots in Mexico. However, I can develop more as a scientist being abroad. I am recognized internationally, so I can bring resources back to Mexico and watch out for Mexican interests. I think that from this point of view, I am a win for Mexico.

—Dr. X

Whenever I get an invitation to a conference in Latin America, I try to accept, to help. I talk to my colleagues in Mexico and ask them to invite people to specialize in the U.S., but there is not big interest. In 17 years, I've had a few Mexican doctors who've come here and afterward returned to Mexico to really good positions. It is good that they come to stay [in the U.S.], but even better if they return. Unfortunately, there are far fewer Mexican doctors in the United States than we would expect, considering we are neighbors. I have a feeling that Mexicans in general—women and men—don't like to leave their country. There is little mobility (travel between the two countries for professional reasons) far less than there could be. I don't know why more Mexicans don't come.

—Dr. Y

Possible responses to the questions raised by Dr. Y could be language and cultural integration issues in states outside of Texas.

### *The Feminization of Skilled Mexican Migration*

A second type of care drain suggested in the study sample is the migration of skilled women. In general, Mexican women migrants to the United States tend to be more skilled than Mexican male migrants; 7.4 percent of Mexican female migrants to the United States have a bachelor's degree or higher, compared to 6.1 percent of immigrant Mexican men. This is corroborated in the case of skilled Mexican migration to Texas, where 6 percent of the men and 6.4 percent of the women could be considered highly skilled (Table 2).

**Table 2.** Educational Attainment and Gender of Mexican Migrants to Texas

	Sex		Total
	Male	Female	
Level of schooling unknown	3,544	4,405	7,949
No schooling completed	83,535	76,531	160,066
Nursery school, preschool	2,733	1,976	4,709
Kindergarten	3,792	4,403	8,195
Grades 1–6	324,247	314,423	638,670
Grades 7–11	326,788	303,130	357,363
12th grade, no diploma	41,247	34,658	75,905
Regular high school diploma	267,853	242,976	510,829
GED or alternative credential	35,660	39,731	75,391
Some college, but less than 1 year	32,667	37,267	69,934

## Skilled Mexican Migrants in Texas: What the Numbers Hide

One or more years of college credit, no degree	92,652	105,957	198,609
Associate's degree, type not specified	28,629	37,945	66,574
Bachelor's degree	58,025	69,460	127,485
Master's degree	13,843	14,868	28,711
Professional degree beyond a bachelor's degree	5,614	3,623	9,237
Doctoral degree	2,079	993	3,072
Total	1,319,116	1,292,346	2,611,462

Source: Estimates based on IPUMS, American Community Survey 2014.

However, women from Mexico do not always seem to integrate as easily into the U.S. labor market. My interviews suggest that it is difficult for those with a bachelor's degree only to find a job in their professional field and often choose to teach in areas related to their field of study. For instance, one of the study participants is an industrial chemical engineer from Puebla, Mexico. She is 50 years old and migrated with her husband to McAllen, Texas. She is certified to teach mathematics—a field related to her engineering degree. Prior to immigrating permanently to Texas, she took monthly trips to the United States in order to obtain her teaching certification in math. Her husband also changed his profession once in Texas, switching from chemical engineering to theology. The couple wanted to improve their quality of life; they wished to enjoy a safer, more secure environment and have more time to spend with family. She recalled during her interview:

We used to have our own business in Mexico, selling medical equipment to the government through public auctions. It made me sick, that is the word, because there was a lot of corruption. It went against my principles. So one day we came for a wedding in San Antonio and a friend said: there are vacancies for mathematics teachers. So I started thinking about it. Insecurity was increasing not only in Puebla, but in the country in general. This was one of the reasons [we decided] to leave. And then, as we were getting older, it was becoming more and more difficult to find a job in Mexico. We are better paid here and the quality of life is better, services actually work, you can walk on the street. I just finished a master's degree online because I have time to study after work. Our life as a couple is better. We never had time to go out in Mexico. Here, we have time to be together.

This and other interviews conducted during my field research point to an advantage of the U.S. labor market: hiring is based on professional evaluations and certifications, rather than on personal connections and networks. In this sense, the U.S. labor market and the weight given to degrees and certifications represent liberation from corruption. The majority of immigrant Mexican women interviewed for this study consider the job application process easier to navigate in Texas and the United States than in Mexico. These women also

appreciate that there is less gender discrimination—especially women with graduate degrees. They also believe there is more gender equality in the United States. This is not to say that the interviewees believe there is no structural gender discrimination in the United States, but simply that they perceive it to be less widespread than in Mexico. One interviewee, a 27-year-old psychologist in San Antonio, puts it this way: “In Mexico, the idea that the man provides and the woman stays home still prevails. Women don’t have as much power [in decision-making] as men do. The idea of ‘machismo’ is much more present in Mexico than in the U.S.”

Thus, in a way, the process of migration was an act of emancipation for many of the women I interviewed: they became decision-makers in their own right or empowered themselves during the process of migration and acculturation.

Regarding cultural integration, Texas seems to be an easy place for Mexican migrants to live, given the existence of multicultural and bilingual environments, which can help foster tolerance. “We live here without speaking English,” said the chemical engineer/math teacher in McAllen quoted above.

Do they plan to return to Mexico? The repatriation aspirations of the interviewees do not necessarily depend on the number of years in the United States but on the relationships they have maintained in Mexico. The phrase “never say never” applied to the Mexican women interviewed. For both genders, returning to Mexico was considered more of a remote possibility than an actual plan, especially in the case of individuals with children.

## **Discussion: Organization of the Mexican Skilled Diaspora**

The field evidence indicates that foreign professionals abroad, sometimes referred to as “talents” or “brains,” do not like to be labeled as such and they often refuse to be considered a loss for their country of origin. Even though many of the interviewees do not consider the possibility of returning to Mexico permanently, some also do not aspire to obtain U.S. citizenship; this can perhaps be considered a “mechanism of resistance.” Many of the highly skilled migrants in this study still want to be considered Mexicans, even though they hate corruption in their home country and never plan to go back. A Mexican identity is therefore a symbol more than a cause for action.

Theoretical perspectives on talent circulation assume that for such people, networks and associations of skilled diasporas should be appealing. A number of organizations specifically seek skilled Mexican migrants living in Texas, with the objective of creating networks of cooperation among them. They are designed as more than just spaces in which to meet with other Mexicans.

For instance, Texas chapters of the Global Network of Mexican Talents (RTM, for its initials in Spanish) in Dallas, Houston, and McAllen are open to skilled Mexican citizens living abroad who are interested in volunteer opportunities and who wish to help Mexico through various activities, such as promoting teaching and research.

The RTMs are part of a Mexican governmental initiative led by the Ministry of Foreign Affairs, and they depend on the interest and willingness of the Mexican consuls in each city for their everyday operations. This creates problems, as some consuls are not particularly interested in boosting these associations; moreover, some consuls change frequently, so while one consul may be willing to participate, the next may not. The association must be able to respond to such ongoing changes.

Limited financial resources are another challenge for the associations. RTMs often reject the idea of receiving funds from the Mexican government, as it suggests a loss of their independence. Mexico has very limited funds for these associations, in any case. However, RTMs can raise funds if they structure their local chapters like NGOs.

Other NGOs for Texas' skilled Mexican diaspora include the Mexican Entrepreneurs Association, which caters to business and management executives, and the Alumni Association of the Technological Institute of Monterrey (or EXATEC). Both aspire to create a community of mutual help and enrichment for skilled workers of Mexican origin. EXATEC is designing an electronic platform through which members can interact and build professional networks.

These associations face many challenges, including a much-repeated statement by interviewees that Mexican migrants are very competitive and uninterested in helping other Mexican migrants just because they share a country of origin. There is competition among the associations and a preference by some skilled Mexicans to socialize based on professional and family priorities.

## Conclusion

The MDs interviewed for this study confirm previous research showing that Mexican professionals contribute to the advancement of research and economic development in the United States in general and in Texas in particular through the publications they co-author, the patients they attend to, and the key executive positions they hold in health research institutions. The participants interviewed for this study are interested in sharing the knowledge they acquired in the United States with others in Mexico; and they participate in binational networks of health experts as well as academic events in Mexico. Medical migration, then, is advantageous for the countries of origin, which benefit from the experience and knowledge acquired by fellow citizens abroad; for the patients in destination countries, who receive quality care; and for the migrants and their families, who are able to improve their quality of life. These doctors share their expertise in the global health system, demonstrating that international global networks of care may actually be more of a brain gain than a brain drain.

Two primary reasons motivated the participants of this study to migrate to the U.S.: the lackluster economy and drug-related violence in Mexico. However, the migrants' motivation varied depending on when they decided to leave Mexico. Migrants who left in the 1980s and 1990s mainly point to economic considerations, including the lack of research funds, as the reason behind their decision to leave Mexico. By comparison, migrants who left after 2006 were motivated by the violence in Mexico; the timing coincides with the carnage related to former President Felipe Calderon's war on drugs in Mexico.<sup>22</sup>

Texas is both a stopover point (for Mexicans who may eventually move further north) and a permanent home (that allows migrants to remain close to family in Mexico). Cultural similarities in Texas, along with an important presence of Latinos and the wide use of Spanish as a second language, also facilitate work and leisure activities for those who emigrate from Mexico.

The present study identified different routes from various Mexican states to Texas, and confirms Hernandez de Leon's study<sup>23</sup> on the migration route of the middle class from Monterrey to Houston. In terms of skilled migration, the presence of routes and networks is also a sign of efficient flows of knowledge and increased human mobility. The presence of migration routes indicates that immigration policies at the regional, state, and city levels may be as or more important than those at the federal level in the United States and Mexico, as local policies and programs may be better able to focus on certain populations, industries, and fields of cooperation. Therefore, research on the decentralization of cooperation in skilled human mobility could explore particular immigration routes and their characteristics, rather than the general flow of Mexican skilled migration to the United States.

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## Endnotes

<sup>1</sup> Arnoldo De Leon, *Ethnicity in the Sunbelt: A History of Mexican Americans in Houston* (Houston: University of Houston, 1989), 26.

<sup>2</sup> Randy Capps, Michael Fix, and Chiamaka Nwosu, "A Profile of Immigrants in Houston, the Nation's Most Diverse Metropolitan Area," Migration Policy Institute, 2015.

<sup>3</sup> Andrés Solimano, *International Migration in the Age of Crisis and Globalization: Historical and Recent Experiences* (Cambridge: Cambridge University Press, 2010).

<sup>4</sup> "Care drain" refers to a situation in which women employed as, or who otherwise fill the role of, care workers migrate to another country. See Speranta Dumitru, "From 'brain drain' to 'care drain': Women's labor migration and methodological sexism," *Women's Studies International Forum* 47 (2014): 203-212. However, I expand this concept to include those migrant doctors who also leave behind patients in social environments in Mexico where there are not enough physicians.

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<sup>16</sup> Tigau, “*Riesgos de la fuga de cerebros.*”

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