

The Eye

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Huatulco · Issue 156

March 2026

FREE

In this Issue:

Could Simply Moving to Mexico
Be Considered “Health Care”?

Marihuana in Mexico

Mexico on the Slopes:
Sarah Schleper Makes Olympic History

From Chalkboards to Starlink:
A New Era for Rural Schools in Oaxaca

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Ask us about our exclusive off market listings.

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NEW LISTING



INVESTMENT OPP #80991
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SALCHI

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Marihuana in Mexico

By Julie Etra

The history of marihuana—known in Mexico as *marihuana* or colloquially as *mota*—its cultivation, regulation, and use as a drug, became indelibly tied to its neighbor to the north, the United States of America.

Origins in New Spain

Cannabis seeds were first introduced to Chile, Peru, and Mexico in the 16th century by the Spanish, most notably Hernán Cortés, who promoted its cultivation for fiber production. What we now call hemp was then known as *cáñamo*. Its use was already widespread in Spain, a legacy of Moorish agricultural practices dating back to the early medieval period.

Although hemp and marijuana share the scientific name *Cannabis sativa*, hemp contains very low levels of tetrahydrocannabinol (THC)—typically less than 1%—and therefore has no intoxicating effects. Marijuana, by contrast, has been selectively bred for decades to enhance psychoactive properties.

Cáñamo has long had multiple commercial uses, including textiles, rope, and soap. It is easily distinguished from marijuana plants: hemp grows taller, often reaching up to five meters, and expends its nutrients on vegetative growth rather than seed production. In marijuana cultivation, male plants are removed to prevent pollination of the females, which increases the potency of the flowering tops.

Early Uses in Mexico

In Mexico, cannabis use evolved from medicinal and religious applications into recreational use. At the time of the Spanish conquest, Indigenous peoples were already familiar with a variety of psychoactive plants, including psilocybin mushrooms, peyote (a mescaline-containing cactus), *tolóache* (*Datura* species), and *picietl*, a form of wild tobacco.

By the 16th century, cannabis preparations were reportedly used to treat gonorrhea, regulate menstrual cycles, and relieve muscle and dental pain.

One of the earliest prohibitions came on July 4, 1882, when President Porfirio Díaz issued a decree banning the sale of the plant known as “Rosa María,” identified as marijuana.



Marijuana as a Drug

By the early 20th century, marijuana use had become common in Mexico, including among revolutionary troops. Its presence in popular culture is reflected in the Mexican version of the folk song *La Cucaracha*, popularized during the Revolution (1910–1920). The well-known chorus humorously refers to a cockroach unable to walk because it lacks marijuana to smoke.

Regulation and U.S. Influence

Marijuana was first officially prohibited nationwide in Mexico in 1920 under President Venustiano Carranza through regulations targeting substances considered harmful to the population. At the time, opium—introduced largely by Chinese immigrants—was viewed as the more pressing concern.

Cannabis consumption migrated northward as Mexican laborers crossed into the United States in the early 20th century. Combined with alcohol Prohibition (1920–1933) and the economic hardships of the Great Depression, this contributed to a thriving illicit border economy and rising anti-Mexican sentiment.

In the United States, sensationalist propaganda portrayed marijuana as a dangerous drug associated with crime, violence, and moral decay. The so-called “Reefer Madness” era stigmatized both the plant and Mexican immigrants, helping to justify strict criminalization.

Restrictions on cannabis began appearing in some U.S. states as early as the late 19th century. A major nationwide campaign was launched in the 1930s by Harry J. Anslinger, the first commissioner of the Federal Bureau of Narcotics, whose efforts culminated in federal prohibition. The Spanish term “marihuana” itself was deliberately emphasized to reinforce its association with Mexico.

The Counterculture Era and Rising Demand

Demand increased dramatically in the 1960s and 1970s, fueled by the counterculture movement. Marijuana became associated with antiwar protests, civil rights activism, sexual liberation, and a rapidly changing music scene. Much of the cannabis consumed in the United States originated in Mexico, particularly from the states of Chiapas, Guerrero, Nayarit, Michoacán, Oaxaca, and Sinaloa.

Cannabis Laws in Mexico: What Visitors Should Know (2026)

Tensions between the two countries escalated. In 1969, President Richard Nixon launched Operation Intercept, imposing intensive inspections on vehicles crossing the border from Mexico. In 1971, he formally declared the “War on Drugs.” Aerial herbicide spraying campaigns in the late 1970s aimed to eradicate marijuana crops. Instead, production shifted toward larger, more organized operations increasingly controlled by criminal groups.

Rise of Cartels

The 1980s saw the emergence of powerful drug cartels, notably the Guadalajara cartel led by Miguel Ángel Félix Gallardo. The organization expanded into cocaine trafficking from Colombia. The 1985 kidnapping and murder of U.S. DEA agent Enrique “Kiki” Camarena triggered a major crackdown but also ushered in decades of violence as competing groups fought for control of territory and trafficking routes.

Gradual Decriminalization

Beginning in the early 2000s, Mexico embarked on a slow path toward decriminalization. President Vicente Fox initially supported strict enforcement but later advocated reform as a strategy to weaken organized crime. In 2009, possession of small quantities for personal use was decriminalized.

Medical cannabis was legalized nationwide in 2017, influenced in part by the case of an eight-year-old girl, Graciela Elizalde, whose severe epilepsy responded to cannabis-derived treatment.

In 2021, Mexico's Supreme Court declared the prohibition of recreational cannabis unconstitutional, effectively legalizing personal use. However, a comprehensive regulatory framework for commercial production and sales has yet to be fully implemented.

Current Policies in Mexico

Adults over 18 may possess up to 28 grams of cannabis in public for personal use. Smoking in public spaces remains restricted, and legal commercial sales—such as dispensaries common in parts of the United States—have not yet been fully established nationwide.

Edibles and cannabis products may circulate informally in some tourist areas, but their legal status remains uncertain. Commercial sale to tourists is illegal.

As of January 2026, Mexico has also banned the importation, sale, and marketing of vaping devices and e-cigarettes, though enforcement varies widely.

Travelers should carry prescription medications in original labeled containers. Some medications that require prescriptions in the United States are available over the counter in Mexico, including high-dose ibuprofen and certain antibiotics.

Mexico has decriminalized personal cannabis use, but the legal framework remains complex and enforcement can vary. Visitors should exercise caution and discretion.

✓ Possession (Personal Use)

Adults 18 and over may possess up to **28 grams** (about one ounce) of cannabis for personal use. Possession above this amount can result in fines or criminal charges.

✓ Private Use

Consumption is generally permitted in private residences. Property owners, hotels, and rental hosts may prohibit smoking on their premises.

✗ Public Consumption

Smoking cannabis in public places is illegal, including streets, beaches, parks, restaurants, and hotel common areas. Enforcement varies by location, but fines or detention are possible.

✗ Commercial Sales

Legal retail dispensaries like those in parts of the United States or Canada do not yet operate nationwide. Buying cannabis remains legally ambiguous and may expose buyers to illegal markets.

✗ Sales to Tourists

Selling cannabis to tourists is illegal.

✓ Medical Use

Medical cannabis is legal with proper authorization, though access remains limited.

✗ Importing Cannabis

Bringing cannabis into Mexico — even small amounts — is illegal, regardless of whether it was legally purchased elsewhere.

✗ Vapes and e-Cigarettes

As of January 2026, the importation, sale, and marketing of vaping devices and e-cigarettes are prohibited in Mexico.

✓ Prescription Medications

Travelers should carry medications in original labeled containers. Some drugs that require prescriptions in other countries may be available over the counter in Mexico, but regulations differ.



Navigating Private Medical Care in Huatulco: A Practical Guide for Visitors and Part-Time Residents

By Randy Jackson

Foreign visitors to Huatulco often have questions about accessing medical care, particularly in emergencies. Concerns often involve language barriers, insurance coverage, and how local services differ from what they are accustomed to at home. For most short-term visitors and part-time residents, private medical services are typically the most practical and accessible option.



The two principal private hospitals serving the area are Oromed Hospital and Hospital San Miguel. Both operate 24 hours a day and provide general consultations, emergency care, access to specialists, and on-site diagnostic services such as laboratory testing and imaging.

Patients may present directly to the emergency department for urgent concerns, while specialist

consultations are typically scheduled by appointment. Wait times for non-urgent visits vary depending on patient volume and time of day.

Both facilities report working with a range of international insurance providers, though billing arrangements depend on individual policies. Visitors are advised to confirm coverage and direct billing procedures in advance whenever possible.

In Mexico, healthcare is delivered through two primary systems. The public system, including IMSS (Instituto Mexicano del Seguro Social), serves citizens and enrolled residents through state-funded facilities. The private system is open to all patients but requires payment directly or through private insurance.

For visitors, understanding how private care functions locally can make an unexpected situation easier to manage.

Where to Seek Care

Private care in Huatulco operates at several levels. At the most basic level, some pharmacies offer low-cost walk-in physician consultations. These services are convenient and inexpensive, typically suitable for minor ailments such as colds, mild infections, or prescription renewals. English is not always spoken, and staffing may vary. While useful for simple concerns, these *consultorios* are not equipped for complex or emergency situations.

Huatulco also has several independent private clinics that operate by appointment and often provide same-day access. Some physicians offer home visits for an additional fee. As with all private services, language capability, pricing, and available specialties vary and should be confirmed directly.

For more urgent or comprehensive needs, visitors generally turn to one of Huatulco's private hospitals.

Private Hospitals in Huatulco

In Huatulco, the distinction between a "clinic" and a "hospital" is not always as clearly defined as it may be in Canada or the United States. Private hospitals commonly function as both emergency facilities and walk-in consultation centres.

Private Hospitals in Huatulco:

Oromed Hospital

Lote 13, Manzana 9, Sector L
Bahías de Huatulco, Oaxaca
Phone: 958 121 4104
24-hour emergency services available

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Costs and Insurance

Consultation and emergency fees in private facilities vary by provider, physician, and time of day. Based on information provided by local hospitals in early 2026, general non-urgent consultations typically begin around \$800–\$1,100 MXN. Urgent consultations and emergency visits are higher, with emergency fees generally starting above \$3,000 MXN and increasing depending on timing and complexity of care.

As with all private medical services, fees are subject to change and should be confirmed directly with the facility at the time of service.

While private care in Huatulco provides broad access to consultations, diagnostics, and emergency stabilization, more complex procedures or extended hospital stays should not be assumed to be inexpensive. In cases requiring advanced or highly specialized treatment, patients may be stabilized locally and transferred to Oaxaca City, Mexico City, or abroad.

Visitors should carry comprehensive travel medical insurance and know their policy details prior to arrival.

Emergency Response

In a medical emergency, patients may contact a private hospital directly or call Mexico's national emergency number, 911. English-language assistance through 911 is not guaranteed.

Private hospitals can dispatch ambulances when required. Emergency response in the region is supplemented by Cruz Roja (Red Cross), which provides 24-hour ambulance services staffed by trained paramedics and transports patients to the hospital of their choice.

For serious conditions, local hospitals can stabilize patients and coordinate air ambulance transfers if medically necessary. The attending physician determines whether transfer is required, and costs vary depending on distance, medical condition, and insurance coverage.

Final Considerations

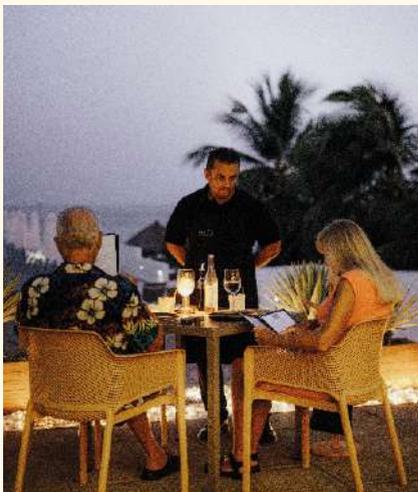
No one plans to require medical care while travelling, yet understanding how local services function can reduce uncertainty when clarity matters most.

Huatulco's private medical system offers accessible entry points for routine care and emergency stabilization. For more complex conditions, transfer to larger urban centres may be required.

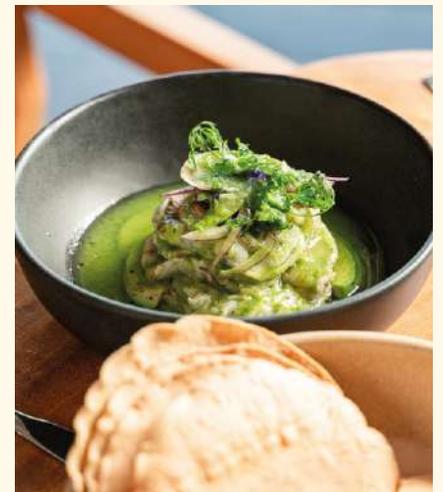
Preparation cannot prevent medical need, but it can make an unexpected situation clearer, calmer, and more manageable.

Randy Jackson blends local reporting from the perspective of a seasonal Huatulco resident with explorations of life and change in Huatulco, Oaxaca and Mexico. Email: box95jackson@gmail.com

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Mexico on the Slopes: Sarah Schleper Makes Olympic History

By Alicia Flores

When Sarah Schleper lined up at the 2026 Winter Olympics in Milan-Cortina, she was not just another competitor in the start gate. At 46, she became the oldest alpine skier in Olympic history and one of the few athletes ever to compete in seven Winter Games. She also represented Mexico; a country not traditionally associated with snow sports.



Mexico's participation in winter sports has historically been small. Athletes who compete internationally often train abroad and rely on personal resources and sponsorships. Schleper's visibility brings attention to a different side of Mexican sport, one built on individual determination rather than institutional tradition.

Her results in Milan-Cortina were not record-breaking in terms of placement. Yet her presence in the start list carried symbolic weight. She demonstrated that representation is not limited by geography, and that national identity in sport can evolve.

Schleper's Olympic journey began in 1998 when she competed for the United States as a teenager. Over the next decade, she built a solid World Cup career and appeared in four Olympic Games. After stepping away from competition, she returned to the sport years later under a different flag.

For many Mexican viewers, seeing their flag on an alpine ski course may feel unexpected. But it also expands the narrative of what Mexican athletes pursue and achieve. The country's sporting identity has long centered on football, boxing, and summer Olympic disciplines. Winter sport remains niche, but stories like Schleper's introduce new possibilities.

Through her marriage, Schleper became a Mexican citizen and made the decision to represent Mexico internationally. Since 2018, she has raced in green, white, and red, bringing visibility to a country that rarely appears in alpine skiing headlines.

There is also a generational message in her story. Competing alongside her son underscores how athletic ambition can move through families. It challenges assumptions about age, career arcs, and what it means to remain competitive.

Her participation in Milan-Cortina carried another historic element. Her 18-year-old son, Lasse Gaxiola, also qualified to compete for Mexico. Together, they became the first mother and son to compete in the same Winter Olympics.

Schleper's career spans nearly three decades. Few athletes maintain that level of commitment. Fewer still do so while navigating national transitions and raising a family. Her decision to represent Mexico has added a distinct chapter to her legacy.

For Schleper, the Games are no longer about podium finishes. They are about presence, longevity, and representing something larger than herself. In interviews, she has spoken openly about the meaning of competing alongside her son and continuing to race at a stage of life when most athletes have long retired.

For Mexico, her participation at seven Olympic Games places the country in conversations it rarely enters. For young athletes, particularly those with dual nationality or unconventional paths, her example suggests that representation can be chosen and shaped.

Alpine skiing is not forgiving. It requires technical precision, strength, and the ability to make split-second decisions at high speed. Training is year-round. Injuries are common. For athletes from countries without strong winter sports infrastructure, the challenges multiply. Funding, training facilities, and competitive exposure are often limited.

Winter sports may never define Mexico's global sporting image. But each athlete who competes broadens the picture. Sarah Schleper's career reminds us that national stories are not static. They are built by individuals willing to take unexpected routes.

And sometimes, those routes begin on snow.



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Medical School in Mexico: An Option for US and Canadian Students?

By Marcia Chaiken and Jan Chaiken

Several decades ago, we met American students attending the Universidad Autónoma de Guadalajara (UAG) School of Medicine waiting in line at La Chata – an ever-popular restaurant in the city center worth the wait. We chatted as the line inched forward and agreed to be seated together when we reached the front. We were surprised that the students were conversant in Spanish but definitely not fluent and wondered how they were able to understand their med school lectures.

They explained that the UAG program was developed primarily for US students, with many courses in English and coordinated with hospitals in the US for clinical rotations. We assumed their decision to attend UAG was motivated by the beauty and rich cultural opportunities in Guadalajara.

Years later, we had closely watched our oldest granddaughter, youngest niece, and cousins' kids negotiate the lengthy process of applying to US undergraduate schools that have high acceptance rates for med schools, then applying to outstanding med schools, and then seeking a “match” for residency in a specialized field. We frankly wondered if UAG and similar med schools in Mexico would have provided an easier option for aspiring MDs who wanted to practice eventually north of the border.

Medical school acceptance rates in Canada are extremely competitive. There are 18 accredited medical schools in the country – of which 7 are in Ontario. The overall acceptance rate is under 15%. The acceptance rate is even lower for applicants who live out of province – about 5%

While there are about 160 accredited med schools in the US that grant MD degrees, competition is still fierce. Fewer than 50% of applicants are accepted each year: the med school that our granddaughter attended accepts under 3% of applicants each year. At her white-coat ceremony at the beginning of her first year, the dean of students pointed out that all the newly inducted students and many other applicants met the basic criteria for acceptance: very high undergraduate grades, very high Medical College Admission Test (MCAT) scores, and extracurricular activities involving medical proficiency. But the reason they were selected was because all of them demonstrated a very high level of compassion for others.



Mexico, with 151 med schools, has slightly fewer than the US. The acceptance rates vary significantly between the public medical schools and the private ones in Mexico. The highly prestigious public Universidad Nacional Autónoma de México (UNAM) accepts fewer than 2% of medical school applicants. Universidad Autónoma de Nuevo León (UANL), which some say is second to UNAM in prestige, is less competitive but still rejects close to 90% of applicants. Some of the top-tier private medical schools with classes in English, such

as the Universidad de Monterrey, are equally as competitive. Whereas the private UAG accepts about 43% of applicants, other private universities have developed more inclusive programs leading to medical degrees that are frankly aimed at attracting English-speaking students from north of the border. Anahuac University has such a program in Cancun which accepts about 60% of applicants. Xochicalco School of Medicine has campuses near the US border and accepts over 80% of applicants.

In general, students north of the border who have not been accepted at a medical school of their choice in their home country do have opportunities to study in a medical program in Mexico. But realistically they are highly unlikely to be accepted in one of the most prestigious medical schools in Mexico. Their best chance appears to be one of the programs that have been established to educate students from the US and Canada.

Another barrier to medical education north of the border is cost. In the US by 2024, four years of tuition, fees, and living expenses generally cost between \$250,000 and \$400,000. Tuition each year alone in US medical schools two years ago cost between \$42,000 and \$67,000, depending on whether the school was public or private and the region of the country. Tuition in Canada is generally significantly lower for Canadian residents, ranging from \$4,000 to over \$25,000 – but the annual fee for foreign students can reach between \$90,000 and \$100,000 (Canadian dollars). Tuition in the prestigious public medical schools in Mexico are essentially symbolic and remarkably low for Mexican citizens, for example at UNAM under \$30 (US dollars) per year. But foreign students attending the programs in Mexico developed to serve English speakers can expect to pay fees comparable to US medical school tuition – about \$36,000 for the first years of in-class basic sciences teaching to \$59,000 a year for clinical years spent in Mexico and over \$80,000 a year for clinical years with rotations in the US.

Although the cost of living in Mexico is reputedly much lower than in the US and Canada, as recent US and Canadian temporary residents can testify, the days when gringos could live high-on-the-hog in Mexico are over. To maintain a standard of living that even the most impoverished American or Canadian med student would expect is no longer inexpensive in Mexico.

Another consideration in choosing a medical school is the probability of matching with a residency program after graduation. For those in their last year of med school “Match Day” may be ranked as high on the anxiety scale as a wedding day. In fact, in the case of our granddaughter, Match Day engendered even more excitement. Imagine, the hundreds of soon-to-be MDs all waiting to be informed at precisely the same second whether they were chosen to be a resident in the field of their choice at a highly desirable teaching hospital, a hospital that was not exactly high on their list – or even any hospital at all.

Before choosing one of the programs in Mexico for a medical education, prospective students must realize that earning an MD degree does not escape the rest of the arduous process of becoming a licensed physician in the US or Canada. Admission to a US or Canadian residency program is not guaranteed and may not even be possible depending on the med school and the particular program of studies undertaken in Mexico. For Canadian graduates of Canadian medical schools, post-MD residency is almost guaranteed – over 95% of applicants “match” within their preferred field. And for graduates of US medical schools, the match rate for US residency programs has been only slightly lower. However, the match rate for residency in the US for students who completed MD degrees out of the country (including in Mexico) is much lower – in 2024 according to the American Medical Association – 67%. And although first-time residency applicants from foreign med schools matched in Canada at a respectable 87%, those who didn't match during the first application were unlikely to be more successful in subsequent applications, with rates dropping to under 30%.

Finally, to be licensed to practice in the US or Canada, MDs trained in other countries must take a sequence of rigorous exams that require intense study. Most medical school students take some of these exams as they complete their in-class studies and are at the top of their game. And based on our observations of young relatives going through this exam process – one really needs to be passionately committed to practicing medicine north of the border to have the stamina and knowledge to pass.

As much as we love Mexico, we advise young students who have applied to med school in the US or Canada and were not accepted, think twice. Take a year or two and work in a related field. Find out if you really have a passion for medicine, and if you do, choose one of the programs in Mexico that is authorized to make sure their graduates match for residency in the specialty you want in the US or Canada.

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From Chalkboards to Starlink: A New Era for Rural Schools in Oaxaca

By Jamie McIntyre

Founded in 2008 to assist rural communities near Huatulco, Bacaanda Foundation began to focus its efforts on rural education in 2013. In partnership with CONAFE, the agency responsible for rural education in Oaxaca, the Foundation now supports over 550 children and 63 teachers, in 59 schools across 23 rural communities.

Initially, the Foundation worked to establish suitable classroom environments for students and teachers. With donor funding and community support, it built or renovated 46 schools and 33 teacher residences.

This initiative led to Bacaanda's "Intelligent Rural Schools Program," which uses technology to enhance student learning, and along with investments in teacher training these technologies are now being used in all classrooms.

This year, the Foundation completed installation of Starlink satellite systems providing high-speed internet to all 59 schools. With 400 iPads now fully integrated into student learning, we are seeing primary student test scores in Spanish and Math improve, by more than 30% in two years.

A review found significant gaps in student literacy, so the Foundation added a literacy module in 2025, focused on reading, comprehension and writing. Proficiency improved dramatically from 23% of primary students proficient last year, to 63% this year.

Many teachers at Bacaanda schools are recent high school graduates who lack experience and formal pedagogical training. At its two training facilities, the Foundation works collaboratively with CONAFE to deliver teacher training, which has proven to enhance educators' skill sets, self-assurance, and instructional effectiveness.

Also, Bacaanda's six trainers provide teacher support both in-class and online, but retaining teachers remains difficult. To address this, Bacaanda, in cooperation with CONAFE, began offering teacher salary support last year. As a result, teacher turnover in 2025/2026 dropped to less than half its previous rate.

Bacaanda Foundation is a registered charity in Canada, the United States, and Mexico. For further details or to learn about tax-efficient ways to give to this wonderful organization, please visit www.bacaandafoundation.org



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A Banner Year for the Novel and Its Master Storytellers

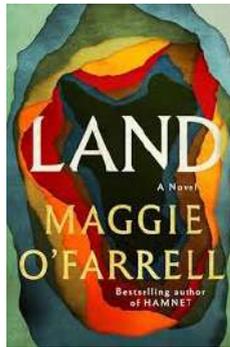
By Carole Reedy

Since the theme of The Eye this month is healthcare, herein lies a literary path for positive mental health! This is turning out to be a banner year for lovers of the novel. Many of us thought 2025 was a bit bereft of books by creative minds that produce beautiful stories. Now it appears they were being saved for 2026.

Fire up your Kindles and be sure your library card is up to date! Here is a handful of bright gems hailing from around the globe. There will be more to follow in upcoming months, with June appearing to be the biggest month for publication.

Land by Maggie O'Farrell

For me, this is the most exciting selection of the year. If this is your first foray into O'Farrell's novels, you have many satisfying hours ahead. I've been hooked on her books for the past 20 years, ever since I first read *The Vanishing Act of Esme Lennox* in 2006.



O'Farrell may be best known for her recent best-selling novel *Hamnet*, which has been made into a blockbuster movie and nominated for several Academy Awards. O'Farrell was also one of the screenwriters.

Regardless of the film's success, I found the book much more emotionally satisfying (as happens most of the time for me). Two hours in the theater simply can't compare to the hours spent in the silent contemplation of the reading process.

Land, due out in June, takes place in Ireland before and after the dreaded 1842-1852 Great Famine, also known as the Irish Potato Famine. It is a story of survival in a land of a million deaths. Another million fled the country. Publication June 2, 2026.

Contrapposto by Dave Eggers

It's been a while since we've had news of a new Dave Eggers novel. He rose to fame in the literary world with *A Heartbreaking Work of Staggering Genius*, and has since repeatedly proved himself a formidable writer, with a substantial litany of the finest novels of our time including *What Is the What*, *You Shall Know Our Velocity*, and *The Circle*. Eggers has also been published in *The New Yorker* and *Esquire* magazines.



Eggers is so much more than a writer. He is also the founder of several literary and philanthropic ventures, including the literary journal Timothy McSweeney's Quarterly Concern, the literacy project 826 Valencia, and the human rights non-profit Voice of Witness. Additionally, he founded ScholarMatch, a program that connects donors with students needing funds for college tuition.

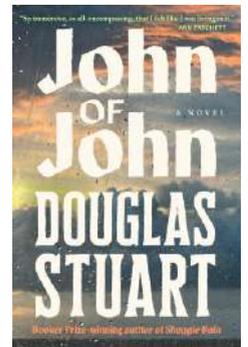
In this latest novel, about art and its world, we follow the two principal characters, Cricket and Olympia, for 65 years. Publisher Penguin describes it as "a wild and beautiful examination of the rules and market forces of the art world." But it's also about the power of friendship.

Eggers is a classically trained artist whose work has been exhibited throughout the world. This novel has been percolating in his mind for the past 20 years. Publication date: June 9, 2026.

John of John by Douglas Stuart

At the start of the Covid epidemic in 2020, Douglas Stuart's debut novel *Shuggie Bain* seized our attention, as did his fairytale personal story.

Shuggie is a young boy in 1980s Glasgow, desperately trying to save his alcoholic mother while dealing with his own identity. The knowledge of the author's personal struggle and ultimate success gave us joy and hope during difficult pandemic times.



In 2022 Stuart published his second novel, *Young Mungo*, that also received critical acclaim.

Now, Stuart's third novel, *John of John*, promises more excellent craftsmanship in a gripping story of a young man returning home.

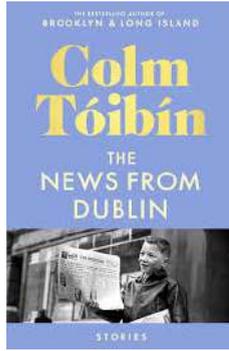
Award-winning author Colm Toibin raves about this newest from Stuart, saying "it has the emotional reach and empathy of his earlier books, but this book is special; it has an urgency, an immediacy, a brilliant sense of place, the drama of a fierce emotion repressed, hidden, and volcanically exposed."

Ann Patchett, another venerated writer, also is enraptured: "Reading *John of John* is like moving to the Isle of Harris and settling into the family farm. The novel is so immersive, so all-encompassing, that I felt as if I were living in it. Douglas Stuart has written something brilliant and exceptional."

I needn't read further previews to know that I'll be the first in line on publication day May 15, 2026.

The News from Dublin by Colm Toibin

Speaking of Colm Toibin, he graces us with a new series of short stories this year. These 11 selections take you across continents and eras. The Miami Herald calls Toibin an “achingly beautiful writer...with infinite compassion.”



If you're among the many readers familiar with *Brooklyn* and its sequel *Long Island*, you may enjoy a change of pace in Toibin's non-fiction. Travelers and European history fans may enjoy *Homage to Barcelona*, a book that celebrates one of the great cities of the world, from the vibrant architecture and expansion to the lives of Gaudi, Miró, Picasso, Casals, and Dalí.

Many of you may, like me, be interested in the separation of Catalan, as well as a glimpse into Franco and the Civil War.

Toibin's selection of both fiction and nonfiction will complete your library.

Now I Surrender by Alvaro Enrigue

The luminous re-creator of Montezuma and the Spanish Conquest in his novel *You Dreamed of Empires* took both sides of US/Mexican border by surprise. It was lauded by the most prestigious reviewers. The *Washington Post* called it “An alternate history of Mexican conquest, with a Tarantino-ready twist.”

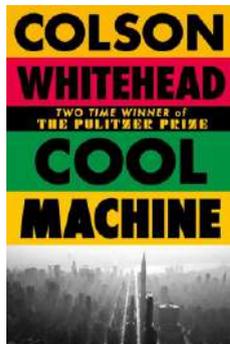


Riding on this success, Enrigue takes on the American/Mexican Wild West in *Now I Surrender*. It's an expansive novel of past and present using myth and history to tell the story through imagined characters such as Geronimo and the Apaches.

Publication date: March 3, available in Spanish and English.

Cool Machine by Colson Whitehead

Fans, including yours truly, of Whitehead's *Harlem Shuffle* and *Crook Manifesto* are enthusiastically awaiting this third and final novel of the trilogy.

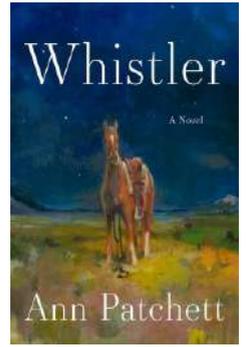


Returning are furniture dealer Ray Carney and his old friend and partner in crime, Pepper, who is a bit of a sociopath. It has now been 20 years since the death of Ray's cousin Freddie. Ray is feeling a responsibility for Freddie's son and needs to weigh the risks of rescuing him from the violent forces of the city versus maintaining the safety and security of his own family.

Most readers are familiar with Whitehead's Pulitzer Prize (for fiction) winning *The Underground Railroad*. The novel also won the National Book Award. Many readers feel this trilogy deserves equal praise.

Whistler by Ann Patchett

“It's Friday and if you haven't read this it's new to you,” says Ann Patchett, introducing her Friday chats on Facebook. Every week she offers several minutes out of her busy literary schedule to discuss the books she's reading.



You may know Patchett as the owner of the famous Parnassus Books in Nashville, Tennessee, with a branch at the Nashville Airport. In addition, she keeps an online magazine. At a site called Musing, you'll find Ann Patchett's blog, staff-picked reading lists, exclusive author interviews, shop dog diaries, and more. No matter where you live you can subscribe.

We know Patchett as a reliable storyteller. She has written extraordinary novels loved by a wide range of readers. My personal favorite is *Bel Canto*, and I'm not alone in my assessment: the New York Times Book Review named it one of the most important books of the 21st century. It also won the PEN/Faulkner Prize and the Orange Prize. “The Shining Path meets the opera star” could be the subtitle.

Now to her new book, *Whistler*. It concerns a subject we all ponder from time to time: the decisions we've made and the ones that have been made for us. Two main characters reunite to formulate and develop the plot and philosophical rendering. Pre-publication reviews are raves. Due out on June 2, 2026.

With so many wondrous novels arriving this year, we dedicate this and future columns to keeping you in the loop.

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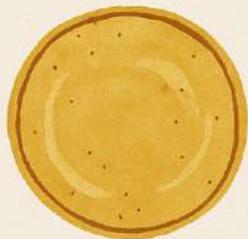
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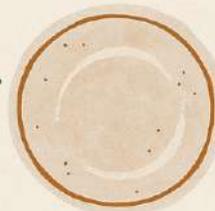
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Could Simply Moving to Mexico Be Considered “Health Care”?

By Kary Vannice

Every year, people pack up their lives and move somewhere else in search of something...undefinable. It's not about the weather or the money, and despite what friends back home may think, it is not even about running away from responsibility. For most, it's simply about wanting life to feel different...better.



And modern research backs this up. There's even a term for it: *lifestyle migration*.

Sociologist Michaela Benson describes it as the movement of people who are not forced to relocate for work or safety, but who are “searching for a better way of life.” And that phrase comes up again and again in studies of first-world citizens who move to places like Mexico, Costa Rica, Thailand and many other developing countries.

But does changing countries actually change anything internally? According to research, it certainly changes things energetically.

Psychologists Judith Rodin and Ellen Langer have spent decades researching what they call “perceived control.” Their studies show that people who feel they have more influence over their daily lives experience less stress, better health, and even live longer. Their work suggests it's not simply what happens to us that matters, it's whether we feel we are in control or being controlled.

The *Journal of Happiness Studies* found that *agency*, a sense of directing one's own life, is consistently linked to higher life satisfaction across almost every country studied. In other words, feeling in charge of your day-to-day life matters, a lot.

When someone relocates, the move itself doesn't magically solve all their problems, but it does force them to redesign their way of life. They're now living in an environment with different bureaucracies, different expectations, different cultural rhythms, and different definitions of success. As a foreigner, they experience the unique freedom of not having grown up inside the existing structure, so they no longer feel bound to it.

Researchers looking at stress physiology use another term, “allostatic load,” defined as the cumulative physical, mental, and emotional “wear and tear” from chronic, repeated, or prolonged stress exposure. Neuroscientist Bruce McEwen, writing in the *New England Journal of Medicine*, showed how long-term stress responses become embedded in the body, affecting cardiovascular, metabolic, and emotional health, leading to long-term health problems as one ages.

These stress responses are not just triggered by traumatic events. Most come from constant low-level demands, time pressure, competition, and unpredictability in the surrounding environment.

Another study published in *Psychological Science* showed that people report greater well-being when their personal values align with the norms of the society they live in. Not feeling aligned with the current political climate, for example, can cause a persistent sense of friction and

emotional discord.

Relocation can reduce that friction. Not because the new location is necessarily better, but because it aligns more with one's personal values and lifestyle choices.

In her study *Lifestyle Migration and the Quest for a Better Way of Life*, researcher Karen O'Reilly documented how participants talked about wanting “time,” “space,” and “control over everyday living” rather than material gain. This is what prompted many of them to move from their country of origin. They described their decision to relocate less as an escape and more as a recalibration.

Of course, living abroad also poses challenges such as language, bureaucracy, and adapting to new cultural norms. But these types of challenges also carry unexpected health benefits. Manageable stress, the kind that comes from learning, problem-solving, and navigating new situations, can build resilience and cognitive flexibility. Unlike the draining stress of constant pressure, these kinds of challenges engage the brain, encourage social connection, and create a sense of accomplishment. Figuring out how to open a bank account in another language or navigate a new governmental system may be frustrating in the moment, but it also fosters confidence, adaptability, and a sense of autonomy in daily life.

If you strip away the romantic ideals of living abroad, you start to see that changing countries often changes how we feel about ourselves and our lives. For many, it fosters a more calm, centered, and grounded sense of self and personal agency. Both of which have long-term positive health benefits and can contribute to living longer.

So, could relocating be one of the best things you do for your mental and emotional health?

Not so much because of the new country itself, but because you stepped outside of the patterns and systems that once defined you. In this case, well-being has less to do with where you land and more to do with what you leave behind. A new environment invites an opportunity to live in a new way, and for many, life no longer feels like something that happens to them by default, but more like something they are creating with intention.

Kary Vannice is a writer and energetic healer who explores the intersections of culture, consciousness, and daily life in Mexico.



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Chronic Silent Inflammation: The Real Enemy of Modern Aging

By Valentina Arline

For decades, aging was considered an inevitable process determined exclusively by genetics. Today we know that this vision is incomplete. One of the most decisive factors in the speed at which we age is not visible to the naked eye, does not always generate immediate pain, and is rarely detected in its early stages: chronic silent inflammation.



Unlike acute inflammation — a natural and protective response to injury or infection — chronic low-grade inflammation operates in a constant and subtle way within the body. It is a persistent inflammatory state that can be maintained for years, affecting tissues, metabolic systems, and cellular functions without obvious symptoms until the damage becomes significant.



In physiological terms, it represents prolonged activation of the immune system. Factors such as chronic stress, poor sleep quality, ultra-processed foods, exposure to environmental toxins, and a sedentary lifestyle contribute to keeping the body in a continuous state of alert. This phenomenon has been scientifically associated with cardiovascular disease, cognitive impairment, insulin resistance, metabolic disorders, autoimmune conditions, and degenerative processes related to aging.

At the cellular level, chronic inflammation directly impacts mitochondrial function. Mitochondria — known as the “power plants” of the cell — are essential for energy production and tissue repair. When exposed to a persistent inflammatory environment, cellular energy efficiency decreases, oxidative stress increases, and tissue wear accelerates. The result may be persistent fatigue, slower recovery, metabolic imbalance, and biological aging that progresses faster than chronological age.

Within integrative medicine, the concept of systemic detoxification does not refer to trends or temporary regimens, but to supporting the body’s natural elimination pathways. The liver, intestines, kidneys, and lymphatic system function in coordination to process and remove metabolic waste and inflammatory byproducts.

When these systems become overloaded — whether by diet, environmental pollutants, or sustained stress — the inflammatory state can become chronic.

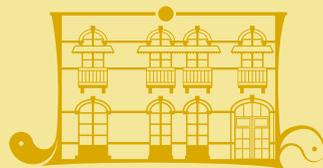
Beyond calorie counting, cellular nutrition focuses on the biochemical quality of nutrients. Micronutrients, antioxidants, essential fatty acids, and bioactive compounds play a central role in modulating inflammatory pathways. Regenerative medicine has explored therapeutic strategies aimed at improving cellular communication, reducing oxidative stress, and optimizing tissue repair capacity.

Ozone therapy, when applied under appropriate medical criteria, has been studied for its potential to modulate oxidative stress and stimulate endogenous antioxidant systems. In clinical practice, medical ozone — a controlled mixture of oxygen and ozone — may be administered in specific

concentrations through techniques such as autohemotherapy, in which a small sample of the patient’s blood is exposed to ozone and then reintroduced, or through localized applications depending on the condition being treated. The objective is not to “detoxify” in a simplistic sense, but to encourage physiological balance and support the body’s regulatory mechanisms. As with any medical intervention, it should be performed by trained professionals within established safety protocols.

Healthy aging does not depend solely on the absence of disease, but on the preservation of cellular, metabolic, and immune function. Understanding chronic silent inflammation allows us to rethink prevention from a deeper and more personalized perspective. In a world characterized by constant stress and environmental overload, reducing chronic inflammation may be one of the most relevant strategies to extend not only lifespan, but healthspan — the quality of life during those years.

Valentina Arline is an integrative medicine practitioner with international experience in regenerative therapies and inflammatory modulation approaches. Her work focuses on longevity and cellular health strategies from a scientific and holistic perspective.



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Preventive Health in Our Community: Small Actions That Make a Big Difference

By Dalia López

In recent weeks, different neighborhoods across Huatulco have seen something simple but meaningful: tables set up early in the morning, people stopping by out of curiosity, and neighbors encouraging each other to “go check your pressure.” Free blood pressure and glucose screenings were carried out in La Crucecita and Sector U2 in Bahías de Huatulco, and Santa María Huatulco. Most recently, the initiative also reached pilgrims arriving from San José del Alto.

“What may seem like a quick and routine test can actually make a significant difference.” – Karen Palma, CEO of Clínica Hospitalaria San Miguel.

Many people who approached the screening tables mentioned that they had not checked their blood pressure or glucose levels in months, and in some cases, years. Some came because a family member insisted. Others stopped by simply because they were passing through. A few admitted they were nervous about what the numbers might show.

These small interactions highlight an important reality: conditions such as hypertension and diabetes often develop silently. A person can feel completely fine while their blood pressure is elevated or their blood sugar levels are higher than normal. Without regular monitoring, these conditions can progress unnoticed and eventually lead to serious complications.

High blood pressure places constant strain on the heart and blood vessels. Over time, it increases the risk of heart disease, stroke, and kidney problems. The challenge is that it rarely causes obvious symptoms in its early stages. That is why a simple measurement, which takes only a few minutes, can be so valuable.

Glucose testing is equally important. Elevated blood sugar levels may indicate prediabetes or diabetes, conditions that affect thousands of families across the country. When left untreated, high glucose levels can damage blood vessels, nerves, vision, and vital organs. However, when detected early, individuals have the opportunity to make adjustments in diet, physical activity, and medical follow-up that can greatly improve long-term outcomes.



During these recent outreach efforts, some participants were relieved to see normal readings. Others discovered elevated numbers and were advised to seek further evaluation. In both situations, the screenings provided something essential: awareness.

The initiative was carried out by medical personnel from Clínica Hospitalaria San Miguel as part of a broader effort to promote preventive care and community education. Rather than waiting for illness to appear, the focus was on encouraging people to take proactive steps toward their health.

The response from the community was encouraging. In places like La Crucecita and Sector U2, neighbors shared information with each other, and conversations naturally formed around healthy habits—reducing salt and sugar intake, drinking more water in the heat, staying active, and scheduling regular check-ups. Among the pilgrims from San José del Alto, many expressed appreciation for the opportunity to pause and check their health during their journey.

Preventive care does not always require complex technology or long appointments. Sometimes it begins with a simple question: “When was the last time you checked your pressure?” These types of community-based screenings help remove barriers such as time, transportation, or hesitation. They bring health services closer to everyday life.

In regions like ours, where warm weather, busy routines, and changing lifestyles can influence health patterns, regular monitoring becomes even more important. Checking blood pressure and glucose levels should not be reserved for when someone feels unwell. In fact, it is most valuable when a person feels healthy.

The recent screenings across Huatulco serve as a reminder that prevention is a shared responsibility. When communities participate, ask questions, and take a few minutes to know their numbers, they are investing in their future well-being.

Sometimes, the simplest actions—like rolling up a sleeve for a quick measurement—can open the door to better health decisions. And in the long run, those small moments can make a lasting difference.



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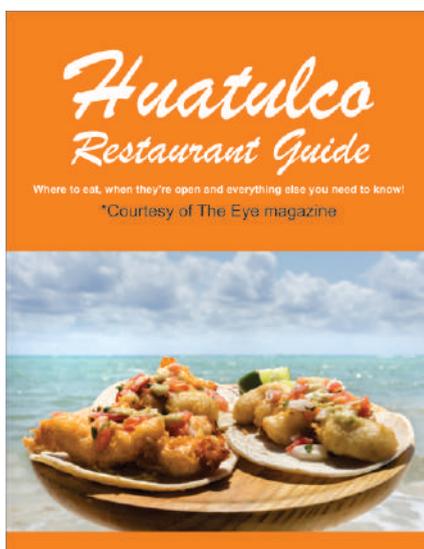
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Osta, Artist of the World (Borders are Lines on a Map)

By José Palacios y Román

Andrew Osta is an artist of the world. Speaking Slavic languages like Ukrainian and Russian, and having to learn English as a third language to pursue a university degree in Canada, Andrew went on to teach English in South Korea. Here he learned to speak basic Korean and write its characters. As he began painting, destiny brought both challenges and opportunities such as delving into shamanism in Peru and later settling in Mexico to master Latin American Spanish. When Osta returned from Peru after experiencing medicine journeys with ayahuasca, he continued painting and was invited by the master Pablo Amaringo for an exhibition. It was this experience that marked a turning point and a milestone in his career.

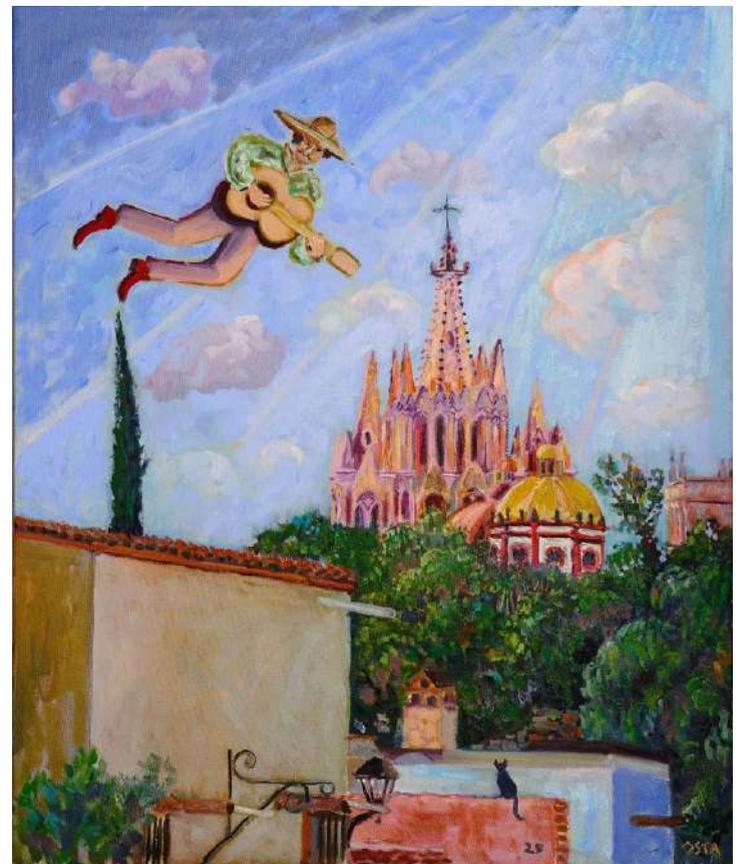
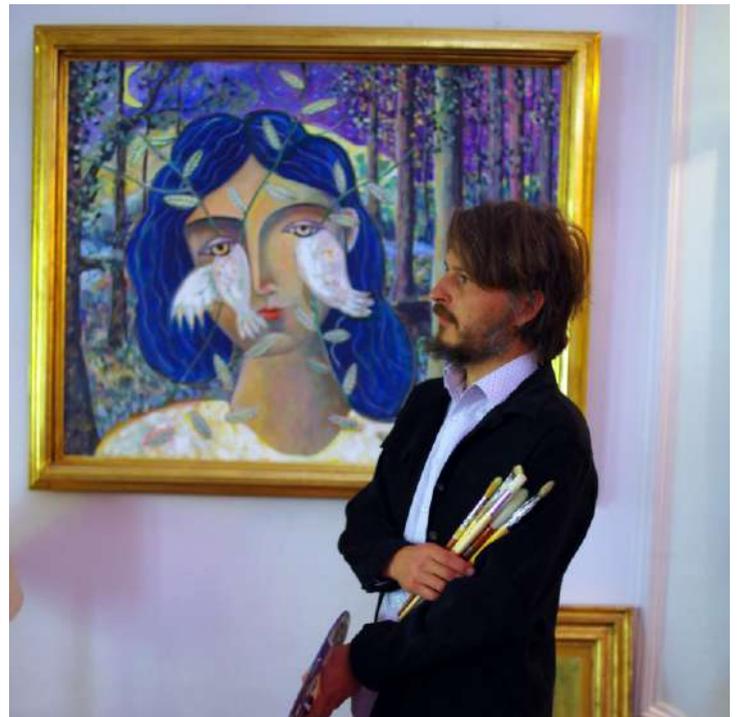
The following year, he decided to settle in the picturesque and attractive town of San Miguel de Allende in the state of Guanajuato. He was struck by the neo-Gothic church of San Miguel Arcángel, which Osta has painted countless times. This parish is the city's main symbol and a quintessential example of pink quarry stone and twin towers in Mexico. San Miguel de Allende welcomed Osta; he makes friends easily despite being introverted, and the art market has supported him in being a full-time artist. Osta frequently exhibits his work in San Miguel de Allende, where galleries and exhibition centers showcase his art. His presence is appreciated, recognized, and met with great affection.

Osta enjoys traveling to Oaxaca City, and from there to the San José del Pacífico area, where he has his spiritual brothers and sisters. He has spent many days in Huatulco recreating the beaches of this destination for over a decade.

In the Tangolunda hotel zone, at the Copalli Art Gallery, Andrew Osta held his first solo exhibition on January 12, 2024, featuring some twenty works in both large and small formats, which were enjoyed by the public. Several pieces have been purchased by Huatulco residents and now hang on their walls. Since then, Osta has been an exclusive artist with Copalli, and the gallery has exhibited his paintings for sale in boutique hotels and various exhibitions in the region.

Osta lives in a beautiful home at the foot of Cerro de San Felipe, very close to the city of Oaxaca. He frequently visits Huatulco because he loves the sun, the sea, and the surrounding nature, which inspire him to continue painting. It continues to be a true pleasure to spend time with his family: his ever-smiling wife, Ninfa, and their two children, Nicolas (Niko) and Elenita, who inherited his creativity and sweet nature.

Andrew Osta's work is on permanent display at Copalli Art Gallery, open daily from 10 am to 7 pm. Of note, his work is also featured in San Miguel de Allende, where, through synergy, we are building bridges of understanding and creation thanks to the successful initiatives of Jane Bauer and the expansion of The Eye magazine.



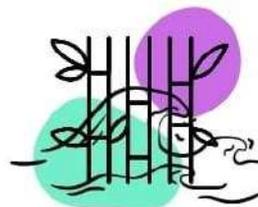
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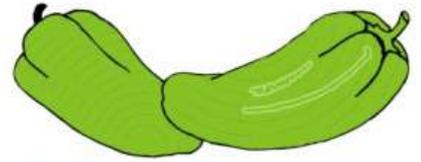
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