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**ATTITUDES TOWARDS IMMIGRANTS & SUPPORT FOR
GOVERNMENT SPENDING ON HEALTH CARE**

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GOVERNMENT SPENDING ON HEALTH CARE

by

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Abstract

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A steady increase of new immigrants to the United States has sparked a great debate on the financial impact the foreign born population has on public services. While the United States government has an extensive history on exclusions for potential public charges, the impact of negative attitudes towards immigrants has caused substantial changes in eligibility criteria for legal permanent residents and ultimately immigration policy at large. This report uses group threat theory, which predicts a punitive response from a dominant group when these individuals perceive a threat to their group interests to explain shifts in attitudes and corresponding changes in eligibility criteria for public benefit programs for immigrants. Additionally, this study examines how U.S. citizens' misinformed perceptions of immigrants' utilization of public programs may negatively influence public support for increased government spending on public health care

programs. To quantify the implications of public attitudes, the study uses repeat cross-sectional data on attitudes towards immigration from the General Social Survey (GSS) from 1994 (N=578), prior to Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. The responses are compared to a similar survey conducted by GSS in 2004 (N=365) an era of steep economic growth and substantially higher health care costs.

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Introduction

A steady increase of new immigrants to the United States has fuelled concern regarding the financial impact the foreign born population has on public services. The demographic changes have become more prominent over the last three decades as the number of foreign born¹ surpassed previous records topping out at 38.1 million.² Consequently, the policy response to these trends in migration reflects the growing concern that immigrants in the United States will negatively impact public resources. As Americans struggle with ever-increasing health care costs, the foreign born are perceived to be a significant burden to the ailing U.S. health care system.

Previous debates over social policies have revealed the native born populations' increasingly hostile views towards immigrants who are perceived to be a threat to the American electorate's material well-being. Existing federal health care programs exclude the vast majority of immigrants from enrollment.³ While there is greater national support to increase spending for federal health care programs, misinformed perceptions that immigrants have access to public benefits may undermine societal goals to lower costs and improve health outcomes for American citizens. This tension emerged in the latest health care reform effort, as questions about what, if any, coverage options should be available to uninsured immigrants.

After providing a policy context into the approaches taken by the United States government over the issue of immigration and public charges, this report turns to the

¹ The term foreign born refers to individuals who indicated that they were a naturalized citizen or were not a citizen of the United States. All authorized and unlawful immigrants are included in this definition.

² Grieco, Elizabeth. "Race and Hispanic Origin of the Foreign-Born Population in the United States: 2007." American Community Survey Reports. Washington D.C.: The U.S. Census Bureau. January 2010.

Passel, Jeffery. "Estimates of the Size and Characteristics of the Undocumented Population." Washington D.C.: Pew Hispanic Center. March 21, 2005. <<http://illegalaliens.us/images/44.pdf>> (accessed March 14, 2010).

³ Detailed information on the restrictions of specific immigrant populations are included in Chapter 1.

demographic changes related to migration over the last century to contextualize the how attitudes towards immigrants have shifted over time. Next, the report incorporates prior research on group-threat theory to inform an empirical analysis of the growing trend of negative attitudes towards immigrants in America. This topic is analyzed from the theoretical perspective that anti-immigrant sentiments stem from both perceived threats to individual and group-level interests. Factors that contribute the formation of negative attitudes include perceived threat over economic resources, group level concerns regarding the level of rights extended to immigrants. These results are then compared to attitudes about government spending on health care, which has become a salient issue to American voters. The findings indicate that while Americans are more favorable toward increased spending on health care, they are also more hostile to immigration because they interpret gains made by immigrants as a loss to their own well being.

Chapter 1: The Policy Context

PUBLIC CHARGE EXCLUSIONS IN THE UNITED STATES

Policy makers have long been concerned with the impact of immigration on government ledgers, and have attempted to reduce the potential financial burden by limiting entry to individuals that appear to be destitute. These restrictions are known as public charge exclusions, and were intended to prevent immigrants who are deemed unable or unwilling to provide for themselves from becoming a drain on parishes, local charities, and other community organizations. There is a lengthy history behind such provisions, with early versions implemented generations before the signing of the Declaration of Independence in 1776. By 1700, both the colonies of Massachusetts and New York had applied statutes that prohibited entry to migrants who were thought to be “paupers or the infirm” unless it could be proven that the passenger would not eventually become a burden on society.⁴ Delaware later established its own legislation to “Prevent Poor and impotent Persons [from] being Imported” in 1740. The policy excluded "any such infant, lunatick [sic], aged, maimed, impotent or vagrant person" from settling in the colony.⁵

The ratification of the Constitution shifted the responsibility of immigration policy from the states to the federal government. Congress formalized the process to allow the foreign born to become citizens, however, the public charge exclusions remained on the books at the state level.⁶ Stronger legislation was enacted at the federal level with the passage of the Immigration Act of 1882, thus formalizing immigration as a

4 Baseler, Marilyn. "Asylum for Mankind." America, 1607-1800. Ithaca, New York: Cornell University Press, 1998.

5 Hutchinson, Edward Prince. Legislative History of American Immigration Policy, 1798-1965. Philadelphia, Pennsylvania: University of Pennsylvania Press, 1981.

6 Baseler, Marilyn. "Asylum for Mankind." America, 1607-1800. Ithaca, New York: Cornell University Press, 1998.

national concern. The legislation, which borrowed language from state laws, prevented the entry of any immigrant deemed “unable to take care of himself or herself without becoming a public charge” from the United States.⁷ The policy ensured that aliens identified as a potential ward of the state were returned to their country of origin at the ship-owner’s expense.⁸ Additionally, the provision created a ‘head tax’ aimed at reducing the public costs associated with caring for destitute aliens at the port of arrival. Within a decade Congress adapted the law to exclude individuals from entering the United States who had not paid their own fare, and deported immigrants that had become a public charge within a year of arrival.⁹

DETECTING IMMIGRANT ENROLLMENT IN PUBLIC PROGRAMS

The creation of the first social programs during the Progressive Era provided a stronger case for policy makers who wanted to impose tighter restrictions on new immigrants entering the United States, and make it easier to deport public charges already in the country. The goals culminated in the passage of the 1917 Immigration Act, which extended the public charge rule to allow the government to deport immigrants that had become destitute within five years of their arrival.¹⁰ Further, the new law required aliens who were at risk of deportation to prove that their state of misfortune had occurred after the individual’s arrival to the United States.¹¹

7 U.S. Congress, Immigration Act (An act to regulate immigration) of 1882, Chap. 376, 22 Stat. 214. 47th Congress, Sess. I, August 3, 1882.

Tichenor, Daniel. *Dividing Lines: The Politics of Immigration Control in America*. Princeton, New Jersey: Princeton University Press, 2002. Pg. 69.

8 Ibid.

9 U.S. Congress, 1891 Immigration Act (An act in amendment to the various acts relative to immigration and the importation of aliens under contract or agreement to perform labor), Sess. II Chap. 551; 26 Stat. 1084, 51st Congress; March 3, 1891.

10 U.S. Congress, House, 1917 Immigration Act (An act to regulate the immigration of aliens to, and the residence of aliens in, the United States), House Resolution 10384; Sess. II. Pub.L. 301; 39 Stat. 874. 64th Congress February 5th, 1917.

11 Edwards, J. 2001. “Public Charge Doctrine: A Fundamental Principle of American Immigration Policy.” Center for Immigration Studies: Washington D.C.

Beginning in the 1930s new immigrants could meet the public charge requirements in one of the following ways: provide proof they had sufficient funds, had secured employment with an American business, or through an affidavit of support. The affidavit of support demonstrated that a new immigrant would be supported by one or more legal residents of the United States.¹² While the affidavit became more common means of entry, the pledge of support was not considered legally binding to the sponsor. A series of legal decisions in the late 1950's maintained this distinction on the basis that federal assistance laws failed to spell out residency restrictions for lawful aliens.¹³ Because the affidavit of support was general unenforceable, it was rarely used to prevent legal immigrants from enrolling in public programs.

From the 1970s state governments began implementing residency requirements to legal immigrants for programs that received federal-state match funding in an attempt to reduce immigrant enrollment. However, in 1971 the U.S. Supreme Court ruled in *Graham v. Richardson* (403 U.S. 365) that such restrictions by the state were unconstitutional under equal protection laws of the 14th amendment. The following year the eligibility criteria was amended to narrow the scope of immigrant beneficiaries. Non-citizen applicants for Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), Medicaid, or food stamps were required to be lawfully admitted for permanent residence, or otherwise "permanently residing in the United States under color of law."¹⁴ The justification for the update in eligibility criteria was to prevent temporary visitors and unauthorized immigrants from enrolling for public

12 U.S. Citizenship and Immigration Services. "Affidavit of Support". U.S. Department of Homeland Security: Washington D.C. <<http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=fe3647a55773d010VgnVCM10000048f3d6a1RCRD>> (accessed February 28, 2010).

13 *Department of Mental Hygiene v. Renal*, 6 N.Y. 2d 791 (1959); *State v. Binder*, 356 Mich. 73 (1959).

14 Social Security Administration. "§416.1618 When you are considered permanently residing in the United States under color of law." Office of Management and Budget. December 2, 1991. <http://www.ssa.gov/OP_Home/cfr20/416/416-1618.htm> (accessed January 30, 2010).

assistance programs. By the early 1980s, the perceived abuse of the welfare system brought about the enactment of new legislation that limited the eligibility of new permanent residents, and used the affidavit of support to prohibit their enrollment for food stamps, SSI, and AFDC for up to 3 years.¹⁵

WELFARE REFORM & THE NEW PUBLIC CHARGE EXCLUSIONS

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) sought to overhaul the nation's welfare system by placing time-limits on public benefit programs. In addition to the substantial changes to social safety net, PRWORA also redefined legal immigrants' access to public benefits.¹⁶ The goals of the legislation's immigrant provisions were two-fold. First, it sought to prevent immigrants that were deemed likely to become public charges from ever entering the United States. The second goal aimed to significantly reduce costs within public assistance programs. The Congressional Budget Office anticipated that the immigrant provisions outlined in welfare reform would account for nearly 40 percent of the total costs savings.¹⁷ The projection was perhaps slightly unrealistic, given that in 1996 immigrants made up only 15 percent of all welfare recipients, and these were never achieved.¹⁸

Soon after the passage of PRWORA, Congress strengthened the restrictions for immigration through the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996. Together the welfare and immigration reform laws required the use of sponsor-to-alien deeming requirements to reduce participation of new

15 Reischauer, R. 1995. "Immigration and Welfare Reform." Congressional Budget Office: Washington D.C. <<http://www.cbo.gov/doc.cfm?index=4761&type=0>>.

16 Fix, M, and Passel, J.. 2002. "The Scope and Impact of Welfare Reform on Immigrants." The Urban Institute: Washington D.C.

17 Congressional Budget Office. 1996. "Federal Budgetary Implications of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996." Congressional Budget Office: Washington D.C.

18 Fix, M, Capps, R, and Kaushal, N. 2009. "Immigrants and Welfare: Overview." Immigrants and Welfare: The Impact of Welfare Reform on America's Newcomers. Russell Sage Foundation: New York, N.Y.

immigrants in means-tested programs.¹⁹ Under the new provisions an immigrant's sponsor, either a legal permanent resident or a U.S. citizen, needed to provide proof that their income exceeded 125 percent of the federal poverty threshold.²⁰ The statute also required that sponsors sign an affidavit of support, pledging to support the applicant until the individual becomes a naturalized citizen or completes 40 quarters of employment. In practice, the new changes meant that sponsors remained liable for reimbursing federal, state, or local agency that paid out a benefit for an unqualified immigrant.²¹

Prior to the enactment of PRWORA the sponsorship was only one means of meeting the public charge requirements, and therefore an optional component. However, the 1996 reforms required both the deeming form and affidavit of support. The legislation also adopted the provisions to make them legally enforceable documents. The new conditions updated the Immigration and Naturalization Act in 1996, were intended to assist in the enforcement of public charge exclusions.²² The new income thresholds and extended responsibility of sponsors was interpreted by advocacy organizations as a 'back door' reform of legal immigration intended to keep the poorest migrants from entry.²³

THE PUSH TO NATURALIZE: PRIORITIZING CITIZENSHIP FOR PUBLIC BENEFITS

Prior to the enactment of PRWORA legal immigrants living in the United States had access to public programs to the same degree as U.S. citizens. However, the enactment of welfare reform legislation prohibited new immigrants that arrived after

19 The Illegal Immigration Reform and Immigrant Responsibility Act of 1996, enacted as Division C of the Omnibus Consolidated Appropriations Act, 1997, and signed into law on September 30, 1996 (P.L. 104-208)

20 Fix, M and Zimmerman, W. 1999. "All Under One Roof: Mixed-Status Families in an Era of Reform." The Urban Institute: Washington D.C. <<http://www.urban.org/UploadedPDF/409100.pdf>>.

21 Violet, J. 1997. "Immigration: The New Affidavit of Support—Questions, Answers, and Issues." Congressional Research Service: Washington D.C.

22 Violet, J, and Eig, L. 1998. "Alien Eligibility for Public Assistance." Congressional Research Service: Washington D.C.

23 Espenshade, T, Baraka, J, and Huber, G. 1997. "Implications of the 1996 Welfare and Immigration Reform Acts for US Immigration." Population and Development Review, 23(4): 769-801.

August 22, 1996 from receiving benefits for at least five years or until U.S. citizenship was attained.²⁴ The eligibility and enrollment restrictions imposed by PRWORA barred unqualified immigrants from federal health insurance programs, nutrition benefits, welfare and related work supports, and aid to the aged and disabled. This represented a substantial shift in policy that made citizenship a central component of eligibility for government means-tested programs at every level.²⁵

Table 1.1 provides an overview of the changes in eligibility criteria for immigrants that resulted from the enactment of PRWORA. The table illustrates how the newly implemented restrictions on enrollment outlined in the welfare reform legislation differentiate between immigrants arriving before the passage of welfare reform and those that entered the U.S. after August 22, 1996. The vast majority of lawful permanent residents (LPRs) that entered the country after the August closing date are generally unable to enroll in public benefits.²⁶ Exceptions are granted for specific immigrant groups, including refugees and asylees,²⁷ non-citizens who served on active duty in the armed services (and their dependents), or veterans who were honorably discharged from the military.²⁸ Lawful immigrants who have worked for forty quarters in jobs where Social Security taxes have been collected may also be eligible for enrollment.²⁹

Unlawful immigrants have long been barred from qualifying for the vast majority of public benefits. Although, it is important to note that state governments have the option to implement exceptions for children and specific vulnerable populations

24 Health and Human Services. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996. September 1996.

25 Fix, M, and Passel, J.. 2002. "The Scope and Impact of Welfare Reform on Immigrants." The Urban Institute: Washington D.C

26 Center Medicare and Medicaid Services. "Questions and Answers on the Five-Year Bar."

<<http://www.cms.gov/MedicaidEligibility/Downloads/alien2.pdf>>. Date published unknown.

27 Although these applicants are subject to time-limits similar to U.S. citizens

28 Holcomb, P, Tumlin, K, Koralek, R, Capps, R, and Zuberi, A. 2003. "The Application Process For TANF, Food Stamps, Medicaid, and SCHIP." The Urban Institute: Washington D.C.

29 Fremstad, S. 2002. "Immigrants and Welfare Reauthorization." The Center on Budget and Policy Priorities: Washington D.C. <<http://www.cbpp.org/files/1-22-02tanf4.pdf>> (accessed online March 17, 2010).

regardless of the applicant's immigration status.³⁰ Many non-government organizations such as food pantries and community shelters are also allowed to provide assistance to anyone in need. All non-citizens, including undocumented immigrants without health insurance may receive emergency medical care.³¹

³⁰ Ibid.

³¹ Lu, K, and Kessler, B. 1997. "The Number and Cost of Immigrants on Medicaid: National and State Estimates." The Urban Institute: Washington D.C.

Table 1.1 Benefit Eligibility Criteria for Non-Citizens

	SSI	Food Stamps	Medicaid	TANF	Other Federal Programs	State/ Local Benefits
<i>Qualified Immigrants Arriving Prior to August 23, 1996</i>						
Legal Permanent Residents	Yes	No	State Option	State Option	State Option	State Option
Asylees/ Refugees	Eligible for the first 7 years	Eligible for the first 5 years	Eligible for the first 7 years	Eligible for the first 5 years	Eligible for the first 5 years	Eligible for the first 5 years
<i>Qualified Immigrants Arriving After to August 23, 1996</i>						
Legal Permanent Residents	No	No	Barred for the first 5 years – State option afterward	Barred for the first 5 years – State option afterward	Barred for the first 5 years – State option afterward	State Option
Asylees/ Refugees	Eligible for the first 7 years	Eligible for the first 5 years	Eligible for the first 7 years	Eligible for the first 5 years	Eligible for the first 5 years	Eligible for the first 5 years
<i>Unqualified Immigrants</i>						
Unauthorized Immigrants	No	No	Emergency Services Only	No	No	No
PRUCOL Immigrants³²	No	No	Emergency Services Only	No	No	No

Reproduced from Michael Fix and Karen Tumlin's, "Welfare Reform and the Devolution of Immigrant Policy" (Washington D.C.: The Urban Institute, 1997).

Note: States had the option to provide WIC to unqualified immigrants. Unauthorized immigrants may also be eligible for other health programs (e.g. immunizations or testing and treatment for communicable diseases).

32 The PRUCOL doctrine permitted access to public means-tested programs for some immigrants with ambiguous status. Under this provision, introduced through the Health Care Financing Administration in 1990, undocumented immigrants are ineligible to receive aid because their lack of status is clearly defined.

The changes in eligibility criteria specified in PRWORA established a series of immigrant classes that was defined by the date of an immigrant's arrival, the state to which they resided, and the length of time an applicant had been present within their state of residence.³³ While the policy was intended to simplify enrollment procedures by placing immigrant groups into easily identifiable categories, the designation of legal permanent residents after August 23, 1996 cut-off date, effectively downgraded the significance of their legal status. Further, this shift in policy effectively consolidated legal immigrants who arrived after passage and unlawful immigrants into the same ranks. This specific aspect of the policy raises important questions about the administrative process carried out by public benefits officers, as prior research has revealed that the vast majority of native born-citizens are not well informed about the legal distinctions of immigration.³⁴ The immigrant eligibility provisions outlined in PRWORA distorts how the foreign born are perceived by state and local agencies as well the general public.

THE DEVOLUTION OF IMMIGRATION POLICY TO THE STATES

From the creation of America's social safety net, the federal government was solely responsible for determining eligibility criteria for immigrant populations. The court's intervention in states' decisions to withhold access to legal immigrants for their own programs upheld this standard. However, welfare reform marked a significant shift in how states, rather than the federal government would determine specific immigrant populations' eligibility for a variety of public benefits. Undocumented individuals had long been ineligible for the vast majority of public benefits, but the new distinctions drawn between qualified and unqualified legal immigrants broadened both the immigrant

33 Fix, M, and Tumlin, K. 1997. "Welfare Reform and the Devolution of Immigration Policy." Urban Institute: Washington D.C.

34 Hagan, J, Rodriguez, N, Capps, R, and Nika Kabiri, N. 2003. "The Effects of Recent Welfare and Immigration Reforms on Immigrants' Access to Health Care." *International Migration Review*, Vol. 37, No. 2 (Summer, 2003), pp. 444-463.

populations deemed ineligible for assistance.³⁵ The provisions outlined in PRWORA gave states greater authority to establish eligibility criteria for qualified immigrants, while limiting their ability to craft policy for unqualified immigrants.

The states and localities that opted to expand their social safety net to immigrants deemed unqualified by PRWORA faced budgetary restrictions issued under the federal guidelines issued through the blockgrants.³⁶ The states that chose to extend benefits to their unqualified immigrants were often those with a greater share of the foreign born, and are thus responsible for a disproportionate share of the costs associated with uncompensated care.³⁷ The narrowing of flexibility for states to expand state-level care to unqualified immigrants shifted the fiscal responsibility for the health care of immigrants to state and local governments.³⁸

The passage of PRWORA initiated a significant devolution of authority that would reach beyond the scope of the eligibility criteria for legal immigrant groups. The classifications between qualified and unqualified legal immigrants outlined in the law confused state-level eligibility workers. In many regions workers from state and local agencies received little to no training in how to interpret the new provisions to process applications for qualified immigrants. As a result many eligible populations, which include qualified and mixed immigrant families failed to enroll.³⁹ Qualitative research revealed that eligibility officers often presumed non-citizens were not eligible to receive

35 Fix, M, and Tumlin, K. 1997. "Welfare Reform and the Devolution of Immigrant Policy." The Urban Institute: Washington D.C.

36 Zimmerman, W, and Tumlin, K. 1999. "Patchwork Policies: State Assistance for Immigrants under Welfare Reform." The Urban Institute: Washington D.C.

37 Ibid.

38 Lu, K, and Coughlin, T. 1997. "How the New Welfare Reform Law Affects Medicaid." The Urban Institute: Washington D.C.

39 Dinan, K. 2005. "Federal Policies Restrict Immigrant Children's Access to Key Public Benefits." National Center for Children in Poverty – Columbia University: New York, New York.

benefits and prevented enrollment.⁴⁰ Additionally, state program officials based eligibility applications on the parents' immigration status rather than children, even when the children were U.S. citizens. The confusion resulted in mixed immigrant families being asked to repay for previous benefits.⁴¹

The intent behind the public charge exclusions has always been to deter poor migrants from entry, and bar immigrants already present from enrolling in public programs. However, the policy has affected more than just the target population. By limiting access to public programs to specific immigrant populations, eligible immigrants and U.S. citizens residing in mixed immigrant families are often dissuaded from enrollment. The failure to enroll eligible populations in programs has had a lasting effect on communities with a higher concentration of immigrant groups in the form of higher costs and poorer outcomes.⁴²

When evaluating the impact of the public charge exclusions, it is important to reassess the goals of public programs. A significant aim of the immigrant provisions laid out under welfare reform was to reduce costs to the program, however, the projections outlined by the Congressional Budget Office were never achieved. The cost burden was therefore passed onto the local communities that where low-income immigrant groups reside. The following chapter provides a more complete picture of demographic trends related to migration, and includes projections for growth for immigrant populations.

40 Hagert, C. 2006. "Immigrants and Food Stamps: Separating the Facts from the Fiction." Presentation for the Food Stamp Education and Outreach Program. Center for Public Policy Priorities: Austin, TX.

41 Ibid.

42 Kaiser Family Foundation. 2003. "Immigrants Health Care Coverage and Access." <<http://www.kff.org/uninsured/upload/Immigrants-Health-Care-Coverage-and-Access-fact-sheet.pdf>>

Chapter 2: America's Foreign Born Population

Despite the fact that America perceives itself as a nation of immigrants, attitudes towards new comers have become increasingly negative over time. It is important to capture the changing trends in immigration in order to better understand how views about immigrants are shaped. This chapter provides greater insight into the demographic shifts that have occurred in the United States in recent decades. Specifically, it focuses on the steady growth of undocumented immigrants and the rising concern about how that might impact public services. Additional context on immigrants' consumption of health care is included to clarify how disparities in coverage may lead to higher costs to states and localities. Finally, the section concludes with future projections on the expected number of immigrants, concentrating on the potential fiscal and societal impact these barriers to care will have on the fastest growing segment of the population.

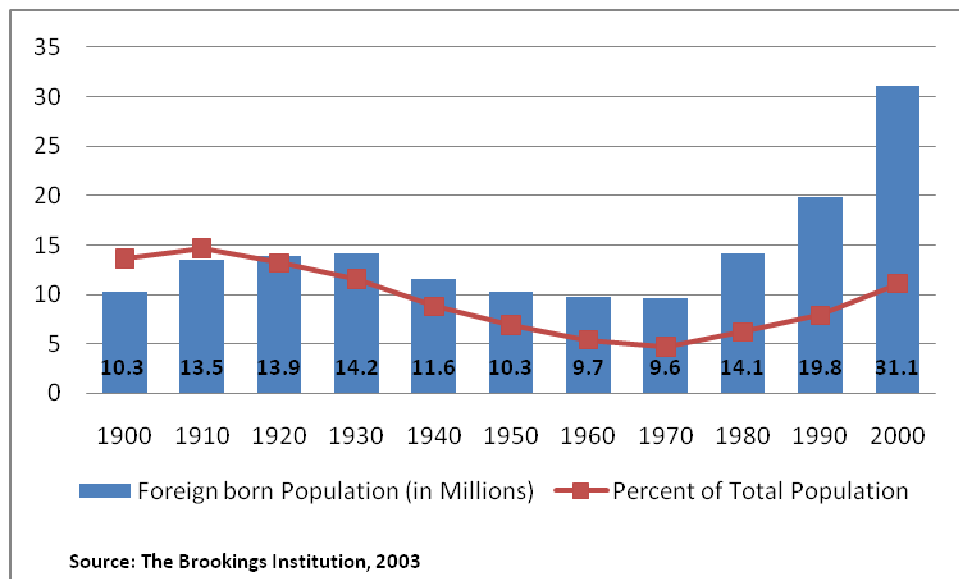
THE EBB & FLOW OF IMMIGRATION IN AMERICA

Immigration in the United States has played a vital role in the development and expansion of the national territory, economy, and sphere of influence. The U.S. experienced its first significant surge of immigrants mid nineteenth century, and in 1880 more than five million new migrants reached America's shores in preparation for a new life. Most new migrants were from Western and Northern Europe, on disembarking off ships from Germany, Ireland, Scandinavia and the United Kingdom.⁴³ Throughout the course of this nation's history, policy makers have tolerated steep increases in the number of new settlers when it has served America's interests, and turned to more restrictive

43 Gibson, C. and Lennon, E. 1999. "Historical Census Statistics on the Foreign-born Population of the United States: 1850-1990." Population Division Working Paper No. 29. U.S. Bureau of the Census - Population Division: Washington, D.C.
<<http://www.census.gov/population/www/documentation/twps0029/twps0029.html> > (accessed online March 26, 2010).

position when political constraints prioritize tighter controls.⁴⁴ Additional factors have contributed to the remarkable variation in migration patterns, these include geopolitical struggles and economic turmoil, among other considerations. To illustrate these changes, Figure 2.1 provides a comprehensive picture into the tidal-like flow of immigration in the United States throughout the last century.

Figure 2.1 Total Foreign-Born and Percent Foreign-Born in the United States, 1900–2000



By the 1900 the second major wave of migration occurred with more than 10 million individuals, mostly from southern and eastern Europe, arrived for settlement. Anxiety over the influx of new immigrants provided nativist interests an opportunity to push through new appeals for restrictions, concentrating efforts on reducing the number of new ethnic and religious minorities in the 1920's.⁴⁵ Within a generation the nation's

44 Joppke, C. 1999. *Immigration and the Nation-State*. New York: Oxford University Press, Inc.

45 Tichenor, Daniel. *Dividing Lines: The Politics of Immigration Control in America*. Princeton, New Jersey: Princeton University Press, 2002.

in-flow of new migrants fell from the onset of the Great Depression and into World War II. The steady decline in migration would continue in the subsequent economic and baby 'boom', thus reducing both the rate and number of immigrants over four decades.⁴⁶

NEW CONCERNS: THE CHANGING NATURE OF AMERICA'S IMMIGRANTS

The passage of the Hart-Cellar Act in 1965 diversified the immigrant population by effectively repealing the national origins quotas, and its emphasis on family reunification.⁴⁷ As a result, a greater proportion of immigrants from developing countries entered the United States. The legislation significantly altered the ethnic make-up of the immigrant population from predominantly European to Latin American, Caribbean, and East Asian countries.⁴⁸ However, the new reform laws ended a temporary workers program with Mexico. Political and economic unrest within Mexico led many former legal workers to permanently settle in the United States without permission.⁴⁹ Public concerns related to the socio-economic and educational background of new immigrants emerged as the impact of stagflation took hold over the American economy. Consequently, the pendulum of public support for immigrants declined sharply as many Americans felt the country had lost control of its borders.⁵⁰

Although the policies reflected a more open approach to immigration, growing skepticism regarding personal security seeped into the debate. As a result a resurgence of research and campaigns emerged to restrict the borders.⁵¹ At the center of the discussion were the growing fears about the growing proportion of undocumented immigrants.

46 Singer, A. 2004. "The Rise of New Immigrant Gateways." The Living Cities Series. The Brookings Institution: Washington, DC.

47 Center for Immigration Studies. 1995. "Three Decades of Mass Immigration: The Legacy of the 1965 Immigration Act."

<<http://www.cis.org/articles/1995/back395.html> >

48 Singer, A. 2004. "The Rise of New Immigrant Gateways." The Living Cities Series. The Brookings Institution: Washington, DC.

49 Passel, J, and Cohn, D. 2008. "U.S. Population Projections: 2005–2050." The Pew Hispanic Center: Washington, DC.

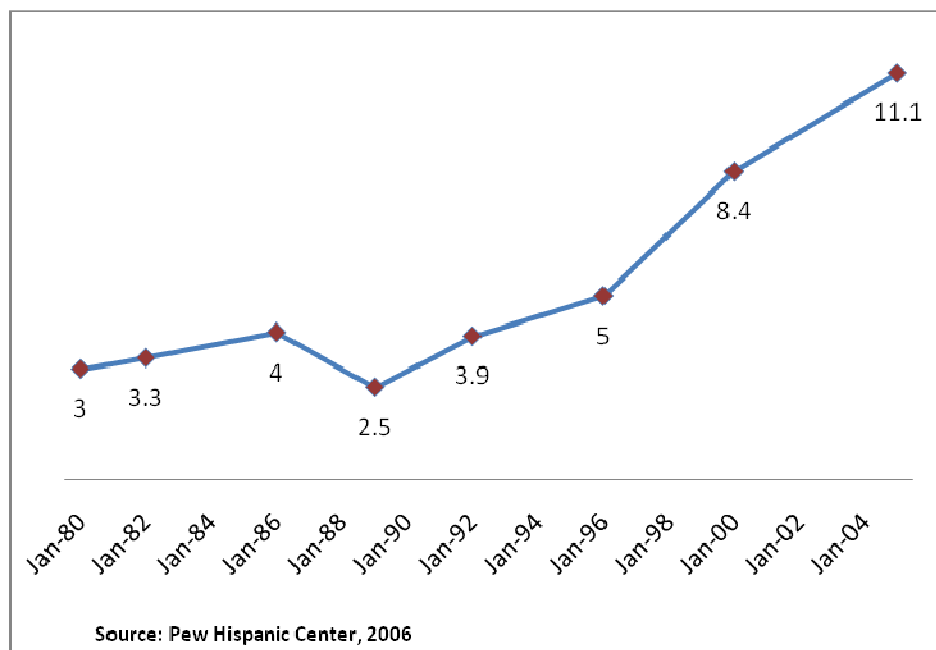
<<http://pewhispanic.org/files/reports/85.pdf>> (accessed online March 27, 2010).

50 Tichenor, Daniel. *Dividing Lines: The Politics of Immigration Control in America*. Princeton, New Jersey: Princeton University Press, 2002.

51 Ibid.

Figure 2.2 illustrates the increase in undocumented immigrants over the past twenty-five years. The foreign born population continued to rise for both legal and illegal migrants within the United States. Despite growing concern regarding the level of unauthorized immigrants present in the United States, Congress and President Reagan passed legislation to extend amnesty for 3 million individuals through the Immigration Reform and Control Act of 1986 (IRCA).⁵²

Figure 2.2 Estimated Number of Unauthorized Immigrants in the U.S. 1980-2005



In 1990's the proportion of the foreign born residing in the U.S. continued its rapid acceleration, and increasing by 57 percent.⁵³ By the year 2000, the number of total

52 U.S. Citizenship and Immigration Services. "Legislation from 1981-1996." Washington, DC. Date Published Unknown. <<http://www.uscis.gov/files/native/documents/Legislation%20from%201981-1996.pdf>> (accessed online April 3, 2010).

53 Singer, A. 2004. "The Rise of New Immigrant Gateways." The Living Cities Series. The Brookings Institution: Washington, DC.

immigrants reached an all time high at 31.1 million.⁵⁴ While the number of migrants in the U.S. surpassed the record, the proportion of foreign born in 2005 was 12 percent, less than the 13.6 percent rate from 1900 (see Figure 4.1).⁵⁵ However, this did not dissuade opponents of immigration from lobbying for greater restrictions for individuals entering the country and limiting access to public benefits.

UNAUTHORIZED IMMIGRATION, THEIR FAMILIES & HEALTH OUTCOMES

Unauthorized immigrants are not officially tracked through any government agency, therefore, it is difficult to sketch-out a clear demographic picture based on specific details. However, research suggests that approximately 30 percent of the entire foreign born population, or roughly 11 million people in 2005 were thought to be living in the United States illegally.⁵⁶ Increasingly, people who are here unlawfully are setting up home with U.S. citizens or legal immigrants. As they have children, the family's mixed immigration status can pose major challenges to health outcomes and other measurements of well-being.

It is thought that more than 6.5 million families can be classified as being of mixed immigration status.⁵⁷ Research suggests that the children in these families are at a higher risk of experiencing negative outcomes, as compared to families in households headed by U.S. citizen or legal permanent resident parents.⁵⁸ Figure 4.3 illustrates that the majority of immigrant families' earnings meet the income eligibility requirement to

54 Current Population Survey. 2002. "Annual Social and Economic Supplement." United States Census Bureau: Washington, DC.

55 Gibson, C, and Jung, K. 2006. "Historical Census Statistics on the Foreign-born Population of the United States: 1850–2000." Population Division Working Paper No. 81, U.S. Census Bureau, Washington, DC.

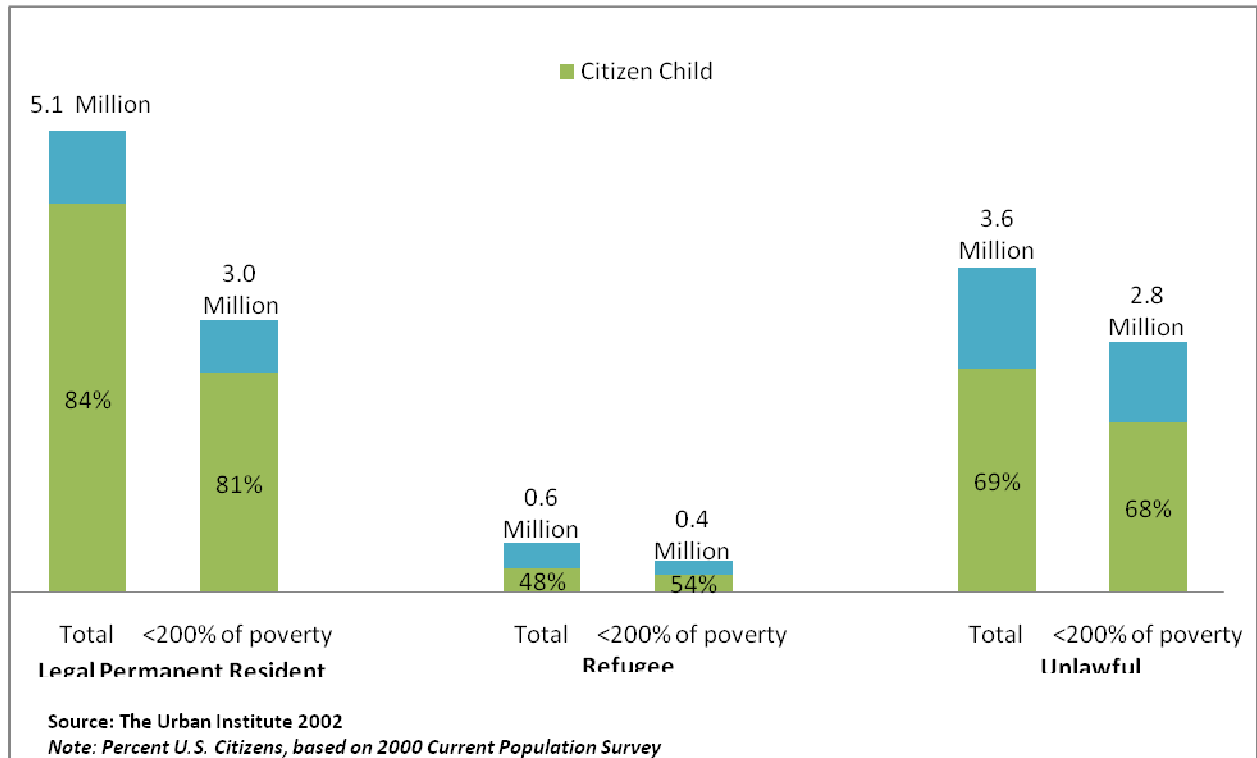
56 Passel, J. 2006. "The Size and Characteristics of the Unauthorized Migrant Population in the U.S." The Pew Hispanic Center: Washington, DC.

57 Ibid.

58 Duncan, G.J. & Brooks-Gunn, J. 2000. "Family poverty, welfare reform, and child development." Child Development. 71, 188-196.

qualify for means tested programs like Medicaid or the State Children’s Health Insurance Program (SCHIP).⁵⁹

Figure 2.3 Immigrant Families Living at or Near Poverty by Citizenship Status 2000



Of the estimated 3.6 million children born to unlawful parents, approximately 77 percent would have met the income threshold requirement for most states. Of those 2.8 million children, 68 percent were U.S. citizens, and therefore qualified for such programs but were not enrolled. This stems from the fact that the vast majority of non-citizen parents often do not access public benefits for their children, for fear of consequences

59 Kochhar, Rakesh. 2005. Latino Labor Report, 2004: More Jobs for New Immigrants but at Lower Wages. Pew Hispanic Center: Washington, DC. <<http://pewhispanic.org/reports/report.php?ReportID=45>> (accessed online March 26, 2010).

with government agencies.⁶⁰ Qualitative studies found that many qualified immigrants are reluctant to participate in benefit programs because they mistakenly believe that their enrollment will jeopardize a future application for citizenship or the immigration status of another family member.⁶¹ Despite these figures, the vast majority of children in mixed immigrant families are considerably more likely to be uninsured, reported poorer health outcomes, and lack a regular access to preventative health care.⁶²

IMMIGRANTS & HEALTH CARE CONSUMPTIONS

Recent studies have shown that both legal and undocumented immigrants consume significantly lower levels of health care.⁶³ Immigrants residing in the United States disproportionately lack health coverage because the foreign born are more likely to work in low-wage jobs that do not offer health insurance or other benefits.⁶⁴ Without health care coverage immigrant families are unable to regularly access health care, and this has led to significantly lower health care expenditures than native born households. In 2005, average annual per capita health care expenditures for non-citizens were \$1,797 versus \$3,702 for citizens.⁶⁵ The disparities in health care coverage and access between U.S. citizens and the foreign born have widened since the enactment of PRWORA in 1996.⁶⁶

60 Hernandez, D, Denton, N, and Macartney, S. 2008. "Children in immigrant families: Looking to America's Future." Social Policy Report, 21: 3-22.

61 Ibid.

62 Capps, R., Fix, M. Ost, J. Reardon-Anderson, J., & Passel, J.S. 2004. "The health and well-being of young children of immigrants." Urban Institute :Washington DC.

63 Goldman, D., Smith, J and Sood, N. 2006. "Immigrants and the Cost of Medical Care." Health Affairs. 25(6): 1700-11. Keeton-Strayhorn, C.

64 Kaiser Family Foundation. 2003. "Immigrants Health Care Coverage and Access."
<<http://www.kff.org/uninsured/upload/Immigrants-Health-Care-Coverage-and-Access-fact-sheet.pdf>>

65 Kaiser Commission on Medicaid and the Uninsured and Urban Institute. 2008. "Five Basic Facts on Immigrants and Their Health Care." Pg. 7.

66 Kaiser Family Foundation. 2003. "Immigrants Health Care Coverage and Access."
<<http://www.kff.org/uninsured/upload/Immigrants-Health-Care-Coverage-and-Access-fact-sheet.pdf>>

Although immigrants consume health care at significantly lower rates, the lack of coverage and rising costs of treatment has made it more difficult for the foreign born pay for their own care. Because uninsured immigrants are less able to access a primary care doctor, their illnesses or injuries are commonly treated in emergency rooms at considerably higher costs.⁶⁷ The fees are often unaffordable for many families and much of the care is uncompensated. This means that the costs for treatment are then passed on to local communities and the hospital districts, which are paid through local taxes. The uneven distribution of the costs triggers a great deal of anxiety for many state and local governments, particularly in areas with higher concentration of immigrants that will not receive state or federal funding to reduce the fiscal impact of uncompensated care.⁶⁸ To reduce the fiscal burden some states attempted to extend Medicaid benefits to specific immigrant populations (children and pregnant women) to absorb some of the financial shock by providing access to primary care.⁶⁹ While these programs alleviate some of the costs for local and state governments, they are not comprehensive enough to close the budgetary shortfalls.⁷⁰

It is important to clarify that those taxpayers in high-immigration communities do bear a greater share of the fiscal costs associated with emergency care or community clinics, through higher taxes or in higher health premiums with their private insurance. The fiscal benefits of immigration tend to favor business owners, landlords and

67 Carrasquillo, O, Carrasquillo, A, Shea S. 2000. "Health Insurance Coverage of Immigrants Living in the United States: Differences by Citizenship Status and Country of Origin." *American Journal of Public Health*. 90: 917-23.

68 Fix, M. and Passel, J. 2002. "The Scope and Impact of Welfare Reform's Immigrant Provisions. Assessing the New Federalism." Discussion Paper 02-03. Washington, DC. The Urban Institute.

Carrasquillo O, Ferry DH, Edwards J, and Glied S. 2003. "Eligibility for Government Insurance if Immigrant Provisions of Welfare Reform are Repealed." *American Journal of Public Health*. 93: 1680-82.

69 Fremstad S and Cox L. 2004. "Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Health Insurance." Kaiser Commission on Medicaid and the Uninsured. Washington, DC. <<http://www.kff.org/medicaid/7214.cfm>> (accessed online January 30, 2010).

National Immigration Law Center. 2006. Update page: guide to immigrant eligibility for federal programs. <<http://www.nilc.org>>.

70 Goldman, D., Smith, J and Sood, N. 2006. "Immigrants and the Cost of Medical Care." *Health Affairs*. 25(6): 1700-11.

employers rather than the average taxpayer.⁷¹ The uneven distribution of costs and benefits of immigration play a significant role in shaping naturalized citizens' attitudes towards immigrants, which through the democratic process should play some role in how their state representatives respond to immigration policy and allocate funds to social programs which increase the fiscal note.

THE FUTURE IMPACT OF IMMIGRATION

Currently immigrants residing in the United States make up approximately 12.6 percent of the total population. However, the rate of new entrants is expected to rise substantially over the next 40 years.⁷² Figure 2.4 provides estimates on the anticipated population growth as a result of migration. According to the projections conducted by the Pew Research Center, the United States could reasonably experience a 129 percent increase in new migrants, adding 67 million to the population by 2050.⁷³ If correct, the immigrant population would rise at a considerably higher rate than that of the total population in the United States, making one in five persons living in America an immigrant, as compared to the current ratio of one in eight.⁷⁴

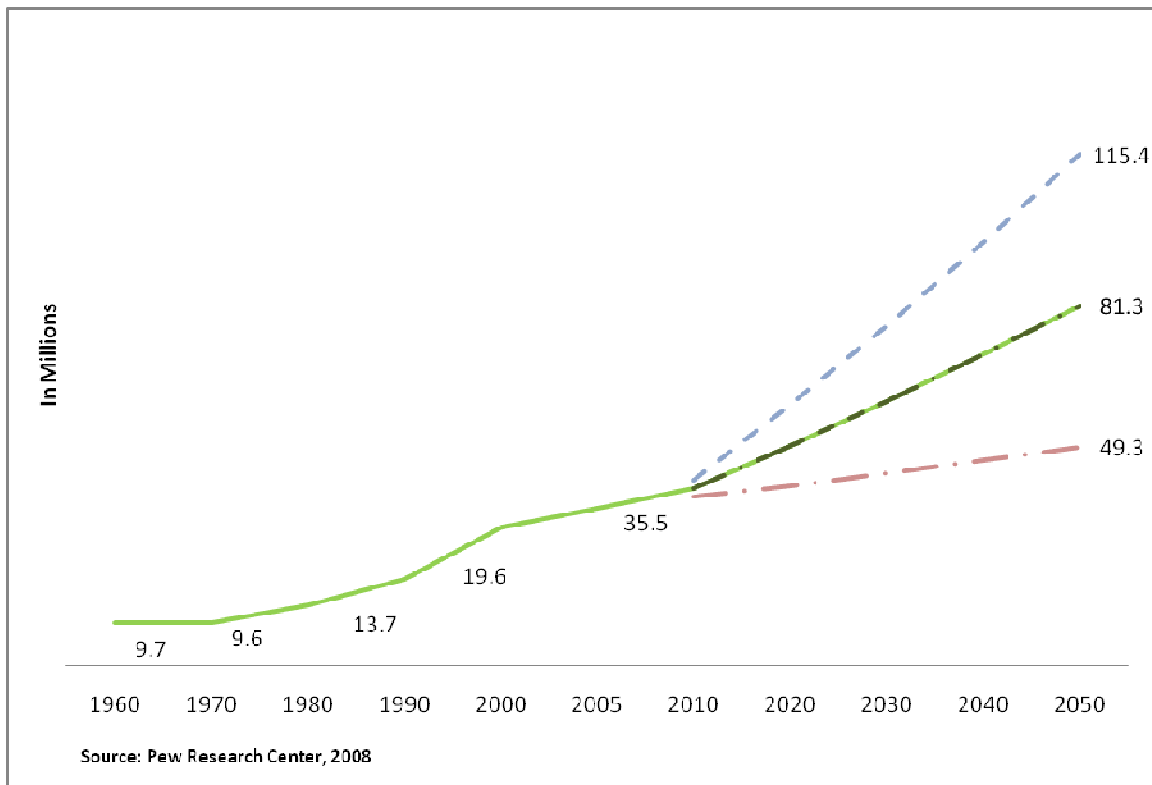
71 Hanson, G. 2005. *Why Does Immigration Divide America: Public Finance and Political Opposition to Open Borders*. Institute for International Economics U.S. Published by Peterson Institute.

72 Camorota, S. 2007. "Immigrants in the United States, 2007. "A Profile of America's Foreign-Born Population." Center for Immigration Studies. <<http://www.cis.org/articles/2007/back1007.html>>.

73 Passel, J, and Cohn, D. 2008. "U.S. Population Projections: 2005–2050." The Pew Hispanic Center: Washington, DC. <<http://pewhispanic.org/files/reports/85.pdf>>.

74 Ibid.

Figure 2.4 Actual & Projected Foreign Born Population in the U.S.: 1960-2050



The projections reveal that 82 percent of the anticipated growth in the United States by 2050 will stem from the influx of immigration.⁷⁵ This will include the 50 million individuals who are first and second generation U.S. citizens. Factoring in the lower fertility rates among the native born combined with the risk indicators linked to new immigrant and mixed immigrant families, the public health implications and costs associated with these trends could produce very serious negative outcomes for everyone.

America's ambivalence over immigration has resulted in a long ideological debate. On one hand the immigrant experience has shaped our national narrative and has emerged as one of the most significant elements of our collective cultural identity. Yet

⁷⁵ Ibid.

polls and attitudinal research suggests that the perceptions of overcrowding brought about by recent demographic shifts in population continue to raise concerns about the economic impact of immigration. The additional exclusion policies that emerged from the enactment of welfare reform, as discussed in the previous chapter, illustrate some interesting philosophical dilemmas about America's struggle with its perceptions of immigrants. The following chapter will present a theoretical framework for explaining how shifts in negative attitudes towards immigrants shape policy outcomes for new immigrants residing in the United States. Despite the federal statutes that prevent undocumented and most legal immigrants from participating in public benefits programs, misinformed perceptions that newcomers overwhelm the system create a climate for punitive policies toward immigrant to emerge.

Chapter 3: Perceptions of Threat Posed by Immigrants

IMMIGRANT PROBLEM: THE UNITED STATES AS ‘WELFARE MAGNET’

The public discourse surrounding the impact of immigration has largely shifted away from the nativist tradition, and taken a slightly more nuanced tone by addressing the economic impact of the foreign born. Early research on the public cost of immigrants concluded that the foreign born were less likely to receive public assistance than U.S. born citizens.⁷⁶ However, in the run up to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, greater attention was drawn to immigrants enrolled in federal means-tested programs. These studies concluded that immigrant households had surpassed native families’ rates of public assistance.⁷⁷ Although these findings were technically correct, closer examination of benefit usage by citizenship status revealed that the anxiety about the foreign born’s enrollment in public benefits may have been inflated.

76 Blau, F. 1984. “The Use of Transfer Payments by Immigrants.” *Industrial and Labor Relations Review*. 37(2): 222-39.

Tienda, M. and Jensen, L. 1986. “Immigration and Public Assistance Participation: Dispelling the Myth of Dependency.” *Social Science Research*. 15(4): 372-400.

Borjas, G. and Trejo, S. 1993. “National Origin and Immigrant Welfare Reciprocity.” *Journal of Public Economics* 50(3): 325-44.

77 Borjas, G. and Hilton, L. 1996. “Immigration and the Welfare State: Immigrant Participation in Means-Tested Entitlement Programs,” *The Quarterly Journal of Economics*. Boston: MIT Press. 111(2): 575-604.

Table 3.1 Benefit Usage By Citizenship Categories 1995-2006

	Native-born				Naturalized Citizens				Noncitizens			
	1995	1998	2001	2006	1995	1998	2001	2006	1995	1998	2001	2006
Estimated number of recipients (in millions)												
AFDC/												
TANF	4.25	2.51	1.74	1.50	0.11	0.11	0.08	0.05	0.58	0.35	0.26	0.15
SSI	4.15	4.2	4.33	4.30	0.19	0.32	0.41	0.43	0.47	0.38	0.26	0.30
Medicaid	28.5	25.1	28.3	34.1	0.55	0.79	1.09	1.60	2.54	1.80	1.99	2.60
Food Stamps	25.1	21.9	16.0	19.9	0.44	0.44	0.55	0.56	2.48	1.47	1.19	1.40
Total Population	239.2	244.6	249.1	259.5	7.9	9.9	12.0	14.5	16.6	16.6	16.6	22.7
Percent of total recipients by citizenship category												
AFDC/												
TANF	86.0	84.4	83.3	88.2	2.3	3.9	3.7	2.8	11.8	11.8	12.4	9.0
SSI	86.2	85.5	86.6	85.3	3.9	6.5	8.1	8.6	9.9	7.8	5.3	6.0
Medicaid	90.2	90.6	90.2	89.0	1.7	2.8	3.5	4.1	8.0	6.5	6.3	6.9
Food Stamps	89.6	90.2	90.2	91.0	1.6	2.2	3.1	2.6	8.9	7.2	6.7	6.4
Percent of benefit usage within citizenship category												
AFDC/												
TANF	2.3	1.3	0.9	0.6	1.5	1.2	0.7	0.3	3.9	2.3	1.4	0.7
SSI	2.3	2.3	2.3	1.6	2.4	3.3	3.5	3.0	3.2	2.5	1.4	1.3
Medicaid	11.9	10.2	11.4	13.1	6.9	8.0	9.1	10.8	15.3	10.9	9.7	11.6
Food Stamps	10.5	7.6	6.4	7.7	5.6	4.5	4.6	3.9	14.9	8.9	5.8	6.2

Source: CPS March Supplements – 1996, 1999, 2002, 2007

Note: Non-citizen refers to a foreign-born immigrant that has not become a naturalized citizen.

Table 3.1 shows the foreign born population (naturalized citizens and non-citizens) received fewer benefits than native born citizens between the years 1995-2006. While immigrant households were more likely to meet the income threshold for eligibility because of lower earnings, the actual number of noncitizens and naturalized citizens enrolled in public benefits programs in this period was dramatically less than native born citizens. However, this point was minimized in the debate for immigrant provisions under welfare reform. Additionally, much of the research that informed the

discussion on public expenditures for immigrants neglected the details of mixed immigrant families with eligible U.S. citizens, and lumped together the fiscal costs associated with undocumented and legal immigrants.⁷⁸ Ultimately, the public discourse surrounding this debate failed to capture a comprehensive and accurate picture of immigrants' enrollment levels in public programs.⁷⁹ Instead, the issue was framed around the notion that the United States had become a "welfare magnet" for immigrants and legislation was the necessary fix to preserve the basic principle of self sufficiency evident in our immigration policies.⁸⁰ This policy outcome supports previous research that suggests negative attitudes directed at immigrants have less to do with the actual impact than with the perceived impacts.⁸¹

This chapter discusses the role of perceived group level threats to resources and its contribution to the formation of negative attitudes toward immigrants in the United States. It builds on previous work that focuses on the respondents' perceptions of group threat with regard to competition of public resources.⁸² Group threat theory provides a framework to explain how U.S. native born citizens' attitudes towards the foreign born can create negative policy outcomes for immigrants.⁸³

78 Keeton-Strayhorn, C. 2006. "Undocumented Immigrants in Texas: A Financial Analysis of the Impact to the State Budget and Economy." Office of the Comptroller – Texas.

79 Van Hook, J, Glick, J and Bean, F. 1999. "Public Assistance Receipt Among Immigrants and Natives: How the Unit of Analysis Affects Research Findings." *Demography* 36 (1): 111-20.

80 Fix, M. and Passel, J. 2002. "The Scope and Impact of Welfare Reform's Immigrant Provisions. Assessing the New Federalism." Discussion Paper 02-03. Washington, DC. The Urban Institute.

81 Giles, M. and Evans, A. 1985. "External Threat, Perceived Threat, and Group Identity." *Social Science Quarterly* 66: 50–66.

82 Quillian, L. 1995. "Prejudice as a Response to Perceived Group Threat: Population Composition and Anti-Immigrant and Racial Prejudice in Europe." *American Sociological Review*, 60: 586-611.

Morris, I. 2000. "African American Voting on Proposition 187: Rethinking the Prevalence of Interminority Conflict." *Political Research Quarterly*. 53(1): 77-98.

McClaren, L. 2003. "Anti-Immigrant Prejudice in Europe: Contact, Threat Perception, and Preferences for the Exclusion of Migrants." *Social Forces*. 81(3): 909-36.

83 Bobo, L. and Zubrinsky, C. 1996. "Attitudes on Residential Integration: Perceived Status Differences, Mere In-Group Preferences, or Racial Prejudice?" *Social Forces*. 74(3): 883-909.

Burns, P and Gimpel, J. 2000. "Economic Insecurity, Prejudicial Stereotypes, and Public Opinion on Immigration Policy." *Political Science Quarterly*. 115(2): 201-25.

Kessler, A. 2001. "Immigration, Economic insecurity, and the "Ambivalent" American Public." The Center for Comparative Immigration Studies, Working Paper 41. <<http://repositories.cdlib.org/ccis/papers/wrkg41>>.

GROUP THREAT & THE IMMIGRATION DEBATE

This chapter discusses the role of perceived group level threats to resources and its contribution to the formation of negative attitudes toward immigrants in the United States. It builds on previous work that focuses on perceptions of group threat with regard to competition of public resources.⁸⁴ Group threat theory provides a framework to explain how U.S. native born citizens' attitudes towards the foreign born can create restrictive policies for immigrants.⁸⁵

Group threat theory suggests that negative attitudes towards an out-group (in this case immigrants) are related to perceived threats to resources currently controlled by the dominant group (native born citizens).⁸⁶ Any gain to subordinate groups is perceived to be a loss to the dominant group. The zero-sum nature of these beliefs makes the dominant group less likely to support policies or programs that may benefit the subordinate group, even if they too may also derive some benefit.⁸⁷ Previous studies found that personal economic circumstances also contribute to the formation of attitudes towards immigrants, but concerns about the national economy, anxiety over taxes, are better predictors of

84Quillian, L. 1995. "Prejudice as a Response to Perceived Group Threat: Population Composition and Anti-Immigrant and Racial Prejudice in Europe." *American Sociological Review*, 60: 586-611.

Morris, I. 2000. "African American Voting on Proposition 187: Rethinking the Prevalence of Interminority Conflict." *Political Research Quarterly*. 53(1): 77-98.

McClaren, L. 2003. "Anti-Immigrant Prejudice in Europe: Contact, Threat Perception, and Preferences for the Exclusion of Migrants." *Social Forces*. 81(3): 909-36.

85 Bobo, L, and Zubrinsky, C. 1996. "Attitudes on Residential Integration: Perceived Status Differences, Mere In-Group Preferences, or Racial Prejudice?" *Social Forces*. 74(3): 883-909.

Burns, P and Gimpel, J. 2000. "Economic Insecurity, Prejudicial Stereotypes, and Public Opinion on Immigration Policy." *Political Science Quarterly*. 115(2): 201-25.

Kessler, A. 2001. "Immigration, Economic insecurity, and the "Ambivalent" American Public." The Center for Comparative Immigration Studies, Working Paper 41. <<http://repositories.cdlib.org/ccis/papers/wrkg41>>.

86 Bobo, L, and Zubrinsky, C. 1996. "Attitudes on Residential Integration: Perceived Status Differences, Mere In-Group Preferences, or Racial Prejudice?" *Social Forces*. 74(3): 883-909.

87 Bobo, L. 1988. "Group Conflict, Prejudice, and the Paradox of Contemporary Racial Attitudes." *Eliminating Racism: Profiles in Controversy*. New York: Plenum Press. Pg. 85-114.

Kessler, A. 2001. "Immigration, Economic insecurity, and the "Ambivalent" American Public." The Center for Comparative Immigration Studies, Working Paper 41. <<http://repositories.cdlib.org/ccis/papers/wrkg41>>.

hostility towards immigrants.⁸⁸ This helps to explain why an individual with no apparent self-interest, like personal or economic security, may become hostile to the subordinate group.⁸⁹

Early research in group threat theory focused on American minority groups, particularly the black community. Respondents residing in areas that experienced an increase in the African American population and higher rates in unemployment were more likely to perceive African Americans as a threat to material resources, and this can be a strong predictor of punitive policy preferences.⁹⁰ The findings suggest that whites who were uneasy about the sudden change brought about by the civil rights movement were more hostile towards African Americans. These individuals were generally less supportive of the policies meant to improve conditions for blacks such as integration, affirmative action, and busing.⁹¹

The lack of health coverage and lower than average earnings among immigrant populations helps to conjure-up fear in the minds of native born citizens that immigrants will enroll in public health care programs or benefit from reform policies.⁹² While an overwhelming majority of immigrants are unable to access means-tested programs, the perception is set, and this may impact support for public health care programs because it is viewed that immigrants have not paid their fair share of taxes.⁹³

88 Citrin, J, Green, D, Muste, C, and Wong, C. 1997. "Public Opinion Toward Immigration Reform: The Role of Economic Motivations." *The Journal of Politics*, 59(3):858-881.

89 Tippett, R. "Perceptions of Contemporary Immigration: A Test of Individual and Group Threat Explanations" Paper presented at the annual meeting of the American Sociological Association. New York, New York City, Aug 11, 2007.

90 King, R. and Wheelock, D. 2007. "Group Threat and Social Control: Race, Perceptions of Minorities and the Desire to Punish." *Social Forces*. 85(3): 1255-80.

91 Bobo, L. 1983. "Whites' Opposition to Busing: Symbolic Racism or Realistic Group Conflict?" *Journal of Personality and Social Psychology* 45: 1196-1210.

Fosset, M. and Kiecolt, J. 1989. "The Relative Size of Minority Populations and White Racial Attitudes." *Social Science Quarterly* 70: 820-35.

92 Alvarez, M, and Butterfield, T. 2000. "The Resurgence of Nativism in California: The Case of Proposition 187 and Illegal Immigration." *Social Science Quarterly*. 81(1): 167-79.

93 Hiscox, M. and Hainmueller, J. 2010. "Attitudes toward Highly Skilled and Low Skilled Immigration: Evidence from a Survey Experiment." *American Political Science Review* 104 (1).

Economic factors are known to influence attitudes about immigrants, particularly when resources are scarce.⁹⁴ Previous research suggests that native born citizens with fewer financial resources and lower educational attainment levels are more likely to harbor negative attitudes towards immigrants because they perceive these newcomers as a barrier to future employment.⁹⁵ These assumptions help to explain why working class communities, and new migrant areas tend to be more concerned with demographic changes, particularly in times of economic hardship.⁹⁶ However, alternative findings suggest that the competitive threat rooted in group-level concerns can occur even in times of economic growth.⁹⁷ Interestingly, the immigrant provisions of PRWORA were enacted in a period of economic growth.⁹⁸ Once a rivalry is established, the dominant group member “view[s] each advancement of groups below them as a threat to their position.”⁹⁹ Tensions can emerge even as the advancements made by groups are only perceived rather than actual gains.¹⁰⁰ These beliefs may have a considerable impact on how exclusion policies aimed at keeping immigrants out of the public health care programs are formed.

94 McLaren, L. and Johnson, M. 2007 'Resources, Group Conflict and Symbols: Explaining Anti-Immigration Hostility in Britain', *Political Studies*, 55(4), 709–32.

Stephan, W. Ybarra, O. Martinez, C. Schwarzwald, J. and Tur-Kaspa, M. “Prejudice toward Immigrants to Spain and Israel: An Integrated Threat Theory Analysis.” *Journal of Cross-Cultural Psychology*. 1998(29): 559-576.

95 Nagel, J. 1995. “Resource Competition Theories.” *American Behavioral Scientist*. 38(3): 442-59.

96 Hood, M. and Morris, I. 1997. “Amigo o Enemigo? Context, Attitudes, and Anglo Public Opinion toward Immigration.” *Social Science Quarterly* 78:309–23.

Passel, J. 2005. “Estimates of the Size and Characteristics of the Undocumented Population.” Pew Hispanic Center. Washington D.C. <<http://illegalaliens.us/images/44.pdf>>.

97 Olzak, S. 1992. *The Dynamics of Ethnic Competition & Conflict*. Stanford, CA: Stanford University Press.

Tippett, R. "Perceptions of Contemporary Immigration: A Test of Individual and Group Threat Explanations" Paper presented at the annual meeting of the American Sociological Association. New York, New York City, Aug 11, 2007.

98 Pew Hispanic Center. 2006. “The State of American Public Opinion on Immigration in Spring 2006: A Review of Major Surveys.” Washington D.C.

<http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Fact_Sheets/Hispanics_in_America/PHC_public_opinion_051706.pdf>.

99 Olzak, S. 1992. *The Dynamics of Ethnic Competition & Conflict*. Stanford, CA: Stanford University Press. Pg. 42

100 Nagel, J. 1995. “Resource Competition Theories.” *American Behavioral Scientist*. 38(3): 442-59. Pg. 442.

While economic pressures are known to influence attitudes towards immigrants, additional factors also contribute to a significant share of anti-immigrant sentiments, which eventually translate into policy preferences. Previous research suggests that both personal feelings of intolerance towards immigrants and self-interest can be associated with punitive policy outcomes for the foreign born in the United States.¹⁰¹ These studies revealed that personal prejudices regarding racial and ethnic minorities are closely linked to feelings of anti-immigrant sentiments.¹⁰² Additionally, individuals that identify themselves as political conservatives were shown to be less inclined to support policies that may benefit immigrants, and also more opposed to government spending on public benefits.¹⁰³

The following chapter tests the hypothesis that Americans' perception of threatened group interests surrounding health care spending increases their opposition to social policies that may benefit immigrants. Under the context of these theoretical assumptions, I test the following hypotheses:

- That the native born population's negative attitudes towards recent immigrants create restrictive policies for immigrant populations.

101 Wilson, T. 2001. "Americans' Views on Immigration Policy: Testing the Role of Threatened Group Interests." *Sociological Perspectives*. 44(4): 485-501.

102 Ibid.

Burns, P and Gimpel, J. 2000. "Economic Insecurity, Prejudicial Stereotypes, and Public Opinion on Immigration Policy." *Political Science Quarterly*. 115(2): 201-25.

103 McLaren, L. and Johnson, M. 2007 'Resources, Group Conflict and Symbols: Explaining Anti-Immigration Hostility in Britain', *Political Studies*, 55(4), 709-32.

Tippett, R. "Perceptions of Contemporary Immigration: A Test of Individual and Group Threat Explanations" Paper presented at the annual meeting of the American Sociological Association. New York, New York City, Aug 11, 2007.

- That the negative policy preferences may come in the form of decreased support of public health care programs or punitive policies aimed at limiting enrolment.
- That these policy preferences may undermine the native born population's economic and societal interest.

Chapter 4: Attitudes Towards Immigrants & Health Care Spending

While group threat theory has been used to understand how anti-immigrant sentiments contribute to punitive policies directed at newcomers, this chapter focuses on U.S. citizens' perceptions of immigrants' rights and the potential threat to employment to understand its influence on shaping health care policy outcomes. The aim of this section is to analyze how attitudes towards immigrants have changed within a decade of the passage of welfare reform. To understand the causes of variation in these views I investigate a possible connection between the perceived threat to social order and economic security posed by immigrants and its impact on public support for government health care programs. To quantify the implications of public attitudes, I use repeat cross-sectional data on attitudes towards immigration from the General Social Survey (GSS) from 1994 prior to Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, to gauge US citizens' opinions on whether or not immigrants should be eligible for public services as soon as they arrive to the United States. These responses are compared to the responses from similar survey conducted by GSS in 2004, a period of economic growth and rapidly rising health care costs.

DATA & MEASURES

To test the theoretical assumptions behind group threat theory, I use data from the 1994 and 2004 waves of the General Social Survey (GSS). The GSS data provides a large sample, which I have limited to U.S. citizens (N=578 in 1994 and N=365 in 2004). In these years respondents were asked a series of 'core' demographic questions and the survey also includes statements intended to measure attitudes towards immigrants and health care spending. The GSS began as a project of the National Opinion Research

Center out of the University of Chicago. The survey was conducted nearly every year from 1972 and then was conducted every two years from 1994 in even numbered years. The GSS data allows for trend studies through cross-sectional national surveys consisting of demographic and attitudinal questions using Likert scale responses, and conducted through face to face interviews. The attitudinal survey data presented in this paper provide individual level responses rather than normative. While subjective, these attitudinal data do provide key insights into the U.S. citizens' perceptions of threat caused by immigration.

The surveys conducted in 1994 should provide a good insight into the respondents' willingness to invest public funds for health care and welfare programs as well as three indicators which measure attitudes towards immigrants in the years immediately prior to welfare reform and immediately follows a failed proposal for comprehensive health care reform. I then compare the 1994 results to demographic and attitudinal variables under the same subject index in 2004 wave of the GSS. In 2004 legislation was introduced in the Senate to overhaul the nation's immigration system, but sparked great controversy. Interestingly this occurred during a period of economic growth, where the threat of immigration may not be perceived to be as great. However, most Americans experienced higher health care costs in this ten year period, the perceived threat of immigrants contributing to this burden and/or benefitting from entitlement programs should be reflected in the data.

Dependent Variable: Support for Health Care Spending

The dependent variable, support for government spending on health care, is measured with the following item:

“Are we spending too much, too little, or about the right amount on improving and protecting the nation’s health?”

Survey participants in both the 1994 and 2004 waves of the study were asked to share their views on public spending for health care. The categorical responses are coded to represent a favorable response for government spending (TOO LITTLE), 2 reflecting a neutral response (ABOUT RIGHT) and 3 indicating a desire to invest less (TOO MUCH). Given the clear and intentional ordering of these response options, I have used an ordered logistic regression model to assess the effects of attitudes towards immigrants has on an individual’s willingness to support health care spending.

Independent Variables: Attitudes Towards Immigrants

Threat to Social Order

Anti-immigrant sentiments and out-group identifications are correlated with higher levels of punitive policies for the out group.¹⁰⁴ The year 1994 was chosen to capture the sentiments prior to the highly publicized increased restrictions of welfare reform. Respondents were asked if they believed *legal* immigrants should be eligible for public services when they arrive. Specifically:

“Are immigrants getting too demanding in their push for equal rights?”

Initially the survey included five categorical responses, which followed a Likert scale that was ordered from negative to positive responses (1 = STRONGLY AGREE to 5 = STRONGLY DISAGREE). Given that the response rate for the option ‘Strongly Disagree’ was relatively low at 3.1 percent, the variable has been collapsed into a three category ordinal measure and recoded to ensure uniformity of scaling among all

¹⁰⁴ Giles, M., and Buckner, M. 1993. “David Duke and Black Threat: An Old Hypothesis Revisited.” *The Journal of Politics*, 55(3): 702-13.

variables. The response categories are now restructured on a scale that indicates a sympathetic response (DISAGREE) of 1, a neutral response (NEUTRAL) of 2, and a punitive response (AGREE) of 3.

The year 2004 was selected as a period of economic expansion, but it is also a time of increasing health care costs, which may have an impact on the results. Survey participants were asked about their views on the rights of *legal* immigrants. The wording of the question is as follows:

“Legal immigrants to America who are not citizens should have the same rights as Americans citizens.”

The initial data included five categorical responses, which were also collapsed and recoded into three response options: 1 indicating a positive response for immigrant rights (AGREE), 2 as a neutral response (NEUTRAL), and 3 indicating less support for immigrant rights (DISAGREE).

The Economic Threat

Prior research suggests that immigrants are often viewed by native born citizens as a threat to jobs and economic welfare.¹⁰⁵ Additional studies have found that American voters are more concerned about the impact of immigration on the economy even over their own personal utility.¹⁰⁶ This explains why wealthier individuals with high levels of job security may still harbor anti-immigrant hostility, therefore, attitudinal

105 Quillian, L. 1995. “Prejudice as a Response to Perceived Group Threat: Population Composition and Anti-Immigrant and Racial Prejudice in Europe.” *American Sociological Review*, 60: 586-611.

106 Kinder, D. and Kiewiet, D. 1979. “Economic Discontent and Political Behavior: The Role of Personal Grievances and Collective Economic Judgments in Congressional Voting.” *American Journal of Political Science*, 23(3):495-527.

Kinder, D. and Kiewiet, D. 1981. “Sociotropic Politics: The American Case.” *British Journal of Political Science*, 11(2):129-161.

Espenshade, T.J., and Hempstead, K. (1996) ‘Contemporary American Attitudes Toward U.S. Immigration’ *International Migration Review* 30(2): 535-70.

data on perceptions of immigrants' impact on unemployment. Survey participants in 1994 were asked the following question:

“Will immigrants fuel unemployment?”

The original version of the question included four categorical responses, on a Likert scale that was ordered from negative to positive responses (1 = VERY LIKELY to 4 = NOT AT ALL LIKELY). The response categories were collapsed into three categories and re-ordered for a response indicating the low perception of threat response (NOT LIKELY) of 1, a moderate perception of threat (SOMEWHAT LIKELY) of 2, and a response of 3 indicated a strong view that immigrants contribute to unemployment (VERY LIKELY).

The growth in jobs prior to 2004 may have an impact reduce the level of hostility towards immigrants. Survey participants were asked about their concerns about the role of immigration on job security:

“Do immigrants take jobs away?”

As with the 1994 survey, the initial data included four categorical responses, which were also collapsed into three categories and the order of the response options were reversed: 1 indicating a positive response for immigrant rights (DISAGREE), 2 as (NEUTRAL), and 3 indicating increasing concern about jobs (AGREE).

Control Variables

Demographic Characteristics

Dummy variables were generated to control for basic demographic characteristics such as sex (coded as male) and race (white and black) were included in the regression. Prior research suggests that these are important predictors of negative attitudes towards immigrants.¹⁰⁷ The GSS data only included three categorical responses for race, WHITE, BLACK and OTHER. The other category is used as the base group, as it can be assumed that Hispanics would make up a larger proportion given the demographic makeup of the United States.

Income

Income is also included as a control variable, as previous research suggests that individuals with fewer financial resources are more likely to have negative attitudes towards immigrants and feel more threatened by their presence (Hoskin & Mishler, 1983). The GSS data categorizes income in 12 income brackets, ranging from under \$1,000 to \$25,000 and over annually. The categorical responses were collapsed and converted into three dummy variables: POVERTY (under \$9,999 annual income), VERY LOW-INCOME (\$10,000-\$24,000 annual income), and MIDDLE INCOME (respondents earning more than \$25,000 annually).

Community Size

Greater competition for resources may be a factor in smaller communities.¹⁰⁸ To assess the impact of community type, dummy variables were also created to measure the

107 Burns, P and Gimpel, J. 2000. "Economic Insecurity, Prejudicial Stereotypes, and Public Opinion on Immigration Policy." *Political Science Quarterly*. 115(2): 201-25.

108 Fennelly, K and Federico, C. 2008. "Rural Residence as a Determinant of Attitudes Toward US Immigration Policy." *International Migration*. 46(1): 151-90.

impact of community size. The General Social Survey defines 10 different categories for place. I have collapsed these categories into three dummies CITY, RURAL, and SUBURBAN. City is used as the base group to fit with the theoretical model.

Political Party Affiliation

Policy preferences towards immigrants have been associated with social conservatism.¹⁰⁹ The General Social Survey provides data on the respondent's political party identification in eight categories, which were collapsed and recoded into three separate dummy variables: DEMOCRAT, INDEPENDENT and REPUBLICAN.

ANALYTIC STRATEGY

In order to understand how anti-immigrant views impact support for government spending on health care, a preliminary analysis of the respondents' perception of the threats posed by immigrants is conducted and then compared to respondents' views on health care spending. The first series of tables in the results section provide descriptive statistics for the dependent and independent variables listed above.

The hypothesis of group threat theory is then tested by estimating whether attitudes towards immigrants can be predicted by an individual's characteristics: gender, race, income, party affiliation, and community size. The natural order of the categorical responses for the dependent and independent variables allows for an ordered logistic model to evaluate the effects of the dependent and independent variables for each year observed. The respondents' views towards immigrants by U.S. citizens' is included in an initial regression, which excludes attitudes on public spending for health care. This initial model assesses the group level threat perceived through attitudes towards

109 Bobo, L. 1988. "Group Conflict, Prejudice, and the Paradox of Contemporary Racial Attitudes." *Eliminating Racism: Profiles in Controversy*. New York, New York: Plenum Press. Pg. 85-114.

immigrants' rights to examine the participants' concerns about threats to their sense of social order. The second model isolates the effects of the perceived threat to individuals by measuring a respondent's belief that immigrants fuel unemployment. The third and final model includes individuals' attitudes on the appropriate level of government spending on health care, and includes the group and individual level threats to assess their impact on public health care programs. All of the models were run in STATA, and coded on a descending scale so that a higher response would indicate less support for a particular variable. Each of the three models includes basic demographic characteristics including gender, race, income, the size of the participant's community, and political party affiliation. All of the results included in the regression analysis are presented as odds ratios.

RESULTS & FINDINGS

Threat to Social Order

The respondents' views towards immigrants displayed in Table 4:1 indicate fairly strong hostility towards immigrants. The first attitudinal indicator demonstrates a high level of concern about the level of rights immigrants are demanding. In 1994 a majority of participants, 57 percent, believed immigrants were 'pushing for too many rights'. Within a decade concerns about the level of immigrants' rights decreased by eight percentage points indicating that the level of hostility was decreasing. However, in 2004 the majority of respondents, at 49 percent, believed immigrants should not have the same rights as the native born. These initial results demonstrate that U.S. citizens are sensitive to changes brought about by rising levels of immigration in both years observed.

Resource-based Threat – Unemployment

The second indicator of negative attitudes towards immigrants assesses the perceptions of material losses for native born citizens in the form of job security. The findings are similar to those asked about immigrants' rights. A mere 10 percent of the respondents believed that immigration would not contribute to job losses in the United States. A decade later, the negative response rate had declined 23 percent, but still those fearful of the effects of immigration on the job market represented the largest majority of participants surveyed at 43 percent. It is also worth noting the degree of ambivalence reflected in the responses over the ten year period. In 1994, 34 percent of respondents believed job loss was somewhat likely, and declined to 20 percent by 2004. The high level of concern regarding the perceived link between unemployment and immigration reflect the perceived threat of a resource conflict for the individuals surveyed.

TABLE 4.1 Perceptions of Threat Posed by Immigrants

Perceptions on Immigrant Rights

Question: Are immigrants too demanding in their push for equal rights?

1994 (N = 578)	Response	Percentage
	Disagree	117 20%
	Neutral	133 23%
	Agree	328 57%

Question: Legal immigrants who are not American citizens should have the same rights as American citizens?

2004 (N = 365)	Response	Percentage
	Agree	139 38%
	Neutral	46 13%
	Disagree	180 49%

Perceptions of Immigrants' Contribution to Unemployment

Question: What do you think will happen, as a result of more immigrants coming to this country - will immigrants fuel unemployment?

1994 (N = 578)	Response	Percentage
	Not Likely	57 10%
	Somewhat Likely	197 34%
	Very Likely	324 56%

Question: How much do you agree with [the idea that] immigrants take away jobs from people born in America?

2004 (N = 365)	Response	Percentage
	Disagree	135 37%
	Neutral	73 20%
	Agree	157 43%

Support for Government Spending on Health Care

The survey responses from Table 4.2 illustrate consistent growth in support for increased government spending on improving the nation's health. The reasons for this may be two-fold. First, the 1994 survey was conducted soon after the failure of the Clinton health reform effort in 1993. Numerous polls revealed that individuals favored assistance with health care costs, but had little faith in existing public health care programs.¹¹⁰ In the ten year period following the failed attempt health care costs per-capita health care costs nearly doubled in the United States.¹¹¹ These factors are likely contributors for increased support for government spending on health care.

TABLE 4.2 Views on Health Care Spending

Question: Are we spending too much, too little or about the right amount to improve and protect the nation's health?

1994 (N = 578)	Response	Percentage
	Too Little	393 68%
	About Right	145 25%
	Too Much	40 7%
2004 (N = 365)	Response	Percentage
	Too Little	289 79%
	About Right	61 17%
	Too Much	15 4%

In 1994 nearly seven in ten Americans favored increased government spending to improve health care outcomes. By 2004 nearly eighty percent of respondents

110 Blendon, RJ, Brodie, M and Benson, J. "What happened to Americans' support for the Clinton health plan?" *Health Affairs*. 1995 Summer; 14(2): 7-23.

111 Furnas, B. "American Health Care Since 1994: The Unacceptable Status Quo." Center for American Progress. Washington D.C, August 2009. <http://www.americanprogress.org/issues/2009/01/health_since_1994.html>

supported greater spending on health care, an increase of 11 percent in ten years. Although there is clear support to devote more government resources to health care it is important to note that the GSS data presents some limitations in determining the level of support would have been regarding means-tested health care programs like Medicaid or SCHIP. Shifts in policy preferences towards the public health program can be assessed by policy decisions. For instance, the rate of growth for Medicaid enrollment slowed from 11.6 percent from 2000-02 to 4.6 percent from 2003-04.¹¹² As many states recovered from the recession, they began tightening up Medicaid eligibility requirements. Given these circumstances and reduced need for the general population of this program it may be appropriate to assume that the growing support indicated in Table 4.2 may not reflect a policy preference to increase spending levels for means-tested health care programs.

TABLE 4.3 Regression Analysis of Immigrants' Rights Threat

	1994 (N=578)	2004 (N=365)
Male	0.799	0.597**
White	1.748	2.480
Black	2.457*	2.907*
Poverty	1.978*	1.400
Low-Income	1.665*	1.437
Rural	1.299	1.386
City	0.768	0.657
Independent	1.103	1.101
Republican	1.872**	1.397

*p ≤ .05; **p ≤ .001

The results for U.S. citizen's views on immigrants' rights appear in Table 4.3. According to group threat theory, those who are most at risk of social or economic

112 Kaiser Commission on Medicaid and the Uninsured and Urban Institute. 2008. "Five Basic Facts on Immigrants and Their Health Care." Pg. 7.

exclusion have stronger perceptions of threat. The findings from 1994 support this hypothesis for the analysis of immigrants' rights attitudes. The odds for non-Hispanic blacks' perceptions of threat are nearly 2.5 times higher than respondents who identified themselves as 'other' for their racial and ethnic groups. Respondents who identified themselves as living in poverty or low-income were also significantly more likely to harbor concerns with the level of rights immigrants were demanding. The most strongly predictive variable for the year 1994 was political ideology, as respondents who identified themselves as Republicans were 1.87 times higher to be concerned about the question of immigrants' rights.

The regression analysis from 2004 indicates that a male's odds of feeling threatened by the level of rights demanded by immigrants are 59 percent lower as compared to women sampled. As in 1994, the odds for non-Hispanic blacks are nearly 3 times higher as compared to those who identified themselves as 'other'. Although the many of the variables from the year 2004 did not achieve statistical significance, the findings suggest that respondents from all income levels and political persuasions are less inclined to support policies that may further immigrants' rights.

TABLE 4.4 Regression Analysis of the Unemployment Threat

	1994 (N=578)	2004 (N=365)
Male	1.191	0.721
White	4.075**	5.968**
Black	5.566**	9.704**
Poverty	2.075	2.714**
Low-Income	1.884	2.772**
Rural	1.149	1.281
City	0.432**	0.406**
Independent	0.550	3.804**
Republican	1.273	1.539

*p ≤ .05; **p ≤ .001

Results for U.S. citizen's views on immigrants' contribution to unemployment are listed in Table 4.4. The findings for both years observed also support the theoretical assumptions that race is strongly correlated with a perceived threat to employment. In 1994, the odds for whites that perceived immigrants to be a threat to employment were more than 4 times higher as compared to other racial and ethnic groups, within ten years the odds of whites increased to nearly 6 times higher than those who identified themselves as 'other'. The odds for non-Hispanic blacks were more than 5.5 times higher in 1994 than individuals identified as 'other', but by 2004 their odds of believing that immigrants contributed to higher rates of unemployment had increased to 9.7 times as compared to those identified as 'other'.

Despite stronger economic growth experienced in the U.S. a higher number of core demographic groups expressed concern that immigrants posed a considerable threat to job security. Individuals that identified themselves as living in low-income and poverty stricken communities were considerably nearly 3 times more likely to believe immigrants fueled unemployment. This finding supports theory that those with lower incomes express harsher views on the impact of immigration has upon their own lives.¹¹³

The community level findings also support the theoretical assumption of resource competition, namely a finite number of jobs in an isolated area. Individuals that dwell in cities where the number of opportunities for employment are greater, appear to feel significantly less at risk of losing their job as a result of increased immigration patterns.¹¹⁴ Interestingly, in both years observed the categorical response for Republican

113 Bobo, L. 1988. "Group Conflict, Prejudice, and the Paradox of Contemporary Racial Attitudes." *Eliminating Racism: Profiles in Controversy*. New York, New York: Plenum Press. Pg. 85-114.

114 Wilson, T. Wilson, T. 2001. "Americans' Views on Immigration Policy: Testing the Role of Threatened Group Interests." *Sociological Perspectives*. 44(4): 485-501.

appear to harbor concerns that immigrants take jobs away, however neither result achieved statistical significance. This may occur as a result of some ambivalence reflected in prioritizing government intervention with business and commerce (which theory suggests would favor immigration to lower the costs for businesses) and concern for immigrants' rights. However, in 2004, Independents were 3.8 times more likely to believe that immigrants contributed to increases in unemployment. This may actually be attributed to an increase in the number of individuals who identify themselves as Independent.¹¹⁵

TABLE 4.5 Regression Analysis of Support for Health Care Spending

	1994 (N=578)	2004 (N=365)
Immigrants' Rights	1.141	0.899
Immigrant Unemployment	0.811	0.992
Male	1.108	2.222**
White	1.476	0.312**
Black	0.669	0.195**
Poverty	1.205	2.464
Low-Income	0.722	0.718
Rural	0.868	0.290**
City	1.244	0.754
Independent	1.315	1.679
Republican	2.226**	3.985**

*p ≤ .05; **p ≤ .001

Table 4.5 provides the results for U.S. citizen's support for government spending on health care with the attitudinal immigration variables included in the models. Few

115 Courser, Z. 2004. "Progressive Reform, Party Decline, and the Rise of the Independent Voter" Paper presented at the annual meeting of the The Midwest Political Science Association, Palmer House Hilton, Chicago, Illinois, Apr 15, 2004.
<http://www.allacademic.com/meta/p_mla_apa_research_citation/0/8/3/1/9/pages83192/p83192-1.php>.

variables achieved statistical significance in 1994. The one exception was Republican opposition to increased spending on health care, which had odds that were 2.2 times higher than respondents who identified themselves as Democrats. Within a decade the odds of a Republican expressing opposition to greater government spending on health care was nearly 4 times higher as compared to Democrats. This finding is likely associated with a high correlation between Republican's being less inclined to support policies that benefit immigrants and government spending on health care.¹¹⁶

In 2004, respondents in rural communities were 30 percent less opposed to government spending on health care as compared to the control group. These findings further support the theoretical framework when compared to their low support for immigrants in the same year observed. This can likely be attributed to individuals in rural communities utilizing public health care programs (Medicaid and SCHIP) at greater rates than those in urban or suburban settings.

By 2004 support for greater government investment in health care appears to increase for many groups of interest, despite anxieties regarding the perceived threats posed by immigrants that were revealed in the previous regression analyses. Non-Hispanic black as well as white respondents were nearly 20 percent and 30 percent lower odds of opposition of government spending respectively. When comparing this finding to the previous results that indicate non-Hispanic black and white respondents' views related to immigrants, the theoretical assumptions regarding race and resource threat are strengthened.

¹¹⁶ Fix, M. and Passel, J. 2002. "The Scope and Impact of Welfare Reform's Immigrant Provisions. Assessing the New Federalism." Discussion Paper 02-03. Washington, DC. The Urban Institute.

Study Limitations

This study seeks to understand the relationship between negative attitudes towards immigrants and support for government funded health care programs, insofar as the GSS data will allow. Because there is no question that explicitly defines supports for such public health care programs like Medicaid and SCHIP, it is difficult to parse out the differences between individuals hoping to curb their own health care costs and views on means-tested health care programs. The data show clear support for increased health care spending among native born citizens, this is likely related to the fact that health care costs have risen at a much greater rate than inflation, and the costs have been shifted to consumers. Survey respondents are likely to be supportive of increasing spending if it assists in lowering costs for them, but the limitation of GSS data do not permit to link the two together. Therefore, data that include attitudinal variables on means-tested programs would allow researchers to examine the correlation of these factors with greater precision.

Chapter 5: Discussion & Conclusions

This report has analyzed how negative attitudes towards immigrants influence support for government spending on health care. By reviewing existing literature and examining demographic changes in the make-up of the foreign born to add depth to the quantitative investigation to better understand the implications on new reform efforts and the potential outcomes related to new policy proposals. Ironically, the policy reforms pressed for by individuals with negative attitudes towards immigrants have the potential to reduce economic security among Americans who are struggling with rising health care costs and communities with a higher concentration of unqualified immigrants. The zero sum nature of the perceived threat has translated into long-term material losses for native born citizens by reducing access to public health care programs for eligible applicants in states with greater restrictions for eligibility.¹¹⁷

A major impetus behind the immigrant provisions under welfare reform was to achieve cost savings in public programs by disenrolling unqualified immigrants. However, the projected savings of 40 percent estimated by the Congressional Budget Office were never realized. The new provisions contributed to a sizable increase in the number of individuals without access to primary or tertiary care, and therefore increase the cost of health care for everyone. Federal law requires all states to pay for emergency care for uninsured immigrants through the Emergency Medicaid. By limiting access to the public programs, the states miss out on the opportunity to draw on federal funds to cover the costs of preventative, primary care, and other ongoing treatments.

117 Esses, V, Jackson, L, and Armstrong, M. 1998. "Effects of Perceived Economic Competition on People's Willingness to Help Empower Immigrants." *Group Processes Intergroup Relations*. 2000; 3: 419-435.

The barriers to enrollment for unqualified immigrants have secondary effects for qualified immigrants and U.S. citizens in mixed immigrant families. The foreign born in these households are the least likely to see a physician on any regular basis because of lack of coverage. The bans imposed prevents immigrants from participating in public health initiatives that they are eligible for like immunizations, or delaying medical treatment until an illness becomes unmanageable. As a result, the native born population is at greater risk of public health concerns and faces a greater liability through uncompensated care.

Finally, restricting legal immigrants' access to public health care programs raises important concerns around social equity. Legal and undocumented immigrants contribute to public coffers through sales taxes and most through federal and state income taxes. Yet, these individuals are the least likely to file a tax refund and are ineligible for the vast majority of programs. Additionally, immigrant populations are the least likely to be offered employer based health insurance, and the most likely to be denied on the individual market (paradoxically due to an unavailability of an established medical history within the United States). These barriers to care are counter to America's founding principles of equality and fairness.

LOOKING FORWARD: HEALTH REFORM & NEW IMMIGRANT PROVISIONS

In an era of greater economic uncertainty, the implementation of greater punitive policies directed at immigrants is likely to appear in other domestic policy initiatives as U.S citizens feel less secure. While hostility towards immigrants did not prevent the passage of the recent health care reform legislation, the concerns regarding the extent to

which immigrants should benefit from the revamped system was a major point of contention in both legislative chambers.¹¹⁸

The move to overhaul the U.S. health care system had two primary goals: reducing the number of uninsured in America, and slow the rapid escalation of health care costs. While the legislation is the most comprehensive measure to achieve universal care, it is expected that at least 7 million unauthorized immigrants will remain uninsured.¹¹⁹ This is because the bill prohibits undocumented immigrants who are uninsured from buying coverage through the exchange.¹²⁰ The first version of the bill that passed through the House would have barred unauthorized immigrants from receiving subsidies to purchase coverage, but allowed them to purchase coverage at full cost. However, as the embroiled battle to push through the legislation dragged out, the provisions outlined in the Senate that excluded unauthorized immigrants were adopted. The bar imposed on this population seems to mirror the historical patterns outlined in previous decades, and yet the continued strain on the health care system and growing coverage gap remains unresolved.

Members of the House of Representatives' Hispanic Caucus threatened to vote against the final bill in protest of the stipulations for immigrants. To shore up support from these members, Democratic leaders proposed an amendment to reverse the five year waiting period for public health care programs that was imposed after the enactment of welfare reform. However, as support for the bill waned and additional concerns were added to the mix, this proposal was omitted from the final draft of legislation. The health

118 Good, C. "Congressional Hispanic Caucus: No Deal On Health Care, Immigration." *The Atlantic*. January 5, 2010. <<http://www.theatlantic.com/politics/archive/2010/01/congressional-hispanic-caucus-no-deal-on-health-care-immigration/32997/>> (accessed online March 27, 2010).

119 Klein, E. "Who is Left Uninsured by the Health-Care Reform Bill." *The Washington Post*. March 22, 2010. <http://voices.washingtonpost.com/ezra-klein/2010/03/who_is_left_uninsured_by_the_h.html> (accessed online April 25, 2010).

120 Uninsured immigrants who are excluded from the market will be exempt from the individual mandate to purchase coverage and the corresponding \$750 fine imposed on those who violate the requirement.

care legislation did include nearly \$11 billion additional funding for community health centers that target immigrant populations as well as underserved groups.¹²¹ Nevertheless the funds are insufficient to alleviate the fiscal burden that will remain from excluding these migrant groups.

Under the newly enacted bill, legal permanent residents will have access to purchase coverage through the health insurance exchange instantaneously when the system is rolled out in 2014. Additionally, these immigrants that meet the income thresholds will receive subsidies to lower their costs of coverage. However, the requirements to verify legal status may deter eligible populations from applying. As the U.S. department of Health and Human Services crafts guidance to set up the exchange, careful consideration must be paid to administrative training and outreach efforts to ensure that all eligible populations purchase coverage. What remains unclear is how other legal immigrants who had previously been deemed unqualified under the welfare reform provisions will be considered under the newly enacted health care legislation. Migrant populations that may be left out include legal temporary workers, students, and other groups that have previously been excluded from other coverage schemes.

Ultimately the health care reform legislation addresses many major concerns for U.S. citizens by increasing coverage options for low- and moderate-income people through Medicaid and subsidies for coverage on the individuals market. However, the continued restrictions for immigrant populations contradict the goals set out in the bill. As policy makers move forward in drafting guidance and accompanying legislation they must consider the fiscal and health impacts of excluding the fastest growing segment of the population within the United States.

121 Gibson, G. 2010. "The Economic Stimulus: Gauging the Early Effects of ARRA Funding on Health Centers and Medically Underserved Populations and Communities." Washington DC: The George Washington School of Public Health and Health Services.

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Vita

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