

THE NATIONAL CENTER ON IMMIGRANT INTEGRATION POLICY

SECURING THE FUTURE

US IMMIGRANT
INTEGRATION POLICY
A READER

EDITED BY
MICHAEL FIX

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MIGRATION POLICY INSTITUTE

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Library of Congress Cataloging-in-Publication Data is available from the Library of Congress.

10-digit ISBN: 0-9742819-9-9

13-digit ISBN: 978-0-9742819-9-5

Design: Patricia Hord.Graphik Design, www.phgd.com

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INTRODUCTION

Our nation's immigration policies and debates have traditionally been concerned almost entirely with questions of who, how many, and what kinds of immigrants should be admitted to the country. Immigration laws specify in great detail procedures and prohibitions governing admissions of immigrants. In contrast, although immigrant integration is the ultimate test of whether immigration succeeds, integration policies are skeletal, ad hoc, and under-funded.

Immigrant integration has historically occurred at the local level, primarily through the efforts of families, employers, schools, churches, and communities in the context of a growing economy and legal structure that upholds basic rights for all “persons” in the country. This model — with its minimum of engagement by government and society at large — has proven to be successful and distinct in character from that of any other nation. Thus, the admonition against fixing what isn't broken should be a guiding principle in examining the issues underlying immigrant integration.

At the same time, the United States is experiencing a period of sustained, large-scale immigration, akin to that of the early years of the last century. Today's immigration constitutes a critical national asset if it is effectively managed, a challenge that includes the successful integration of large numbers of newcomers. This volume provides a broad look at what is working and at what must be done to assure that an enduring, familiar American story again has a happy ending.

The origins of the volume reside in the work of the Independent Task Force on Immigration and America's Future, a distinguished group of leaders convened by the Migration Policy Institute (MPI) working with Manhattan Institute (MI) and the Division of United States Studies and the Mexico Institute at the Woodrow Wilson International Center for Scholars (WWIC). The purpose of the Task Force was to analyze the economic, social, and demographic factors driving today's immigration and propose policies that harness its advantages and minimize its tensions.

MPI developed and commissioned extensive research, analyses, and policy assessments to help inform discussion and stimulate debate among members at

their meetings. Those background materials were then published to contribute sound information to an often heated public dialogue on immigration policy during the past year.

The background work on immigrant integration that was prepared for the Task Force has been collected in this single volume. Although different in character because of the purpose for which they were originally prepared, taken together, the pieces paint a vivid portrait of key trends, policy questions, funding gaps, and challenges the nation faces in the least explored and ultimately most important element of immigration policy — immigrant integration. We believe that this scan of the fundamentals of immigrant integration provides a useful primer on issues that are an essential dimension of effective immigration policymaking.

Doris Meissner

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Director of the Independent Task Force on Immigration and America's Future

December 2006

CHAPTER I

IMMIGRANT INTEGRATION AND COMPREHENSIVE IMMIGRATION REFORM: AN OVERVIEW

MICHAEL FIX

This chapter synthesizes the set of papers devoted to integration issues that were initially collected for the Task Force on Immigration and America's Future. The chapter begins by discussing why integration needs to be made more central to debates over immigration reform. It then seeks to define what is meant by the term integration and to draw the broad contours of US integration policy. The chapter proceeds with a review of the evidence of immigrants' integration, examining the second generation's progress, and then focusing more narrowly on trends in education, health, the workforce, and citizenship. The chapter concludes by briefly discussing key elements of a national integration policy, noting several issues raised directly by congressional comprehensive immigration reform proposals. These include health care coverage for temporary workers and legal immigrants and the merits of providing impact aid to state and local governments.

I. IMMIGRANT INTEGRATION: WHY SHOULD WE CARE?

AN AFTERTHOUGHT

There are a number of strong reasons to link discussions of immigration and integration. The integration of immigrants remains an afterthought in immigration policy discussions; in fact, integration remains one of the most overlooked issues in American governance. As a result, there is a mismatch between the nation's immigration policies — which, however broken, are on the whole comparatively generous — and the United States's immigrant integration policies that are ad hoc, under-funded, and skeletal. So today, as it has historically, the integration of newcomers is carried out by families, employers,

churches, nongovernmental organizations, and by an increasingly restive set of state and local governments.

There is no national Office for Immigrant and Refugee Integration; this absence stands in contrast to other countries, such as Canada and the Netherlands, which have strong integration offices within their immigration agencies. And an examination of the growing numbers of proposals for comprehensive immigration reform reveals that they pay little if any attention to integration issues.

THE DEMOGRAPHIC IMPERATIVE

There are a number of well-known demographic forces that make the need to focus more directly on integration clear. These include:

- *High sustained flows.* Nearly one in eight people in the United States today is foreign born. One in five children in the United States, and more than one in four low-income children, is the child of an immigrant. Over half of new workers in the 1990s were immigrants, and the foreign born compose very high shares of some occupations, accounting for one in five doctors in the United States, for example. High flows mean that the success of the nation as a whole and of its institutions (schools, the workplace, the military) will increasingly depend on the contributions and integration of immigrants.
- *Dispersal.* It is now broadly recognized that while the immigrant population remains highly concentrated in the six largest receiving states, a work-driven dispersal to new gateway states has been rapid. The migrants in these flows are more recently arrived, poorer, younger, less educated, and more likely to be undocumented than immigrants nationally. Limited community resources, institutional infrastructure, and experience may all present barriers to integration. At the same time, new opportunities and successes may emerge.
- *Shifting legal composition.* A decade ago the unauthorized population constituted about 15 percent of all immigrants. Today it represents almost a third. This trend toward increasing shares of immigrants arriving outside rather than inside the immigration system complicates the politics of developing effective integration policies. It does so by reducing the legitimacy of the immigration system and support for services and benefits that some believe are captured by unauthorized immigrants and their families. While there has been rapid growth in the unauthorized population since the mid-1990s, there has also been a rapid rise in the number and share of the foreign-born population that has naturalized.

- *Prevalence of mixed-status families.* Policymakers often overlook the fact that three-fourths of the children of immigrants are US-born and are thus citizens; two out of three children with an undocumented parent are citizens living in mixed-status families. Among other things, the mixed legal status of these families has meant that the exclusion of non-citizen parents from services and privileges spills over to their citizen children.

CHANGE IN MEDIATING INSTITUTIONS

The United States has a history of comparatively successful integration. But the past may not be an entirely reliable guide to the future. Mediating institutions that were critical to the integration of earlier immigrants — urban schools, unions, big manufacturing firms, a conscription-based military, and political parties — have all changed in ways that might affect the integration of current and future newcomers. Take, for example, the movement away from precinct-level politics and local party machines. While sometimes corrupt, the machines engaged newcomers and encouraged voting in ways that today's system of primaries and multiple interest groups do not. Moreover, even the most sophisticated social scientists concede that when they examine the evidence, they just do not know what accounts for assimilation's success in the 20th century.¹

At the same time, there have been important counterweights to these institutional changes. Overt nativism has declined, along with the express official racism embedded in the Chinese Exclusion Acts, the 1907 Gentleman's Agreement with Japan, or the National Origins' legislation of the 1920s.² Antidiscrimination norms emerging in the 1960s have had powerful impacts on the workplace. Colleges — particularly community colleges — have evolved into mass education systems as high schools did during the last great wave of immigration in the early 20th century.

PUBLIC POLICIES THAT MAY SLOW INTEGRATION

New policies introduced in 1996 that limit the access of legal immigrants to health, nutrition, cash, and other safety net benefits may undermine integration. The new laws drew brighter lines between citizens and noncitizens, making naturalization the main gateway both to benefits and to protection from deportation.

1 R. Alba and V. Nee, *Remaking the American Mainstream, Assimilation and Contemporary Immigration* (Boston: Harvard University Press, 2003).

2 Appendix I of the volume includes a timeline and a brief description of major US immigration legislation.

CONTESTED PROGRESS

Debates about the need for integration policies and the types of policies needed are also muddled by a lack of consensus over the progress of immigrants and their children. Cultural and other critics argue that the new immigration, especially immigration from Mexico, is leading to the formation of a new bottom class that is not integrating socially or economically. As analysis in Chapter 4 indicates, though, the most recent evidence on the second generation (that is, the US-born children of the foreign born) provides a more optimistic view, with all groups including Mexicans progressing from generation to generation. While a “rainbow underclass” may not be at hand, there still are a number of areas for concern — particularly regarding the rates of college attendance and completion of second-generation Mexicans.

THE IMPACTS OF COMPREHENSIVE IMMIGRATION REFORM

The prospect of immigration reform itself raises a number of integration issues, including:

- Will reform emphasize temporary immigration over permanent immigration, thus sidestepping the need for integration policies?
- What implications would the admission of temporary and permanent immigrants with comparatively low skills and English language abilities hold for the nation’s workforce development systems? (See Chapter 8)
- Will newcomers be expected to have health insurance? If so, who will pay for it? Or will new immigrants join the already large pool of uninsured people in the United States? (See Chapter 7)
- What fiscal impacts will new immigrant flows have on state and local governments? Will new costs arise, and if so, should the federal government seek to offset some of those costs as it did in 1986, with the last comprehensive reform of immigration? (See Chapter 10)
- Will temporary workers or unauthorized immigrants be required to learn English before they can adjust to legal status (again as in 1986), and, if so, how will that instruction be financed? Does the service infrastructure exist to deliver the educational programs needed? (See Chapter 9)

II. WHAT DO WE MEAN BY INTEGRATION?

The meaning of the term integration — and even the use of the term itself — can be controversial. For the purposes at least of this overview, “integration” is defined as the process of economic mobility and the social inclusion of newcomers. Integration implies a two-way process that involves change on the part not just of immigrants but of members of the receiving community. As Don Kerwin writes in Chapter 5, integration represents a “commitment to shared values and an openness to the myriad contributions of immigrants.” Successful integration builds communities that are stronger economically and more inclusive socially and culturally. At the same time, integration can also be defined by what it clearly is not — the formation of an ethnically identifiable bottom class made up of immigrant groups or communities of immigrant descent.

III. THE BROAD CONTOURS OF CURRENT US INTEGRATION POLICY

What are some of the key defining elements of US — and in particular federal — integration policy?

ACCESS TO THE LABOR MARKET

The federal government plays a comparatively minimal role in the integration of immigrants. Today, as throughout US history, the integration of immigrants has fallen in large part to the labor market. In sharp contrast to most European countries, the US labor market has been open to immigrants, an openness that is reinforced by the reach and maturity of our antidiscrimination laws. Their combined legacy has resulted in very high levels of immigrant employment, and immigrants are overrepresented in the overall labor market and among recent hires. Indeed, while one in eight US residents is foreign born, one in seven workers and one in five low-wage workers is an immigrant.

BASIC RIGHTS

Beyond open access to the labor market, the United States makes available to all immigrants, largely independent of their legal status, a set of fundamental rights. These include, for example, the right to assemble, to be free of unreasonable searches and seizures, and to counsel in criminal matters. These rights can be seen as “a fundamental form of ‘integration’ into our constitutional system.” (Chapter 5)

TARGETED FEDERAL PROGRAMS

There are a number of grant and service programs expressly targeted to immigrants and their families or to groups that are largely composed of immigrants (See, generally, Chapter 6). Four major categories include:

- *Refugee placement and settlement programs.* These programs specifically focus on the integration of refugees into new communities. Refugees make up roughly 5 percent of annual legal immigration flows to the United States. Refugees are often fleeing persecution and many arrive in the United States in poor physical and mental health; their departures were in a sense unplanned; and unlike immigrants entering for family reunification or employment, they do not have sponsors.³
- *Programs serving migrant workers and their families.* While these programs initially may have been designed to meet the needs of US-born migrant workers in agriculture, today almost four out of five farm workers are foreign born. These programs in the areas of health, Head Start, K-12 education, and job training, then, have been transformed into de facto integration policies serving a largely foreign-born work force and their families.
- *Funding streams set aside for language instruction and the promotion of citizenship.* These funding mechanisms promote English language acquisition among limited English proficient (LEP) children (Title III of the No Child Left Behind Act) and adults (the Adult Basic Education/English as a Second Language (ESL) expenditures). They also support the US Citizenship and Immigration Services (USCIS) Office of Citizenship, which encourages naturalization through public education and outreach.
- *Funding provided to communities to offset immigrants' impacts.* This federal funding helps (a) schools meet the additional costs of teaching recently arrived immigrant students; (b) hospitals offset the costs of unauthorized immigrants' uncompensated care; and (c) state and local governments pay the costs of keeping unauthorized and other immigrants in jail (not included in Table 1).⁴ (See, generally, Chapter 10.)

3 In the US immigration system, a "sponsor" is the relative or employer who petitions for an immigrant's entry into the United States. Those individuals sponsoring relatives are also required to sign an affidavit of support, which binds them to financially support the immigrant until he or she naturalizes or can show 40 quarters of work in the United States.

4 Table 1 does not include federal reimbursements to state and local governments for the cost of keeping unauthorized immigrants in jail. While these expenditures are immigrant-related, they arguably differ from other targeted spending on immigrants in that they do not further the goal of immigrant integration.

TABLE I. TARGETED 2004 FEDERAL SPENDING ON IMMIGRANTS, IN MILLIONS OF 2005 DOLLARS

	FY 1999 Spending	FY 2004 Spending	% Change 1999 to 2004
Refugee Resettlement Program	\$ 545	\$ 429	-21.3%
Migrant Head Start	\$ 209	\$ 274	31.1%
Migrant Education	\$ 421	\$ 412	-2.1%
Migrant Education Even Start	\$ 5	\$ 8	60.0%
Migrant Health	\$ 92	\$ 139	51.1%
NCLB Language Acquisition State Grants	-	\$ 708	-
EIEP (Emergency Immigrant Education Program)	\$ 176	-	-
Federal Bilingual Education	\$ 273	-	-
Adult Education/ESL	\$ 432	\$ 630	45.8%
Total	\$ 2,153	\$ 2,600	20.8%

Source: Julia Gelatt and Michael Fix, "Targeted Federal Spending on the Integration of Immigrant Families," Background Paper prepared for the Independent Task Force on Immigration and America's Future (Washington, DC: Migration Policy Institute, 2006).

Table 1 indicates that the overall spending for these programs remains comparatively low — all told, it even falls well below the \$4 billion allocated under the 1986 Immigration Reform and Control Act (IRCA) to reimburse states for the benefits and other costs imposed by immigrants legalizing under that legislation, a small subset of the entire immigrant population. Second, the current funds are primarily directed to two comparatively small — if deserving — populations: (1) refugees (and asylees) and (2) migrant workers and their families. Little is provided for the large number of legal immigrants arriving through the family-based immigration system and working in low-wage jobs or the communities in which they live.

ACCESS TO MAINSTREAM PROGRAMS AND INSTITUTIONS

Spending on immigrants and their family members in targeted programs is dwarfed, however, by spending on mainstream social and education programs like aid programs for economically disadvantaged students (Title I, Part A of the Elementary and Secondary Education Act) or public health insurance for

low-income families (Medicaid, e.g.), to which at least some immigrants or their children have access. To illustrate, the Title I, Part A ESEA program's FY 2005 budget was \$12.7 billion, while spending under the Title III provisions targeted at LEP students was \$673 million.

Among other things, total federal spending on immigrants and their families is driven by the creation of new social welfare programs (the State Child Health Insurance Program, for example); shifts in funding to programs used by immigrants (for example, broad increases in Head Start enrollment over the past decade); and changes in program eligibility that affect all recipients, not just immigrants (shifts in asset limits that determine whether public benefit applicants can own a car, for example).

SOCIAL RIGHTS: IMMIGRANT ACCESS TO PUBLIC BENEFITS

While immigrants' and noncitizens' access to basic constitutional protections is broad, no such right appears to hold for public benefits. Immigrants' eligibility for benefits ranging from those that are means tested (welfare) to social insurance programs (Social Security) has basically been determined by where immigrants fall on what might be termed a "continuum of consent," that is, the degree to which the government has consented to their presence in the United States. Undocumented immigrants are eligible for few benefits beyond emergency Medicaid. Similarly, legal temporary immigrants are eligible for few benefits or services. Legal permanent immigrants' eligibility is determined by the length of their stay in the United States and their participation in the workforce and military. Refugees have been eligible for benefits on more or less the same terms as citizens. Naturalized immigrants have been extended the same rights as citizens.

The 1996 welfare reform law — the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) — changed the settled order and represented a major departure in welfare and immigrant integration policy in the United States. Prior to the law's enactment, legal immigrants were eligible for public benefits on more or less the same terms as citizens. Following the law's enactment and subsequent amendments, most legal immigrants arriving *after* 1996 were barred for at least five years from the core federal safety net programs: Medicaid and the State Child Health Insurance Program (SCHIP), Temporary Assistance for Needy Families (TANF), Food Stamps, and the Supplemental Security Income Program (SSI). While reforms to the 1996 law have basically restored benefits to almost all legal permanent residents in the United States before 1996, more than 40 percent of immigrants with green cards arrived after that date. Some states have replaced federal health and

other benefits for federally ineligible immigrants by subsidizing service programs with their own funds. Others have not.

CITIZENSHIP POLICY

One byproduct of these restrictions has been that citizenship has become more valuable, if for primarily practical reasons. Citizenship now stands as the gateway to the social safety net and to residential security (that is, the means to protect oneself against deportation). Compared to many countries, citizenship has been comparatively easy to obtain in the United States. It can be secured reasonably quickly (within five years of becoming a lawful permanent resident (LPR), three if married to a citizen or having served in the military). The testing process required to become a citizen has been somewhat arbitrary but not exceedingly difficult; and the English-language requirements to naturalize have been modest.

Changes in the law have meant that citizenship may be shifting as a marker of integration. On the one hand, citizenship can open access to health insurance, basic nutrition, and training programs — benefits that may accelerate integration. On the other hand, decisions to naturalize may derive to a greater extent from practical choices on the part of applicants and less from a sense of belonging and national loyalty. Policies regarding citizenship are in flux as the United States Citizenship and Immigration Service (USCIS) is in the process of administratively redesigning the naturalization test.

IV. HOW ARE WE FARING? TRENDS IN INTEGRATION

Janet Murguía and Cecilia Muñoz have written that immigrant integration in the United States is proceeding comparatively well given the low level of investment made (See Chapter 3). Their contention, echoed by Tamar Jacoby in Chapter 2, is largely supported by results of a new analysis of Census data conducted by Roger Waldinger and Renee Reichl (See Chapter 4). Immigrant integration has long been considered an intergenerational process; Waldinger and Reichl assess broad trends in employment, job quality, and education within the immigrant second generation — all key indicators of integration's success.

GENERATIONAL TRENDS

Waldinger and Reichl compare the first (that is, foreign born) and second (US-born children of immigrants) generations for four groups: (1) Canadians/Europeans/Australians, (2) Asians, (3) Mexicans, and (4) Other (Central and South) Americans. Comparisons are made with the white and African

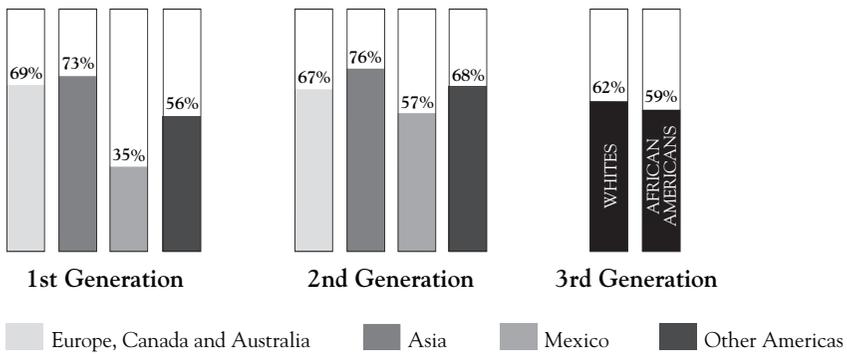
American third or later generation (that is, all US-born children born to native parents). Comparisons are also made by gender.

The results indicate that integration is taking place — albeit somewhat unevenly — along historical lines across all groups and along most dimensions. The measures of integration include rates of high school graduation, college completion, labor force participation, income, and job quality as indicated by health care coverage and pension plan enrollment. Highlights include:

- First- and second-generation Asians perform as well or better than whites on most indicators.
- Particularly striking generational progress is being made by Mexican women — especially in labor force participation.
- Despite generational gains, Mexicans lag behind all groups (with the exception of African Americans) on virtually all measures except one that is very important: labor force participation.
- High labor force participation among Mexican males means that generally lower educated Mexicans are finding jobs despite the fact that returns to education are increasing. High Mexican employment levels place the group outside the sociological literature’s standard definition of an underclass, which focuses on joblessness.
- As Figure 1 indicates, there has been a sharp rise in the share of Mexican teens aged 16 to 20 enrolled in school full-time, from the very low rate of 35 percent in the first generation to 57 percent in the second generation. Second-generation Mexicans’ enrollment rates now approach those of both white (62 percent) and African American (59 percent) children of US natives.
- Mexicans are making particularly strong generational gains in high school completion. Fifty-two percent of first generation Mexicans aged 25-65 had less than a high school degree in 2004, while just 17 percent of the second generation failed to complete high school.
- Rising high school graduation rates among Mexicans do not appear to translate into equivalent levels of college completion (see Figure 2). Only 14 percent of the Mexican second generation aged 25-64 had completed college in 2004 versus 32 percent for whites and 57 percent for Asian second generation.

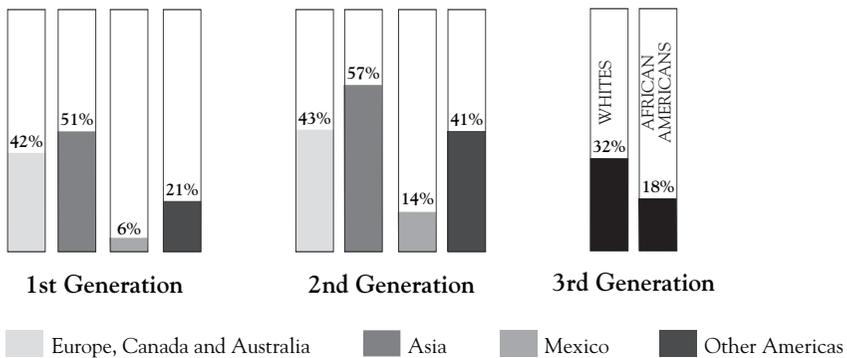
- On many indicators African American men lag behind all groups except Mexicans. The share of African Americans in the labor force was substantially lower than all other groups and has fallen since 1970.

FIGURE I. PERCENT TEENAGERS (AGES 16 TO 20) ENROLLED IN SCHOOL FULL TIME, BY NATIONAL ORIGIN AND GENERATION, 2000



Source: Current Population Survey, March 1997-2003.

FIGURE 2. PERCENT OF ADULTS (AGES 25 TO 64) WITH A COLLEGE DEGREE, BY NATIONAL ORIGIN AND GENERATION, 2004



Source: Current Population Survey, March 2004.

While Waldinger and Reichl's findings are in some ways positive, the authors conclude on a note of concern: "If today's second generation adults are struggling to catch up, one also wonders how tomorrow's will manage: after all, these are the children of the immigrant working poor, for whom things have surely not gotten better over the past twenty years."

TRENDS AND POLICY ISSUES IN EDUCATION, HEALTH, WORKFORCE, AND CITIZENSHIP

The chapters on education, health, workforce participation, and citizenship also raise concerns about both the integration of certain immigrant populations and the responsiveness of institutions to their needs.

PRE-KINDERGARTEN TO 12 EDUCATION AND THE NO CHILD LEFT BEHIND ACT

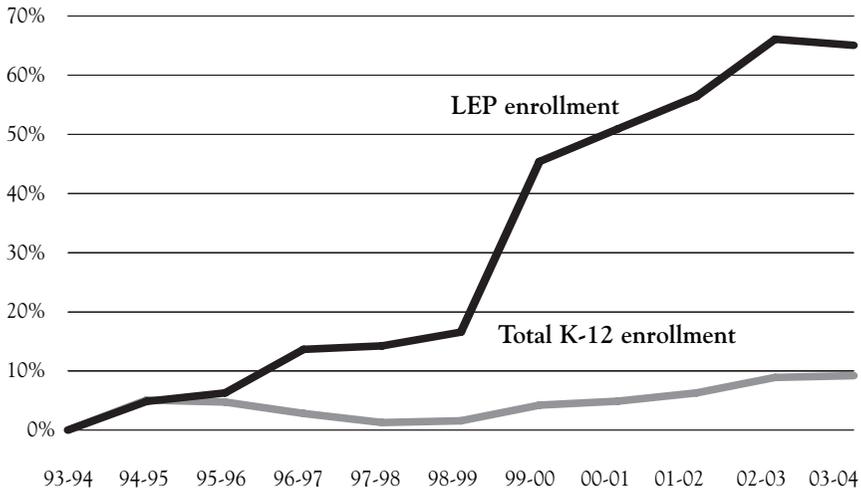
Waldinger's results are consistent with other major studies in the field, most notably those by Portes and Rumbaut that find that children of immigrants as a whole are adapting to the US educational system and in many cases outperforming children of US natives.⁵ But the performance of certain foreign-born immigrant subgroups is cause for concern. The Pew Hispanic Center finds that while immigrants aged 15 to 17 make up only 8 percent of their US age cohort, they are 25 percent of all youth dropouts. Seventy percent of immigrants who arrive in the United States as adolescents with interrupted educations in their home countries drop out.⁶

Education policy — and in particular immigrant education policy — is in flux with the enactment, implementation, and pending 2007 reauthorization of the controversial No Child Left Behind Act (NCLB) (See Chapter 9). NCLB — which may represent an important, new de facto integration policy — requires that schools identify, teach, and test limited English proficient students using standardized state academic tests. It requires that their scores be separately reported as a subgroup and that schools be held accountable for the subgroup's performance. Schools failing to meet standards can be subjected to increasingly severe sanctions. In addition, NCLB for the first time imposes a federal requirement that LEP students make progress learning English. The law can be seen as the culmination of a decade of reform that began with schools often leaving immigrant and LEP students overlooked and underserved.

5 A. Portes and R. Rumbaut, *Legacies: The Story of the Immigrant Second Generation* (Berkeley, CA: University of California Press, 2001).

6 R. Frey, "Hispanic Youth Dropping Out of US Schools: Measuring the Challenge" (Washington, DC: Pew Hispanic Center, 2003).

FIGURE 3. RATE OF TOTAL K-12 AND LEP ENROLLMENT GROWTH: UNITED STATES, 1993-1994 TO 2003-2004



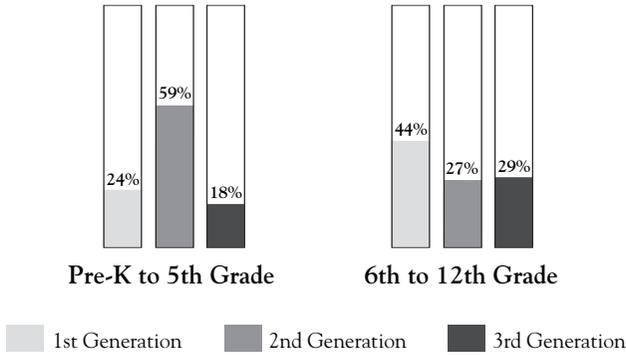
Source: Julie Murray, Jeanne Batalova, and Michael Fix, “Children of Immigrants and New Education Policy and Practice,” Background Paper prepared for the Independent Task Force on Immigration and America’s Future (Washington, DC: Migration Policy Institute, 2006).

The law’s implementation faces a number of immigration-driven challenges that are influencing its success, and to some extent, the resistance it is meeting among state and local policymakers.

First, paralleling larger immigration trends, there has been a rapid rise in the number of children of immigrants and their dispersal to new gateway states. This growth and dispersal comes into particularly sharp focus when examining growth in the limited English proficient (LEP) student population — which rose 65 percent between 1993-94 and 2003-2004. The growth is even more striking in new gateway states such as North Carolina and Nebraska, where the LEP population rose 500 and 340 percent, respectively.

Second, since the late 1990s, the Urban Institute has documented high levels of LEP concentration in a relatively small proportion of schools. A recent study found that 70 percent of LEP elementary students attend just 10 percent of US schools. The study also found that “high LEP” schools were more likely to be urban, to have high concentrations of poor and minority students, to have

FIGURE 4. MORE LEP CHILDREN ARE NATIVE THAN FOREIGN BORN



Source: Migration Policy Institute, “The Demography of America’s Schools,” CUSSW Presentation, November 16, 2005.

larger classroom and school enrollments than “low” or “no” LEP schools, and to have the least experienced teachers and principals.⁷ Early results of studies on NCLB implementation suggest that these high LEP schools are disproportionately found to fall short of meeting standards, and are, as a result, subject to the law’s sanctions. It remains to be seen, though, whether changes work to the advantage or disadvantage of the LEP and immigrant students in these schools.

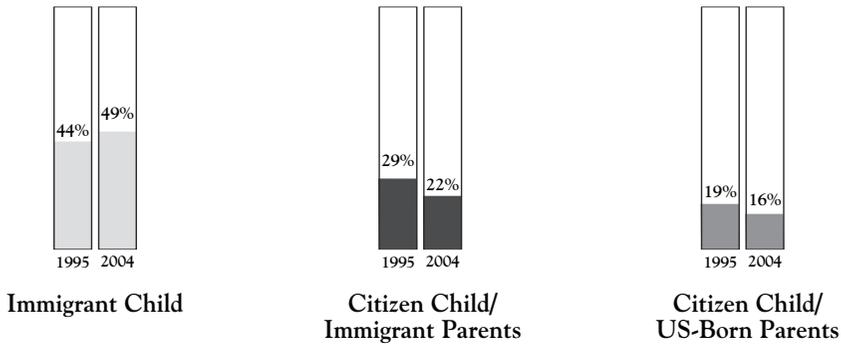
Third, the last three decades have also seen a sharp rise in poverty among children of immigrants. In 1970, poverty rates among children of immigrants resembled those of native whites. Today they are much closer to those of African American youth.

Fourth, a recent Urban Institute study found that overall, students master English as they advance in grade.⁸ Nonetheless, as Figure 4 indicates, over three-quarters of elementary school students and over half of secondary school students who are LEP are *natives* who were presumably born and educated in US schools. Third-generation children of natives comprise a significant share of LEP students. Plainly, this trend underscores the need for accountability and, perhaps, for expanded access to high quality pre-kindergarten instruction that increases language skills and school readiness.

7 C. Cosentino de Cohen, B. Chu Clewell, and N. Deterding, “Who’s Left Behind?: Immigrant Children in High and Low LEP Schools” (Washington, DC: The Urban Institute, 2005).

8 R. Capps, M. Fix, J. Murray, et al., “The New Demography of America’s Schools: Immigration and the No Child Left Behind Act” (Washington, DC: The Urban Institute, 2005).

FIGURE 5. CHANGES IN PERCENTAGE OF LOW-INCOME CHILDREN (BELOW 200% OF POVERTY) WHO ARE UNINSURED, 1995 TO 2004



Source: L. Ku's analyses of March 1996 and 2005 Current Population Surveys

Finally, it should not be surprising to learn that most parents of LEP students are themselves LEP and that the linguistic isolation that LEP students experience while at school is mirrored in their homes, making academic progress doubly difficult. Their isolation highlights the need for education strategies that involve the entire family. However, funding for the largest federal program that provides family-based literacy, the Even Start Program, was recently halved.

HEALTH CARE AND INSURANCE

The data presented by Ku and Papademetriou (Chapter 7) make clear that many recent immigrants and their children are outside the mainstream in terms of their access to health care. Fifty-six percent of low-income non-citizen immigrants are uninsured as compared to 23 percent of low-income natives. As Figure 5 indicates, between 1995 and 2004 the share of uninsured immigrant children rose from 44 to 49 percent.⁹ High rates of uninsurance translate into lower rates of health care use, and apparently, into poorer health outcomes. According to an Urban Institute report, children of immigrants were substantially more likely to be reported to be in fair or poor health than children of natives.¹⁰

9 At the same time, though, the introduction of the State Child Health Insurance Program, coupled with expanded outreach to immigrant and minority communities, and declines in employment-based health insurance led to a rise in the public health care coverage among citizen-children in immigrant families. See R. Capps, G. Kenney, and M. Fix, "Health Insurance Coverage of Children in Mixed-Status Immigrant Families," Snapshot 3 of America's Families, No. 12 (Washington, DC: The Urban Institute, 2003).

10 J. Reardon Anderson, R. Capps, and M. Fix, "The Health and Well-Being of Children in Immigrant Families," Assessing the New Federalism Policy Brief B-52 (Washington, DC: The Urban Institute, 2002).

There are several explanations for immigrants' low insurance rates. Fewer foreign than native-born workers are insured by their employers because they work in the lowest paid segments of the labor market, often as contract workers. Access to public benefits also influences insurance rates. As noted, the 1996 welfare reform barred most legal immigrants entering after 1996 from federal Medicaid and SCHIP coverage for at least five years, transferring the costs of subsidizing coverage to their sponsors. Sponsors may have had a difficult time shouldering this extended burden given the fact that employer-based family insurance coverage can cost \$10,000 a year and individual coverage \$4,000. Another reason for low levels of coverage is the rise in unauthorized migration and the federal bars that existed both before and after welfare reform to providing public coverage (other than emergency Medicaid) to the unauthorized. Finally, access to health benefits is determined not just by eligibility but by providers' language capacity (the availability of bilingual staff, translators, etc.). Low rates of insurance translate into comparatively high rates of uncompensated care provided by public hospitals, clinics, and charitable organizations.

Ku and Papademetriou argue that a number of persisting myths about immigrants and their health have made informed policy decisions more difficult.

First, contrary to popular belief, immigrants are not the primary reason the number of uninsured is growing. In fact, analysis by the Urban Institute's Health Policy Center found that between 1994 and 2003 most of the increase in the number of uninsured was attributable to native citizens and was driven by declines in private insurance.¹¹

Second, the health care costs of immigrants, while often uncompensated to providers, are often overstated. Immigrants are less likely to use emergency rooms than native citizens. Moreover, a recent paper in the *American Journal of Public Health* noted that per capita medical expenditures for immigrants — whether paid for by insurance or out of pocket — were less than half those of native citizens.¹² The findings held even when controlling for the effects of factors like insurance coverage, race/ethnicity, income, age, gender, education, and health status.

11 J. Holahan and A. Cook, "Are Immigrants Responsible for Most of the Growth of the Uninsured?" (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, 2005).

12 S. Mohanty, et al., "Health Care Expenditures of Immigrants: A Nationally Representative Analysis," *American Journal of Public Health* 95:8, 2005.

Third, though a topic of much concern to state policymakers, offering health benefits does not create an immigrant magnet. The geographic patterns of dispersal that occurred in the late 1990s reveal substantial migration out of states offering high benefits — most notably California — toward new gateway states in regions that are generally characterized by low taxes and low benefits (the Southeast, the Rocky Mountain states, and the Midwest).

These patterns of health care coverage and the myths that surround them beg the question whether immigrants admitted under comprehensive immigration reform should be allowed to join the already large pool of uninsured immigrants.

IMPROVING IMMIGRANT WORKERS' ECONOMIC PROSPECTS

Access to the labor market remains the nation's most potent integrating mechanism. As Waldinger and Reichl note, the immigrant labor force is characterized by high employment levels, even among the low skilled. The immigrant labor force has an hourglass shape, with large shares of immigrants at the top and bottom of the skill distribution. Thirty percent of foreign-born workers have less than a high school education, while they are also as likely as natives to hold a Bachelor's degree or more (28 percent).

But while work is central to both immigration and integration, the policies and resources devoted to promoting immigrant workers' mobility are thin. Beeler and Murray describe the current system's shortcomings, setting out three complementary investment strategies (Chapter 8).

Workforce Development

The first is workforce development — aimed primarily at the lower skilled among immigrant workers. A main engine of federal investment is the ESL component of the Adult Basic Education Act, which in 2003/2004 supported language training for roughly 1.2 million of the 10 million LEP immigrant adults in the United States. According to state data and to anecdotal evidence, classes are oversubscribed; there are gaps in curricula, especially when it comes to providing language training for those who have some English skills; class levels are not carefully aligned (“articulated”); and the power of technology is not being exploited. Immigration reforms that would inject new “clients” into this system would have to come to terms with these institutional shortcomings.

Federal job training is primarily delivered through the programs funded under the Workforce Investment Act (WIA). While 20 percent of all low-wage

workers in the United States are immigrants, it appears that LEP adults (at 7 percent of total WIA enrollment) may be under-enrolled in the program. Further, training programs are generally aimed at workers with education and skill levels (that is, at least a ninth grade education) that exceed those of many recent immigrants.

Of course, employers play an important role in developing the skills of their workforce. Little is known, though, about employers' practices, and even fewer reliable evaluations exist. In practice, employers often complain about the problems associated with scheduling language and skills instruction, the costs associated with the training, and the lack of employee time and interest. Moreover, employer training programs are typically targeted to the most, not the least, skilled within firms.

Making Skills and Credentials Count

One strategy for finding the skilled workers that firms need is to capitalize on the skills and knowledge that immigrants bring with them to the United States. According to one study, half of legal immigrants experience occupational downgrading in their first year.¹³ Further, recent Migration Policy Institute analysis of the US Census finds that 17 percent of immigrants with a Bachelor's degree or more are low-income, i.e., are living below 200 percent of the federal poverty level, versus 8 percent of US natives. Here again, public policies and resources are thin. Verification of *educational* credentials is carried out by firms such as World Education Services (a nonprofit organization). No such nationwide organization exists when it comes to *professional* licensing, a process that is driven in part by standards that vary state by state. There may be lessons to learn from other countries here. Realizing that all net labor force growth in the future will come from immigration, Canada has instituted a new Foreign Credential Recognition Program on which it will spend \$70 million in the next six years.

Supporting Immigrant Entrepreneurs

The importance of supporting entrepreneurship among immigrants is often overlooked as a workforce development strategy. Immigrants are disproportionately likely to be self-employed, and the self-employed have the highest incomes of all immigrants. Further, immigrant entrepreneurs are themselves a source of employment. In some cases, though, the jobs they create can complicate integration as they offer low wages, few benefits, and limited opportunities to learn English.

13 I. R. Akresh, "Occupational Mobility among Legal Immigrants to the United States," *International Migration Review* 40, no. 4, publication forthcoming.

Policies promoting entrepreneurship could include making it easier for immigrant business owners to establish credit histories and developing more uniform rules for public agencies regarding legal immigrants' eligibility for government grants, loans, and business advice.

NATURALIZATION AND CITIZENSHIP

Over the past decade there has been a striking rise in both the rate of naturalization and the absolute number of immigrants who have naturalized.

Beginning in the mid-1990s, the number of naturalized citizens rose for the first time in decades, from 7 million in 1995 to 13.1 million in 2004 (Appendix III).

But despite rising numbers and rates, a large pool of immigrants — roughly 8 million in 2002 — was eligible to naturalize but had not. These “eligibles” are notable in part because 60 percent were LEP, 25 percent had less than a ninth grade education, roughly half were low income, and a disproportionate share (28 percent) was Mexican.

The number and characteristics of the eligible population are important concerns given ongoing efforts to redesign the nation's citizenship test. This effort — which parallels initiatives now taking place in Europe — is intended to standardize the test and make its content more meaningful. But the test redesign effort so far has revealed three underlying tensions:

- Asking test-takers to demonstrate an understanding of complex ideas and abstract concepts while at the same time only using the basic level of English required by the Immigration and Naturalization Act;
- Standardizing test administration across centers and officers while permitting administrators to take an individual applicant's background into account or according “due consideration” in weighing test performance; and
- Creating a more meaningful test without making it more difficult and increasing current denial rates.

If immigration reform were to lead to the admission of a larger number of workers with comparatively low educations and English language skills, the introduction of a more demanding naturalization test could have implications in two areas: the demand for civics and English classes (particularly if workers were offered a “pathway to citizenship”) and the number of legal, non-citizen temporary workers with limited rights (see Chapter 5).

V. WHAT SHOULD A NEW INTEGRATION AGENDA INCLUDE?

I conclude with a few thoughts on key elements of a national integration agenda and opportunities directly presented by comprehensive immigration reform. My point of departure is that — as in the past — the enterprise of integration will take place primarily at the state and local levels and will come about thanks to the efforts of employers, family, churches, public and private organizations, and of course, immigrants themselves. But given the concerns raised throughout the chapters in this volume, the *laissez faire* approach taken to integration in the past may leave too much to chance. The question, then, is what public policies and supports will be needed?

BALANCING TEMPORARY AND PERMANENT IMMIGRATION

To begin, temporary immigration should not be the primary thrust of immigration policy reform, thus allowing the reform effort to sidestep the issues surrounding economic and social integration. Many temporary immigrants come for permanent jobs in the economy and they, like the jobs, often stay. But by remaining in temporary, or falling into unauthorized status, they do so without the benefit of open access to the labor market, the rights reserved for citizens or permanent immigrants, the social safety net, and investments in human capital that can promote their integration.

EDUCATION

Perhaps the most powerful exception to the generally positive set of generational trends documented by Roger Waldinger and Renee Reichl is the low rate of college completion among both the Mexican first and second generations. In an increasingly knowledge-driven economy, this is a gap that policy will need to fill more completely with programs that focus on the completion of two-year programs at community colleges and the transition to, and completion of, four-year college education.

At the pre-kindergarten to 12 level, the rapid rise of the LEP student population, its concentration, and the persistence of limited English proficiency beyond the first to the second and even third generations have been noted. Taken together, these trends reinforce the need to sustain a focus on the “high LEP” schools that are disproportionately failing to meet standards under NCLB. They also underscore the need to preserve systems of accountability and the importance of pre-kindergarten programs that promote English language acquisition.

WORKFORCE TRAINING AND LANGUAGE POLICY

The adult basic education system's ESL programs are oversubscribed, and immigrants and LEP workers are underrepresented in the nation's workforce development programs. Employers' role in training immigrants remains understudied, and there is little systematic knowledge of promising practices. At minimum, we need a better mapping of these fragmented education and training systems. A more ambitious approach would be to develop a more deliberate national English language acquisition policy — one that might parallel the Bush Administration's recently announced initiative to promote foreign-language acquisition among US citizens. One focus would be to better integrate the country's adult literacy and workforce development systems.

Along these lines several Senate bills call for the creation of a new grant program to fund civics and integration classes. The program would be funded at least in part by a new public/private foundation that would be authorized to solicit, accept, and make charitable contributions. This idea may be a good way to put the language and civics issues on the national agenda, but public sector funding will also be required.

ACCESS TO HEALTH CARE

Strikingly low levels of health insurance coverage among immigrants and their families are in part the product of deliberate policy choices that excluded legal immigrants entering after 1996 from federal Medicaid and SCHIP programs for at least five years after entry. Forty percent of all legal permanent residents in the United States entered in the last ten years and fall under these restrictions. Some states have stepped in to fill the gap for children and pregnant women using their own funds, but coverage is incomplete and in danger as some states experience their own budget crises. As a result, recently arrived immigrants who are least able to obtain private insurance are excluded from coverage.

Immigration reform confronts policymakers with the dilemma of new temporary workers and legal immigrants joining the large pool of uninsured immigrants in the United States today. Several differing coverage options present themselves (see Chapter 7). They include:

- Restoring Medicaid and SCHIP to legal immigrants;
- Applying a portion of the fees collected from employers for worker visa applications to the financing of insurance costs;

- Making it easier for employers and employees to lower insurance costs by pooling risks;
- Allowing employers to “buy into” state employee health insurance plans or into state Medicaid or SCHIP coverage;
- Expanding bi-national or cross-border health insurance. Participants living in the United States now receive care at lower cost facilities in Mexico but can receive emergency care and other forms of unavailable care in the United States;
- Expanding the availability of free or reduced price primary care and preventive health services at safety net primary care clinics; and
- Developing bilateral agreements with sending nations (Mexico, for example) to support primary care clinics in areas where their nationals reside.

IMPACT AID

As Deborah Garvey points out in Chapter 10, immigration reform begs the question whether policymakers should expressly take into account the potential fiscal impacts of new migration flows on receiving communities. Research has found that low-skilled immigrants, whose numbers would increase substantially under many reform proposals, create a net fiscal strain on state and local governments due to costs of education, public benefits, and healthcare. At the same time, though, low-skilled immigrants also provide a net fiscal surplus to the federal government through payment to programs such as Social Security, raising the question whether some federal reimbursement should be made to states and localities. Further, assisting states and localities in providing educational and preventive health services to new immigrants can benefit receiving communities as a whole, as well as the national economy, by creating healthier, more economically productive residents.

The last comprehensive federal impact aid program — the State Legalization Impact Assistance Grants Program (SLIAG) enacted as part of the 1986 Immigration Reform and Control Act — was deemed unsuccessful. The program’s failure owed to delayed reimbursements, burdensome documentation requirements, and poor coordination between federal, state, and local government and community-based organizations.

One issue policymakers may face will be the degree to which an impact aid program is paid for out of fees collected from migrants who are adjusting status

or entering as temporary workers. Neither SLIAG nor the Emergency Immigrant Education Program adopted such a fee-based approach, which obviously would increase processing costs for newcomers or their employers.

NATIONAL OFFICE FOR IMMIGRANT AND REFUGEE INTEGRATION

The importance of integration also begs the question whether a central office in the federal government should be created that would serve as a focal point for the multi-agency and cross-disciplinary issues that immigrant integration raises. The goals of a National Office on Immigrant Integration could be to: (1) establish national goals for immigrant integration and measure the degree to which they are met; (2) assess and coordinate federal policies that bear on integration; (3) serve as an intermediary with state and local governments in meeting integration goals; and (4) systematically examine current and future supply and demand for English acquisition services among migrant families, and authorize means for meeting that demand.

The proposed office could build on the Bush Administration's recently announced Task Force on Immigrant Integration. The Task Force was established by an executive order issued in June 2006. It convenes cabinet-level agencies under the direction of the DHS. The Task Force's core mission will be to "provide direction to executive departments and agencies concerning the integration into American society of America's legal immigrants, particularly through instruction in English, civics, and history." As of this writing, the scope of the Task Force's staffing, funding, and policy reach remains in the formative stages.

A national office would work closely with federal agencies helping to assess and shape policies that are likely to have substantial impacts on the integration of immigrants. It would help coordinate federal action and serve as an intermediary to state and local governments that typically are in the lead in implementing policies that promote integration.

UN MILLENIUM DEVELOPMENT GOALS

1. **Eradicate extreme poverty and hunger**
2. **Achieve universal primary education**
3. **Promote gender equality and empower women**
4. **Reduce child mortality**
5. **Improve maternal health**
6. **Combat HIV/AIDS, malaria, and other diseases**
7. **Ensure environmental sustainability**
8. **Develop a global partnership for development**

In setting national goals for immigrant integration, one model might be the United Nations' Millennium Development Goals, which establish a blueprint for meeting the needs of the world's poor.¹⁴ The office should also identify national indicators of immigrant integration and commission research that measures their achievement. The results should be detailed in an annual Report to the President that is available as a public resource.

¹⁴ For more on the UN Millennium Development Goals, see <http://www.un.org/millenniumgoals/>.

PART I

DEFINING THE
INTEGRATION
VISION

CHAPTER 2

IMMIGRANT INTEGRATION — THE AMERICAN EXPERIENCE*

TAMAR JACOBY

Immigrant integration — or absorption or assimilation — is an old and familiar story in the United States. So much so that one of our greatest historians, Oscar Handlin, began his greatest book by declaring: “Once I thought to write a history of the immigrants in America. Then I discovered that immigrants were American history and that to tell their story fully would require setting down the whole history of the United States.” The immigrant experience is also an intimate story for most people in the United States. We’re almost all the children of immigrants, and we all know something of “the melting pot.”

Yet, for all this, it is instructive to go to Europe and compare notes with those who are now also dealing with issues of immigration and immigrant absorption. The metaphor that comes to my mind is two people commiserating outside of a clinic. Not that immigration is necessarily a complaint, and certainly not an illness. On the contrary, in the right number and under the right circumstances, immigration is a great boon to the receiving country — to its economy and its spirit. But the influx does sometimes come with some aches and pains — if only growing pains — and plainly many countries are facing those aches and pains today.

The good news is that assimilation is going pretty well these days in the United States. Whether in fact this is true is a much disputed and much monitored question — and rightly so. After all, with about a million legal and illegal immigrants coming into the country every year, if they’re not assimilating, we’re heading for real trouble. But most of the evidence I see supports a degree of optimism.

* This chapter has been adapted from a presentation at a Stockholm Network Conference in Madrid, Spain, 2002.

Obviously, the first component of absorption is economic. It's not the be-all and end-all. You can be doing all right economically and still not be fully integrated. But it's certainly the first building block. As I read the economic data, on this score, the glass is at least half full.

Most immigrants who come to America come to work. Most don't get welfare — they are not entitled to it for the first five to ten years. They know from other immigrants who have preceded them from their regions of origin whether or not work is available. Communications are very good now between American cities and the little villages of Latin America. If there aren't many jobs to be had, few immigrants make the trip. After all, if you're going to be unemployed, it's much better to be unemployed at home than in the United States. It's usually a lot warmer at home and much less expensive to live, and you're usually surrounded by a network of supportive family and friends. So even though, technically, three-quarters of American immigrant visas are given out on the basis of family ties, almost every foreigner who comes to the United States gets a job — or two or three jobs — and works hard at it. Indeed, Hispanic males — and Hispanics account for about half the foreign born in the United States — have the highest labor-force participation rates of any group in the country.

Now of course it's true that many immigrants are poor and the jobs they do are often the dirtiest and most dangerous jobs going: jobs that native-born Americans don't want to do, like busboy and chambermaid and assembly-line worker in a meat-processing plant. But these people at the bottom of the economic ladder are only one component of the vast flow of immigrants that has been coming to America in recent decades. America has accepted a lot of people at the top end of the economic ladder such as nurses, engineers, and entrepreneurs. About a quarter of today's newcomers have less than nine years of schooling but another quarter have university degrees — about the same percentage as the native born. When you mix this second group's educational background with the phenomenal personal drive that most immigrants bring, it can prove an unbeatable combination. Just spend some time in Silicon Valley, where foreign-born scientists account for a third of the scientific workforce and Chinese and Indian entrepreneurs run a quarter of the high-tech companies.

The poverty and social backgrounds of many of today's newcomers are, of course, a cause for some concern. There's no question that, like many European nations, the United States today is basically a middle-class country importing a new lower class. That's the point, really, or a big part of the point: America no longer has a lower class, and it turns out that it needs one. But that doesn't necessarily mean these immigrants aren't going to be absorbed by the economy

or do well for themselves by it, because generally they do. In fact, by the time the average immigrant has been in the United States for 10 or 15 years, he or she is usually making more than the average native-born American.

Which brings us to the second component of integration: How are the immigrants' children faring? This is the critical question. After all, the first generation is always transitional. They always live between two worlds, and if they arrive as adults, they never fully integrate. And to some degree, in America today, it's too soon to tell how the second generation is doing. Nevertheless, the evidence is beginning to trickle in, and to me it looks a lot more positive than negative.

Troubling signs do exist. Those who were born abroad — or whose parents were — often start at the bottom of the socioeconomic ladder. They certainly go to some of the worst schools in the country — failing, overcrowded inner-city schools, where many of the native-born students disdain learning and scorn mainstream success. And yes, some second-generation immigrant kids catch this bad attitude from their schoolmates.

But, as a group, these immigrant children come home with a superb report card. One important study conducted over the last decade in San Diego and Miami found that whatever country they come from, across the board, these students work harder than their native-born classmates. They do an average of two hours of homework a night compared with the “normal” 30 minutes. They aspire to greater achievement than American-born students. They get better grades, and they drop out far less often — between a third and half as often. The second generation is likely to outstrip their parents educationally and economically, vindicating the parents' urge to take the risk of coming to the United States to make a better life for their families.

The third key component of assimilation is the question of language. Are today's immigrants learning to speak English? This is an issue of huge concern in the United States — it is probably the greatest fear of those who worry that assimilation is not working — and there is no question, there is undoubtedly a lot more Spanish in the air today than there used to be 20 or 30 years ago. There are signs in Spanish just about everywhere you go. Politicians in heavily immigrant cities and at the federal level are falling all over themselves to learn Spanish. Even corporate America is catching the bug, spending hundreds of millions of dollars a year on advertising in Spanish and even Mandarin Chinese. So it would be easy to surmise that immigrants are not learning English, particularly not Hispanic immigrants, who often live in large enclaves of other Spanish-speaking people, where, some argue, you do not need English to get by.

But when you start to look at some real evidence, it turns out that the conventional wisdom driving people to campaign and advertise in Spanish is quite wrong. According to the Census, about 10 percent of the US population now lives in a household where Spanish is spoken. That sounds like a fairly large number but it turns out to be quite misleading, because for the Census Bureau, even one Spanish speaker — and in many cases, it's an elderly grandparent — is enough to get a family classified as Spanish-speaking. Yet within those households, 85 percent of the kids and 70 percent of the working-age adults speak English well or very well.

This has nothing to do with language classes. America doesn't provide much in the way of language classes. It's mainly about the power and reach of American pop culture. About 60 percent of today's new immigrants come to the United States speaking English well or very well — it's hard to avoid it in the world today, even in a poor village in rural Mexico. Despite the travesty that is bilingual education, virtually everyone who grows up in America eventually learns English. According to the second-generation study, by the end of high school, 98 percent of today's immigrants' children speak and understand English well or very well, and nine out of ten prefer it to their mother tongues.

There are some other important ways that people measure assimilation. Home-ownership is a good indicator that means immigrants are putting down roots and investing in them — as are citizenship and intermarriage — and on all those measures in America today the indications range from pretty good to astonishing.

Let's look first at home-ownership. True, as those who are pessimistic about assimilation are quick to tell you, many recent immigrants are anything but settled. They go back and forth to the old country. They often leave their families at home and maintain strong ties to the old world. But after a while, they settle down. They ask their families to join them or they marry someone they've met in America; and within 20 years, 60 percent of them are homeowners. And by the time they've been in the United States for 25 years, they're actually more settled than native-born Americans — a significantly higher share of them own their own homes.

Similarly, with citizenship. True, today, unlike in the past, it is possible for people from many countries to maintain dual citizenship — and with it, perhaps, troublingly dual or conflicting loyalties. True, naturalization is a slow, gradual process. Among those who arrived in the years since 1990, less than 10 percent have become citizens. But among those who have been in the United States since 1970, as many as 80 percent are naturalized. The point is clear: If you

stay, you eventually join — today, as in the past, you eventually graduate from sojourner to member.

Finally — saving the most stunning numbers for last — there is the ethnic intermarriage rate. Just to give some perspective, until very recently the black-white intermarriage rate in the United States was well under 5 percent but, when it comes to US-born Asians and US-born Hispanics, between a third and a half marry someone of a different ethnicity and by the third generation, according to some demographers, the rates are over 50 percent for both groups.

Naturally, none of these measures really capture the ineffable that is the essence of integration — the sense of fully belonging in a new land and a new culture. Do today's immigrants feel they are truly Americans? Do they place their loyalty to the things we all share as a nation above their loyalties to their groups and their particular ethnicities? Well, relatively few people do, even among the native born. And the mainstream culture hardly encourages it. Many Americans themselves no longer know what it means to be American. Our schools teach at best a travesty of American history, distorted by political correctness and the excesses of multiculturalism and, even in the wake of September 11, few leaders have tried to evoke more than a fuzzy, feel-good enthusiasm for America.

So there's no question that today's immigrants are at a disadvantage compared to yesterday's when it comes to what some people call "patriotic assimilation." But this is as much the nation's fault as it is the fault of immigrants. America is full of self-styled ethnic "leaders" and ethnic-studies professors and ethnic marketers fomenting chauvinism and divisiveness — most of them second or third or fourth generation. But your average, hard-working immigrant is only baffled by identity politics. Today's migrants, like yesterday's, want to make it in America, not live apart in anger and alienation. Their children may be a different matter and we have to reach out to their children in a different way. But given half a chance, there's no one more patriotic than a new immigrant. You should have seen the flags flying in the Mexican American neighborhoods in the wake of 9/11. According to one of the largest and most comprehensive national surveys of Latinos, conducted by the *Washington Post*, 84 percent believe it is "important" or "very important" for immigrants "to change so that they blend into the larger society, as in the idea of the melting pot."

So a picture is beginning to emerge here. It's a mixed picture and, to a significant extent, the jury is still out. But whatever question marks remain, today's

new American immigrants are not spawning a new “rainbow underclass.” There are a lot of reasons for this but by and large, the immigrant integration story that’s developing in America today is a success story. If you have any doubts, just spend some time among the Mexican American middle class in a place like Houston, Texas, or with the first-generation Chinese Americans — and there are quite a few of them — who sit on the board of overseers that runs the California state university system.

So the question is: What can be done, whether in Europe or in America, to encourage and assist immigrant integration? But before I get to that, I want to consider the parallel — or, more precisely, what is parallel and what isn’t — between America and Europe. Certainly, Americans have been dealing with this for a lot longer. This does not mean that we are necessarily better at it: People tackling an issue for the first time often bring a combination of energy and ideas that’s missing among people who have been grappling with a problem forever. But certainly, there are some factors that make this issue a little easier in America.

It helps that there really is no such thing as a hereditary American in the way that there are in effect hereditary Frenchmen and hereditary Germans. America has always been a place where foreigners could show up and participate — maybe not on an equal basis, but still participate — and in most cases, they eventually found they were accepted as full members.

It also helps that we don’t have — and never have had — an established state religion. So neither your religion nor your ethnicity is an a priori obstacle to integration. Finally, crime is not a particular problem among American immigrants, and even in relatively sour economic times, the unemployment rate in the United States is nothing like unemployment rates in Europe.

So there are a lot of ways in which I think we have it easier. And it’s quite possible that the differences between the two continents make the American experience completely irrelevant in Europe.

IMMIGRATION POLICY OUGHT TO BE BASED ON WORK

The primary criterion for whom to let in ought to be who is coming to do a job that needs doing and that native-born people don’t tend to want to do. Sure, humanitarian concerns have an effect on policy. Family reunification has a place and so, of course, does helping refugees. But the main reason people move from one country to another is to improve their lot, usually economically, and the only

real, enduring interest a foreign country has in accepting them is if they're going to contribute. So let's recognize this and make it the basis of policy.

Besides, the more of a premium a country can place on economic migrants — the more clearly it acknowledges those who are economic migrants and the more access it gives them to its labor markets — the better immigrant integration will work. People who work establish roots and relationships. People who work learn the language. People who work eventually better themselves. And people who work earn the respect of their fellow countrymen. Now, as I say, this is a point I spend a lot of time trying to press home, where our essentially family-driven system gets us in trouble because of the way it's out of sync with our labor needs. But if anything, the principle seems even more relevant in America than in Europe. Why not recognize that whatever the political circumstances in countries like Turkey and Afghanistan, many of the migrants from those places are coming to Europe to work and make a better life for themselves? Recognize this, let them work — and reap the rewards, as working helps them to assimilate.

TOO MUCH GOVERNMENT ASSISTANCE IS A MISTAKE

Refugees who for one reason or another can't work may need some help from the government, but this isn't true for most economic migrants — and for them, assistance can be as much a curse as a blessing. All too often, welfare discourages work and the assimilation that inevitably comes with it. In the case of government housing, whether in accommodation centers or elsewhere, the supposedly helping hand of the state encourages segregation. Too warm a welcome creates a false incentive for other would-be migrants, luring more people into the country than can productively work and integrate there. And it only leads the native born to look down on the migrants who receive it, further adding to the difficulty of assimilating.

Of course, all of this begs the question: How much is too much? And I'm not against providing some basic services — whether emergency services or other necessities, as well as any services that spur assimilation. (I'm all for better public schools, for example, and vocational apprenticeships and classes that help people learn to help themselves — teaching them financial literacy and that sort of thing. In some cases, I'm even at the generous end of the spectrum on services. I'm all for allowing even illegal immigrants' children to go to public universities, for example — a big issue in the United States right now.) But I don't think the United States made a mistake in barring immigrants from receiving welfare, and to the degree that's possible in Europe, I urge European policymakers to consider it.

SHORT-SIGHTED, UNREALISTIC LAWS THAT FORCE OTHERWISE LEGITIMATE MIGRANTS TO LIVE UNDERGROUND ARE ONLY GOING TO SLOW THEIR ABSORPTION

This is only common sense. The law-abiding are more likely to fit into society and be accepted there than people who live outside the law and adopt the habits of law-breakers.

The problem in the United States is that although a million immigrants come into the country each year to work, the law only recognizes two-thirds that number — and the other third are forced to sneak in and then to live like fugitives. Not only does this criminalize badly needed productive activity, it also makes an ass of the law — and creates all kinds of obstacles to assimilation. And I'm sure this must be true in Europe, too, where so many who want to work are forced to work illegally, and even those seeking asylum often start their new lives as outlaws. If they are going to come anyway, far better to recognize reality and create legitimate channels.

IT IS NOT A MISTAKE TO MAKE DEMANDS OF IMMIGRANTS

Demands that they learn the language in their new, adopted country; demands that they learn the manners and mores; demands that they eventually become citizens. This is not racist or unduly nationalistic, although this sort of incorporation effort should be as positive as possible — a matter not of sanctions and punishment but of highlighting the allure of the new country. You ask and encourage people to learn the ways of a culture because those ways are the keys to success there. If you're going to require, say, learning the language, you ought to provide and pay for classes. (The government does not need to provide them, but it ought to create incentives so that others do.) This will only work to the degree that newcomers are also allowed to maintain some degree of attachment to the culture they come from.

DON'T ASK PEOPLE TO OBLITERATE THEIR OLD LOYALTIES

America does not ask immigrants to forget about their ethnicity. On the contrary, anyone who knows what makes America great knows that Italian Americans will be Italian, Jewish Americans will be Jewish — and in the 21st century, Latino Americans will be Latino. What we ask, or have asked in the past, is that people learn to balance the two sides of their identity — the ethnic side and the American side. Traditionally, what this meant for most groups

was that at home and on the weekends and in your neighborhood — i.e., in private — you lived your ethnic background, or were free to. But when it came to the workday or the workplace or anything public or official, you were a citizen among citizens and you could be accepted as a full member there in the public sphere, no matter what you did or were at home.

It's true that this traditional balance is out of kilter in the United States today: Our obsessive and insistent multiculturalism has disrupted the age-old balance. We may not be requiring enough of our new immigrants today — or holding out enough in the way of a coherent idea of what it means to be American, and this is a crucial challenge for the United States going forward.

But immigrant absorption cannot work without this balance, because you cannot expect people to simply give up who they are — to throw away the habits they have grown up with and the age-old loyalties that help to make them strong. But you also can't hope to assimilate them unless you permit and encourage full membership. So you have to come up with a notion of membership that allows for some kind of hyphenated existence that isn't second-class. At least that's the formula in America.

So the great question, of course, is whether any of this can work in Europe. I don't think there's any doubt that it is what has made America what it is today. From Anglo-Saxon political traditions to Jewish humor, from the German work ethic to Irish eloquence: Just about everything that makes America great was brought here by an immigrant. But Europe is a very different place, with little or no tradition of immigrant absorption and where people are already anxious that for one reason or another — globalization, modernization — the traditional fabric and character of the society is being eroded. It is easy to understand those concerns and to see why immigration poses a harder challenge in Europe.

In the long run, however, it's a challenge that cannot be avoided. For demographic reasons, because of changing labor needs, thanks to globalization and the ever-accelerating interconnectedness of the world today, immigration is Europe's future whether she likes it or not. Better to recognize it, regularize it, bring it above ground — and get on with the hard business of helping the newcomers assimilate.

CHAPTER 3

FROM IMMIGRANT TO CITIZEN*

JANET MURGUÍA AND CECILIA MUÑOZ

Perhaps the most extraordinary thing about the integration of immigrants in this nation of immigrants is just how much it is being done by the immigrants themselves, with a minimum of effort by government or society at large. Despite widespread hand-wringing that today's immigrants are not learning English or becoming "like us" as they used to, the traditional indicators — English-language acquisition, workforce participation, homeownership, military service, civic participation, and intermarriage — make it clear that immigrants continue to do what they have always done: become Americans relatively quickly. We're getting an enormous return on a tiny investment.

This pattern contrasts radically with the immigration wave of a century ago, when government and private philanthropy — through civics education, English-language outreach, and what was termed "Americanization" — smoothed the path to citizenship and full participation in US society. Ironically, those who worry most about assimilating the current wave of immigrants are doing the least to foster their integration.

The biggest worry focuses on English-language acquisition. Despite the common perception that our immigrant grandparents and great-grandparents adopted the language without much trouble and without any help, most groups followed a three-generation pattern, in which the immigrant adults learned enough English to get by, their children were bilingual with English as the dominant language, and their grandchildren, largely, spoke English only. As for today's immigrants, the vast majority of whom are Latino and Asian, there appears to be no cause for worry. According to the 2000 census, of the people who report speaking Spanish at home, 72 percent also report speaking English "well" or "very well." This proportion for speakers of Asian languages is more than 77 percent. The research on the second and third generations consistently

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shows adherence to the three-generation pattern. For example, a recent report on language assimilation by the Lewis Mumford Center for Comparative Urban and Regional Research in Albany, New York, found that the second generation is largely bilingual; 92 percent of the Hispanics speak English “well,” as do 96 percent of the Asians, though most also speak another language at home. The third generation generally speaks English only.

Despite this success, the integration of immigrants would benefit enormously from an infusion of resources. Among the unmet needs of immigrants are more English as a Second Language (ESL) programs. According to the Center for Adult English Language Acquisition, almost half of the 1.2 million adults in federally funded adult education programs are there to learn English. Waiting lists for class slots are often so long that some immigrants wait months or years before getting a space. Studies by the National Center for Education Statistics suggest a pool of three million or more adults who are interested in ESL classes but not enrolled for a variety of reasons, including the fact that the classes are oversubscribed.

Immigrant communities and their co-ethnics are attempting to fill the ESL class gap; out of more than 300 affiliates of the National Council of La Raza, more than half provide ESL classes to adults, most without public funding of any kind. This pattern is repeated across ethnic groups, church organizations, and other nonprofits, which largely attempt to meet the need with donated classroom space, volunteer teachers, and whatever curricula they can find on the Internet. Essentially, a large part of the national effort to provide English-language instruction for immigrant adults is being carried out with the educational equivalent of duct tape and string.

But English alone will not be enough to help today’s immigrants integrate into American society. While America of the 19th century needed physically able immigrants, economic advancement today now requires an education. The ability of adult-education programs to go beyond basic English skills for immigrant adults, and a successful public-education system for their children, is essential for the full economic integration of today’s immigrants. Similarly, we all have a stake in the extent to which immigrants — who are overrepresented among those who don’t have bank accounts — develop financial literacy and the wherewithal to amass savings for their children’s education or their own retirement. Recently arrived immigrants also are often working in jobs that don’t provide health insurance, and are categorically ineligible for government-funded programs that can provide vital preventive care, health education, and other services important to the broader public health. Even the crises in the Gulf Coast have highlighted the failure of federal and local governments to

communicate about the need to evacuate in languages that all residents could understand; neither the public nor most private relief efforts managed to communicate with all of those affected.

Finally, we need to find a way to help eligible immigrants naturalize. The United States does nothing at all to encourage or assist immigrants in taking this final step. There is no notification when an immigrant or refugee becomes eligible to naturalize, and the process is a confusing, lengthy, and expensive quagmire. The waiting period for a naturalization petition to be adjudicated is rarely less than six months, and in many parts of the country often exceeds one or even two years. At \$320, not including fingerprinting and other costs, the fee is very high compared with any other government processes, like obtaining passports or driver's licenses, both of which involve much more expensive, security-conscious documents. The new agency administering the process, the bureau of Citizenship and Immigration Services in the Department of Homeland Security, has yet to improve upon the reputation of the former Immigration and Naturalization Service for lost files, delays, and other bureaucratic red tape. We'd be well served by changing the system, particularly because those who naturalize have a higher propensity to participate in the political process. In fact, Americans by choice are more likely to vote than Americans by birth.

Unfortunately, there is plenty of talk today about how to keep immigrants out, but hardly any of what to do for those who come in. The absence of anything resembling a public strategy to maximize the speed and depth of their integration is extraordinary. Think about the major policy debates of the last decade, from health care to the Social Security debate, all arguably opportunities to incorporate elements of a broader immigrant-integration strategy in which the discussion simply never happened.

In conservative circles, the discussion is largely focused on cultural issues and fears that assimilation is not taking place. Many dedicate their firepower to the subject of bilingual education, which is intended to support immigrant students in their efforts to move forward in subjects like math and science while they learn English; detractors like to mischaracterize it as a nationalistic effort by organizations like ours, the National Council of La Raza, to preserve Spanish at all costs. As contentious as this debate is, it is focused on a tiny program. In the meantime, fully two-thirds of immigrant students who need to learn English have no access to programs of any kind to help them do so. Surely we can do better for these students than an endless ideological debate about eliminating bilingual programs.

But at least conservatives are talking about *something*. The progressive movement, which once did so much to facilitate the process by which immigrants become Americans, is largely absent from the discussion. Except for ethnic organizations that directly work with immigrant constituencies, progressives tend to say the right things about immigrants and their co-ethnics without really making them a presence in their policy agendas, philanthropic strategies, or institutions.

This is in stark contrast to the progressive movement of 100 years ago, when multiple sectors of American society made extraordinary investments in the integration process, undertaking major reforms on a scale that is almost unimaginable today. These investments, which were aimed directly at immigrant integration, created at least two major American institutions: the public schools and the adult-education system. Similarly, philanthropy of the late 19th and early 20th centuries focused substantial investment in the assimilation of new immigrants, including the expansive settlement-house movement and the creation of the modern public-library system by industrialist-turned-philanthropist Andrew Carnegie. Other innovations were a little more indirect: By telling the story of immigrant living conditions in *How the Other Half Lives*, Jacob Riis inspired significant tenement reforms; 16 years later, Upton Sinclair wrote *The Jungle*, a fictional but authentic accounting of the immigrant experience in the meatpacking industry that horrified the nation and led to the enactment of major labor laws. Indeed, the history of the labor movement in the United States is deeply intertwined with our immigrant history, as is the development of major political machines in major cities. Say what you will about Tammany Hall, it encouraged citizenship and voting by giving immigrants a direct stake in the electoral process.

By contrast, immigrants and the impact of immigration rarely appear in much of the current progressive debate on social issues. The big exception to this may be some parts of the labor movement. It is no accident that, for the most part, the only unions that are growing are the ones organizing in industries populated by immigrant workers. These unions, especially the Service Employees International Union and the newly merged UNITE HERE (representing the hotel, restaurant, and garment industries), led an effort that reversed the AFL-CIO's traditionally restrictionist posture and allied it with the immigrant-rights movement. But the labor movement as a whole is still deeply ambivalent about the presence of immigrants in the workforce and the country, which may contribute to the broader progressive movement's silence on immigrant issues, including integration.

Similarly, few if any of the major voices on education policy have anything to say about the students who are either immigrants themselves or the children of

immigrants still learning English (English Language Learners, or ELLs). Despite the fact that ELLs now constitute more than 10 percent of students in our schools, and more than twice that proportion in key urban areas, the public-education system is largely unresponsive, and the gap in educational outcomes between these students and their peers is not narrowing.

And these gaps are stubborn. Many a suburban school continues to be labeled “in need of improvement” because of the struggles of its ELL students (along with special-needs students). This has led to a vigorous debate about the fairness of the tests for students whose native language is not English. In some cases the discussion focuses on testing students in a language they understand in order to measure what they know (it’s hard to know their capacity in math if they can’t get past the instructions on the test). This discussion is inevitably controversial because it bumps up against the familiar suspicion that those seeking these assessments are really anti-English ideologues. The alternative, which is raised distressingly often, is to exempt ELL students from assessments altogether, which relieves the immediate pressure on schools and teachers but also dismantles the entire accountability structure for educating this group of students. For schools under enormous pressure from all sides, it’s difficult to imagine that such a scenario would result in better outcomes for immigrant youth.

Efforts to expand the number and quality of programs to teach English language and literacy to adults are also limited to a few lonely voices in the wilderness. The notable exceptions are innovative state-level ESL and naturalization initiatives in Illinois and New York, the product of savvy and effective advocacy campaigns by immigrant coalitions. These initiatives are notable in that they are so rare. Federal resources for adult ESL education expanded briefly during the Clinton administration, but have either remained stagnant or declined ever since.

Aside from persistent advocacy from within the immigrant-rights movement itself, improvements in the naturalization process are also absent from the progressive agenda, though it must be said that when then–Vice President Al Gore proposed to facilitate the naturalization of immigrants, he was pilloried for supposedly politicizing the process. (By drafting an internal memorandum suggesting ways to streamline a badly backlogged naturalization process, the vice president became the subject of congressional inquiry and a media firestorm focused on the notion that he was “cheapening” the process in order to crank out voters who would likely cast ballots for him in 2000.) But when Republicans have taken steps to make naturalization more difficult by increasing fees, revamping the naturalization exam, and other measures, the left has been silent. The generous explanation for this silence is the fear of

the kind of political reprisals faced by Gore; the more likely explanation is indifference.

Indeed, Republicans are outsmarting progressives, particularly when it comes to reaching the intrepid immigrants who have survived the naturalization process, airing campaign ads in Spanish as well as English and courting votes. This is a new phenomenon, road tested in the most recent presidential election, and right now it is more style than substance. Nonetheless, the portion of the Republican Party that is not engaged in immigrant-bashing is poised to make a serious investment in moving immigrant voters into its ranks.

The progressive movement should take note. This political transformation is not inevitable, but it is indeed possible, and it is one area of integration in which a serious investment is being made. Progressives, however, have been largely missing in action on this front, assuming that Latino and Asian immigrants and their co-ethnics are part of the “base.” There are plenty of other good reasons to invest in immigrant integration; perhaps this is the one that will shake the left out of its complacency.

CHAPTER 4

TODAY'S SECOND GENERATION: GETTING AHEAD OR FALLING BEHIND?

ROGER WALDINGER AND RENEE REICHL

INTRODUCTION

The United States is once again a country of mass immigration — testimony to its undiminished capacity to provide newcomers opportunities to better their lives. Comparison to the circumstances newcomers leave behind makes it clear that arrivals from abroad generally do well for themselves by moving to the United States. Two decades of scholarship suggest, however, that while conditions for newcomers may certainly be improving, they are not at a pace needed to catch up with the native born. In the long run, however, the fate of immigrants may not be the central issue. They, after all, are a transitional generation, caught between here and there. What is more important are the prospects for integration and social and economic mobility of the *second generation* — the US-born children of immigrants.

As the fate of today's second generation is still unfolding, research has not yet produced a definitive analysis of the paths that the children of immigrants are likely to follow. The most pessimistic scenario, formulated by sociologists, is associated with the hypothesis of segmented assimilation.¹ It contends that a sizeable portion of today's second generation — especially the children of working-class immigrants — may be a “rainbow underclass” in the making, comprised of those who have failed to acquire the skills needed to move ahead and of those who are disconnected from regular participation in the labor market. The more conventional perspective posits “assimilation” of the second generation as some progress beyond their parents' socioeconomic status. This modestly optimistic view is almost surely correct, at least as concerns the great majority.

1 See A. Portes and R. G. Rumbaut, *Legacies: The Story of the Immigrant Second Generation* (Berkeley, CA: University of California Press, 2001).

On the other hand, relative, not absolute progress may be the more important factor: Divergence from the parental generation does not necessarily imply convergence with the dominant or majority group (i.e., native-born whites). For example, convergence may be postponed or precluded if the second generation never quite succeeds at educational catch-up and if income growth is largely concentrated among workers with the most schooling. The question of which contrast counts is also a matter of perception: The high school-educated children of barely literate dishwashers or factory workers may well outpace their parents, but be unable to attain the very middle-class American dream that teachers, media, and peers have been exhorting from day one. If over time their prospects remain bleak and they find themselves stagnating in lower socioeconomic ranks (joining historically underprivileged groups), second-generation youth may also conclude that their search for advancement has stalled and resign themselves to lower educational and occupational outcomes.

In this chapter we focus on the experience of the contemporary second generation, examining their most salient educational and labor market characteristics: What is the ethnic, national origin, and age composition of today's second generation? How does the second generation compare to first- and third- (and later) generation Americans in terms of educational attainment and attachment to the workforce? Are they becoming economically self-sufficient? Are they getting ahead or falling behind in America?

The chapter begins by depicting overall numbers and trends, comparing the characteristics of the second generation to that of the first. We then move on to our key concern: gauging progress made by US-born children of immigrants by examining key indicators regarding schooling, employment, and earnings. We pay special attention to the Mexican-origin second generation who represent a quarter of the entire second-generation population and more than a third of the second-generation children under age ten. Our goal is to examine whether the rainbow underclass hypothesis is well-founded and supported by evidence (especially in the case of the Mexican-origin second generation). The analysis involves a series of contrasts: by generation, gender, national origin, and race/ethnicity to determine whether and to what extent the second generation is diverging from their parents, their white peers (the dominant group), and African American peers (the underprivileged group).²

2 A word of caution is in order: Although we compare the generation and origin groups in terms of their educational and work characteristics, we did not test the group differences for their statistical significance. As such, our analysis provides only a descriptive portrayal of group differences.

DEFINITIONS AND DATA

The second generation is still an emerging phenomenon. It has an unusual age structure, strongly skewed toward youth and reflecting the ebbs and flows of immigration over an extended, almost century-long period. Most importantly, adult offspring of immigrant parents from the Americas and Asia remain a comparatively small group. With the exception of Mexicans, the numbers are too small for disaggregating by distinctive national origin. Consequently, we have grouped all second-generation persons into one national category, Mexicans, and three global categories: Europeans/Canadians/Australians (to be referred to as Europeans/Canadians), “other Americas” (all countries in the Western hemisphere *except* Mexico and Canada), and “Asians” (including *all* countries in Asia, whether in eastern or western Asia). While these global categories undoubtedly conceal a good deal of internal heterogeneity, further breakdowns would not yield reliable numbers; for now, this is the best that we can do.

We define the *first generation* as persons who were born abroad (i.e., our definition includes children born abroad to US citizens, persons from US outlying territories, persons who acquired US citizenship through naturalization, and non-US citizens). The *second generation* consists of persons born in the United States, with at least one foreign-born parent. Finally, the *third generation* consists of persons born in the United States to parents also born in the United States. Though we will refer to this latter group as a “third generation,” in reality it is a “third-plus” generation, as many have ancestors whose residence in the United States dates back several generations. Given our interest in generational differences, we restrict our third generation to two groups of native born that comprise the great bulk of America’s third generation population: whites and African Americans. Any reference to whites or African Americans only extends to third generation members of these groups.³

The chapter draws on a variety of statistical sources. As is well known, the great workhorse of the American statistical system — the US Census of Population — is of limited use for this purpose, as it ceased asking questions about parents’ place of birth in 1970, making it impossible to track the children of immigrants once they had moved out of their parents’ home. We use Census data for the 1970 results. For later years, we fall back on the Current Population Survey (CPS), which began asking respondents about their parents’ nativity on a periodic basis, starting in 1979, and began doing so on a regular

3 In the following narrative, the terms “foreign born” and “immigrant” are used interchangeably.

basis in 1994. Reliance on CPS entails drawbacks of its own, mainly the survey's small sample size. Consequently, we have followed a now common practice of combining (or concatenating) several survey years to increase the sample size.⁴

THE NEW SECOND GENERATION COMES OF AGE: A DEMOGRAPHIC PROFILE

ORIGINS OF THE FIRST AND SECOND GENERATIONS

The shift in national origins — from Europe to other parts of the world — is perhaps the single most distinctive aspect of post-1965 US immigration. Since hitting its nadir in 1970, when the foreign born accounted for just over 5.4 percent of the US population, immigrant numbers have been steadily rising. In 2004, nearly 13 of every 100 persons living in the United States were born abroad. National origins have transformed as numbers have grown (see Table 1). Although, in 1970, the great bulk of the foreign-born population originated in Europe and Canada, the relative size of that group quickly eroded, tumbling to less than 20 percent by 2004. By the turn of the 21st century, the foreign-born mix was overwhelmingly dominated by persons of non-European origin, with Mexicans and a diverse group of immigrants from Asia each comprising roughly 30 percent.

The transformation of the second generation, however, has been a more protracted development, clearly in evidence, but far from complete. The legacy of the era of mass migration took the form of a large second generation, dominated by cohorts born roughly between 1905 and 1925, tailed by a smaller, though not insignificant group, born in the succeeding 15 years. Those immigrant offspring were later augmented by the descendants of the smaller waves of European immigrants who arrived during the 1930s, and again, in the immediate post-World War II period. In contrast, the “new immigration” from Asia and the Americas is still of quite recent vintage. Many of today's major groups are very recently arrived: For all practical purposes, Vietnamese and Central American immigration dates from the late 1970s.

Consequently, in relative size and composition, today's second generation has evolved in ways far different from that of the first wave. As of 1970, second-generation persons comprised 11.5 percent of the US population; that propor-

4 This report principally relies on merged data from the 1997, 1999, 2001, and 2003 CPS; as the year 2000 falls in the midpoint among these years, we will refer to this merged sample as the “2000” survey.

TABLE I. WEIGHTED PERCENT OF FIRST AND SECOND GENERATION BY ORIGIN, 1970 TO 2004

	1970	1979	1990	2000	2004
First Generation					
Canada/Europe/Australia	68.8	48.7	33.2	20.2	17.1
Asia	9.1	21.2	23.2	26.3	28.9
Mexico	9.7	15.2	24.8	27.9	28.8
Other Americas	11.4	13.6	17.4	23.3	22.8
Africa	1.1	1.2	1.5	2.4	2.4
Total	100.0	100.0	100.0	100.0	100.0
Second Generation					
Canada/Europe/Australia	87.8	81.3	32.9	43.4	34.9
Asia	2.8	4.3	23.6	15.1	19.4
Mexico	6.9	10.2	25.5	26.1	28.5
Other Americas	2.3	3.9	16.8	14.2	15.5
Africa	0.3	0.3	1.2	1.2	1.7
Total	100.0	100.0	100.0	100.0	100.0

Sources: 1970 IPUMS; 1979 November CPS; 1989 November CPS; 1997-2003 March CPS; 2004 March CPS

tion has slightly declined over time, falling to 10.4 percent as of 2004. Thus in relative size, the two groups have flipped: Formerly less than half the size of the second generation, the foreign born are now a good deal more numerous.

Likewise, national origins have also changed, while still reflecting the impact of the immigration patterns of the first half of the 20th century. Thirty-five years ago, European origins were far more prevalent among the second generation (see Table 1). While the mix has since changed greatly, the ranks of immigrant offspring still retain a European plurality (34.9 percent). Moreover, the US-born children of the recent arrivals have only begun to make their mark: note the large proportion of the second generation with Mexican-born parents (28.5 percent), reflecting the long-standing nature of Mexican immigration to the United States, and the much smaller share maintained by very diverse Asian-origin second generation (19.4 percent). Surely, this will all shift in the years to come. Still, the nature of the demographic processes at work — having

to do with mortality rates among the aging descendants of the European immigrants and fertility differentials among the new immigrants — means that the composition of the second generation will continue to look quite different from the first generation for quite some time.

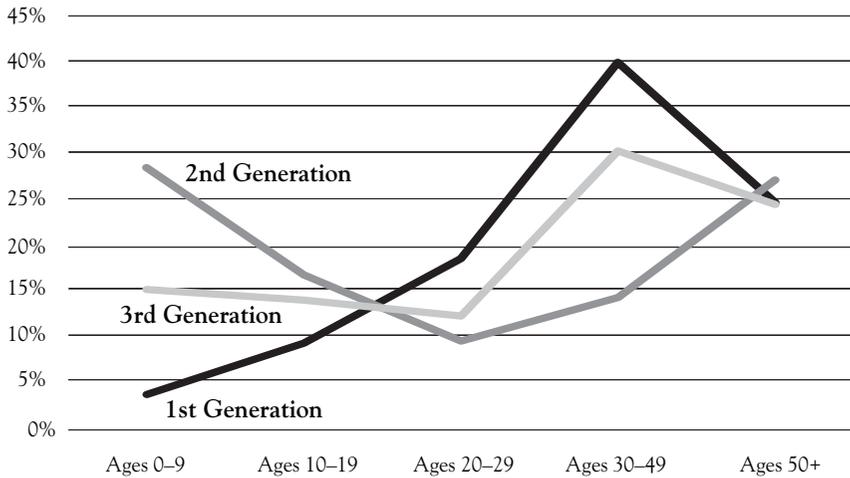
In terms of national origins, Mexicans accounted for 28.8 percent of all foreign-born persons living in the United States, as of 2004. No single country of origin was remotely as numerous; Filipinos, the next largest group, made up only 4.4 percent of the foreign born. Seven of the ten largest sending countries were either in Asia (China, India, Vietnam, and Korea) or in the Americas (Cuba, Canada, and El Salvador). The national origins of the second generation, however, take a very different form. Though Mexicans predominate (accounting for 25 percent), the legacy of earlier immigrations can still be readily detected: Italy, Russia, Poland, Germany, Canada, England, and Ireland still rank among the top ten countries of origin among the second-generation population. However, if the focus is on the very young, a different profile is emerging: The national origins of second-generation children ages ten or under closely resemble the national origins of the foreign-born population. However, there is one key exception: Mexican-origin persons account for 36.5 percent of this group, as opposed to 28.8 percent among the foreign born.

DIFFERENCES IN AGE STRUCTURE BETWEEN THE FIRST AND SECOND GENERATIONS

Age structure provides another significant dimension of variation. Migration is a selective activity, most likely to be undertaken by younger adults. The age distribution of the foreign-born population highlights this propensity, as children are under-represented and adults aged 20 to 29 and 30 to 49 are over-represented among this group (see Figure 1). The age structure among the second generation takes a very different, U-shaped form, with the largest groups either younger than ten or older than 50 and a small population of prime-age adults. This distinctive U-shape reflects the discontinuities in America's migration history. The large cohort at the older end of the age structure represents the US-born children of the immigrants of the last age of mass migration. The even larger cohort at the young end of the age structure is the offspring of today's arrivals. By contrast, the cohorts of prime-age adults are persons born in the United States between the end of World War II and the very early 1980s.

Controlling for national origin provides an important refinement. The second generation with origins in Europe, Canada, or Australia is an especially old group: Almost 60 percent are 50 years of age and above. By contrast, young

FIGURE I. PERCENT OF TOTAL POPULATION BY GENERATION AND AGE GROUP, 2000



Source: Current Population Survey, March 1997-2003.

children predominate among all the other national origin categories: Among second-generation persons with origins in Mexico, elsewhere in the Americas or Asia, well over 40 percent were younger than ten years old as of 2000. About 70 percent in all three national origins categories were under age 20.

We argue that the distinctive age structure of the second generation implies that the advent of a “new” second generation has yet to yield its full effect. As of now, the institutional impact is mainly felt by the schools, especially those in the major immigrant-receiving cities, where growing immigrant numbers have produced a large population of school children of immigrant origins. In contrast, the impact on the labor market is far more modest due to the small size of the prime-age worker cohort of today’s second generation.

In terms of national origin, US-born offspring of Mexican immigrants — the children of America’s lowest skilled immigrants — will comprise the overwhelmingly largest group of the second generation. Other national origin groups such as Salvadorans and Dominicans that have similar social and economic characteristics will add a smaller, but still substantial component to the new second generation moving into the labor force. Though most of the new

second-generation children are still in school, the base size of the population is such that small proportions translate into large numbers of second-generation persons, already either in the labor force or making the transition from school to work. Acknowledging that the future is always unpredictable, the remainder of this chapter focuses on the education and employment of youth and young adult members of the second generation. While partial, their current experience in the worlds of school and work is sufficiently extensive to offer at least a reasonable benchmark from which to make forecasts.

FROM SCHOOL TO WORK

Schooling is a prerequisite for advancement in the 21st-century United States. A critical hurdle is obtaining a high school diploma, a credential which a large and rising share of prime-aged native-born adult Americans has attained. A large proportion of immigrants, however, arrive in the United States with just a few years of secondary schooling and many possess less. Thus, for immigrants' offspring to move beyond their parents, graduation from high school often represents a major leap. However, the fact that low-skilled immigrants are employed at impressively high rates may mean that a failure to complete high school may not have equally negative effects for all. To examine this crucial passage, we begin by looking at the transition from school to work.

YOUTH, AGES 16 TO 20

School enrollment is lowest among first-generation Mexicans 16-20; only 40 percent of whom are in school (see Table 2). Going to school is much more common among all other first- and second-generation groups, with rates generally hovering either around or above the level for third-generation whites and substantially above the level for African Americans. Among the second generation, enrollment rates of persons originating in Europe, "the other Americas," and especially Asia compare favorably with the pattern for third-generation whites. Not surprisingly, all groups report lower full-time enrollment rates. Relative to whites, the Asian advantage in full-time enrollment rates is even greater than for enrollment of all types; whether one focuses on general or full-time enrollment rates, African Americans appear equally (and slightly) disadvantaged.

In general, individuals who leave school early suffer a greater risk of joblessness. Among third-generation whites, 71.4 percent of males and 65.1 percent of females report having a job (see Table 2, "Youth aged 16-20" panel). Overall, employment rates for out-of-school youth from most first- and second-generation groups fall below the level enjoyed by whites; the gap, however, is modest.

TABLE 2. PERCENTAGE TEENAGERS (AGES 16 TO 20) IN SCHOOL BY NATIONALITY AND GENERATION, 2000

Enrollment types	All	Full-time	All	Full-time
	First Generation		Second Generation	
Canada/Europe/Australia	72%	69%	72%	67%
Asia	77%	73%	79%	76%
Mexico	40%	35%	64%	57%
Other Americas	61%	56%	72%	68%
	Third Generation			
Whites	66%	62%		
African Americans	62%	59%		

Source: Current Population Survey March 1997-2003.

The group least likely to be in school, immigrant Mexicans, is also the group most likely to be at work: 81.3 percent of out-of-school men in this group hold a job. By contrast, out-of-school African Americans appear the least likely to have moved from school to a job: Whether male or female, less than half of African Americans out of school hold a job. Young African Americans are particularly disadvantaged, holding jobs at less than 60 percent of the rate for out-of-school whites.

YOUNG ADULTS, AGES 21 TO 25

As compared to their younger counterparts, adults aged 21 to 25 are far less likely to be enrolled in school. In this age range, just over a quarter of third-generation whites are in school (see Table 3). At this modest level, whites are outdistanced by a number of groups: Close to half of the Asian foreign born and second generation are still in school; enrollment rates for Europeans/Canadians, both first and second generation, as well as second-generation persons with origins in the “other Americas” compare favorably with the pattern displayed by whites. As young adulthood is also the prime age for migration (especially among the low-skilled), school enrollment is rare among Mexican immigrants; by contrast, enrollment among second-generation Mexicans falls just modestly below the level for whites. While rates of full-time enrollment are lower for all groups, whites lag behind first- and second-generation persons of

TABLE 3. PERCENTAGE YOUNG ADULTS (AGES 21 TO 25) IN SCHOOL BY NATIONALITY AND GENERATION, 2000

Enrollment types	All Full-time		All Full-time	
	First Generation		Second Generation	
Canada/Europe/Australia	34.9%	28.8%	34.0%	27.9%
Asia	44.8%	38.8%	45.3%	36.8%
Mexico	7.3%	4.7%	24.4%	15.4%
Other Americas	22.4%	16.4%	38.8%	31.4%
	Third Generation			
Whites	27.2%	21.7%		
African Americans	22.7%	17.6%		

Source: Current Population Survey March 1997-2003.

European/Canadian and Asian origin, as well as second-generation young adults of origin in the “other Americas.” For Mexican immigrants, however, the full-time enrollment rate is a fifth of the white level; the Mexican second generation does much better, but in comparison to whites, only three quarters as many Mexican American young adults are studying full-time.

Although youth is a period of protracted transition from school to work, the early adult years tend to yield stable job attachment. Overall, 83 percent of out-of-school young men and 71 percent of young women in this age range are working. Among men, Mexican immigrant men work at the highest rates of all (88.6 percent) (see Table 3, “Youth aged 21-25” panel). Job-holding rates among other foreign-born and second-generation individuals do not fully match up to that of white men (86.8 percent), though the gap ranges from a percentage point for European/Canadian foreign born to 10 percentage points for the second-generation “other Americas” men. A similar pattern holds true for women, with the notable exception being Mexicans: Whether first or second generation, their employment rate lags 34 and 10 percentage points, respectively, behind the employment rates of white women (76.6 percent). That disparity notwithstanding, Mexican female employment rates rise from 42.3 percent to 66.6 percent between the first and second generations.

Although the job-holding gap among African Americans ages 16-20 narrows in the 21 to 25 age range, African Americans remain at a great disadvantage.

African American men do particularly poorly, working at rates substantially below those of all other groups. African American women, by contrast, have employment rates roughly comparable to those of immigrant women from Asia and the “other Americas,” as well as second-generation Mexican women.

As noted earlier, the bleaker social science view forecasts the emergence of a rainbow underclass scenario, in which the offspring of working-class immigrants fail to acquire the skills they need to get ahead and, if they drop out of school, to barely enter the labor force. As a result, they join a population locked out of the labor force on a long-term or, perhaps, even permanent basis. The patterns reviewed above provide little support for this pessimistic assessment. The group least likely to stay in school — Mexican immigrants — are also the most likely to be at work, a pattern that persists to older ages, as we shall see below. In all likelihood, the low enrollment rates capture the behavior of both Mexican-born, but US-raised youth, as well as young Mexican immigrants, who move right from Mexico into employment in the United States. For these young newcomers, as with older immigrants from Mexico, the strength and prevalence of networks connecting veteran settlers with newcomers provide relatively easy access to US workplaces, albeit at poorly paid jobs.

By contrast, we find that second-generation Mexican youth maintain enrollment patterns fairly close to whites’ levels. To be sure, the fall-off in school enrollment is greater among young Mexican adults in the college-attending ages, with the full-time enrollment rate dropping noticeably. Nonetheless, out-of-school second-generation youth of Mexican origin tend to be working; young adults in their early 20s maintain employment rates close to the white level, suggesting that difficulties in securing employment experienced by the slightly younger group (aged 16 to 20) are a transitional phenomenon. The pattern among second-generation Mexican women, who are both advancing well beyond the schooling levels of the first generation and maintaining higher employment levels, is particularly striking. Thus, there is ample evidence of integration, though the sharp drop-off in school enrollment rates among young adults suggests that, whether male or female, relatively few young second-generation Mexican adults will complete college, a factor that will surely limit their ability to catch up with whites in terms of economic rewards.

Regarding the other first- and second-generation groups, caution needs to be taken given the global nature of the categories used in this chapter. However, there is certainly no support for the notion of a rainbow underclass. The data for Asians, both foreign and native born, point in the direction of a very

positive outcome, a pattern consistent with the findings of other studies.⁵ The chief source of concern, rather, involves African Americans, and particularly men, for whom a “youth employment crisis” identified well over two decades ago does not seem to have abated. Moreover, employment difficulties experienced in the late teenage and early adult years prove more persistent than among all other groups, a pattern evident among prime-age adults as well.

THE WORKING-AGE POPULATION

This section focuses on adults between ages 25 and 65, with a particular focus on employment, wages, and non-monetary forms of compensation. As economic attainments are likely to be influenced by the skills that workers bring to the market, we begin by examining changes in both the absolute and relative levels of their education.

EDUCATIONAL LEVELS

A paradox of the new immigration patterns is that the influx of a large group of low-skilled workers occurs just as the American economy shifts to ever higher levels of skill intensity. Less-skilled workers have seen earnings growth stagnate as demand has shifted to workers with higher levels of education. Employment in manufacturing has also eroded as low-skilled production jobs have moved overseas. In the view of many researchers, the decline of manufacturing accounts for the persistent employment problems experienced by less-skilled African American men. At the same time, components of both the native and the immigrant labor force have engaged in substantial skill upgrading. The past three decades have witnessed a large growth in the size of the college-educated domestic population; likewise, significant numbers of highly skilled immigrants have entered the US economy. How second-generation Americans fit into this evolving skills structure will determine their access to employment and the jobs and compensation they attain.

As shown in Table 4, the relative size of the less-educated labor force has been in sharp decline for over 30 years. While 48.5 percent of all adults did not possess a high school degree in 1970, by 2004, only 12.1 percent had failed to finish high school. Although these declines are found among every group, there are considerable inter-group differences in educational progress.

5 See M. Zhou, “Contemporary Immigration and the Dynamics of Race and Ethnicity,” pp. 200-242 in N. Smelser, W. J. Wilson, and F. Mitchell, eds., *America Becoming: Racial Trends and Their Consequences*. Volume I. Commission on Behavioral and Social Sciences and Education, National Research Council. Washington DC: National Academy Press, 2001.

TABLE 4. PERCENT WITH LESS THAN HIGH SCHOOL EDUCATION, ADULTS (AGES 25 TO 65) 1970, 2004

	1970	Difference from whites (1970)	2004	Difference from whites (2004)	Percent change from 1970
First Generation					
Canada/Europe/Australia	48.8	8.7	6.1	-0.4	-88
Asia	31.5	-8.6	9.5	3.0	-70
Mexico	81.2	41.1	58.0	51.5	-28
Other Americas	48.3	8.2	26.5	20.0	-45
Second Generation					
Canada/Europe/Australia	40.2	0.1	2.9	-3.6	-93
Asia	24.6	-15.5	3.6	-2.9	-85
Mexico	69.1	29.0	16.9	10.4	-76
Other Americas	31.6	-8.5	2.4	-4.2	-93
Third Generation					
Whites	40.1	-	6.5	-	84
African Americans	65.5	25.5	12.1	5.6	-81
Total population	48.5	8.4	12.1	5.6	-75

Sources: 1970 IPUMS; 2004 March CPS.

Among immigrants, Mexicans have consistently been the least educated. In 1970, eight out of ten adult Mexican immigrants lacked a high school degree; in 2004, the proportion fell to just under six in ten (see Table 4). This gradual decline, however, was out of line with the shifts experienced by other groups. Thus, for Mexican immigrants, the education gap with whites and other groups actually grew. A somewhat different story holds true for the second-generation Mexican adults, who in 1970 were an overwhelmingly less-educated group. However, over time, they experienced a substantial educational upgrading, as the share of the Mexican second generation without a high school degree fell from 69 to 17 percent between 1970 and 2004.

The proportion of college-educated workers grew rapidly during the same period, though the rate of growth at the high end of the educational spectrum was

TABLE 5. PERCENT WITH A COLLEGE DEGREE, ADULTS (AGES 25 TO 65) 1970, 2004

	1970	Difference from whites (1970)	2004	Difference from whites (2004)	Percent change from 1970
First Generation					
Canada/Europe/Australia	10.9	-0.9	42.2	10.5	286
Asia	35.4	23.6	51.2	19.5	45
Mexico	2.2	-9.7	5.7	-26.0	166
Other Americas	12.1	0.3	21.2	-10.5	76
Second Generation					
Canada/Europe/Australia	12.2	0.4	42.6	10.9	251
Asia	16.2	4.4	57.4	25.7	256
Mexico	3.2	-8.6	14.1	-17.6	334
Other Americas	15.1	3.3	41.3	9.6	174
Third Generation					
Whites	11.8	-	31.7	-	169
African Americans	4.7	-7.1	17.8	-13.9	277
Total population	10.2	-1.6	29.8	-2.0	192

Sources: 1970 IPUMS, 2004 March CPS.

not as sharp as the rate of decline at the low end. In 1970, a college education (or higher) was relatively rare, possessed by one in ten adults; by 2004, it had become a good deal more commonplace, with about a third completing college (see Table 5).

Whites have consistently lagged behind a number of first- and second-generation groups. In 1970, the relatively small group of Asian immigrants residing in the United States already possessed a markedly high-skilled profile; by 2004, more than half of Asian-born adults had a college diploma. Even more notable is the shift among Asian second-generation adults, who already enjoyed a slight lead over whites in 1970, but are now almost twice as likely to have earned a college degree.

Groups that lagged in 1970 have made little progress toward reducing the gap. A college education was rare among Mexican immigrants in 1970. At the time, it was almost as scarce among African Americans and second-generation Mexican adults. A college education remained highly uncommon among Mexican immigrants throughout the intervening years; as a result, Mexican immigrants were just as disadvantaged at the turn of the 21st century as they had been three decades before. Levels of college education rose more rapidly among second-generation Mexicans and African Americans. Although the increasing educational attainment of these two groups narrowed the gap, it still left them well behind whites.

To sum, we find that the educational levels of the workforce have risen sharply over the past three decades. At the same time, the ranks of the least skilled immigrants, arriving with schooling levels far below the norm for any native group, have burgeoned. As noted, one can detect a change toward a better-educated migrant flow from Mexico, but the shift is so slight that the educational attainment gap separating Mexicans from whites has actually grown.

Other groups that were highly disadvantaged in 1970 — most notably the US-born offspring of Mexican immigrants and African Americans — have made considerable strides since then, as evidenced by a sharp fall-off in the proportion of persons lacking a high school degree. That progress, however, has not matched the rate of change among whites. Thus, although only a small minority of second-generation Mexicans and African Americans possess low levels of schooling, the share of those with less than a high school degree remains disproportionately large.

A college education is far more common in 2004 than it was in 1970, a statement that holds for almost all groups except Mexican immigrants. Compared to their parents, members of Mexican second-generation are more likely to possess a college degree; however, they still lag behind whites. Low levels of college completion are likely to translate into depressed earnings capacity among the Mexican second generation, to the extent that the economy continues to pay a premium for levels of schooling including college completion.

LABOR MARKET OUTCOMES

Employment provides the best gauge for assessing the contention that the offspring of today's working-class immigrants are likely to enter the ranks of a rainbow underclass. Although there are many ways to define the "underclass," William Julius Wilson's description of a world where "work has disappeared"

captures the phenomenon's central trait.⁶ In this section we compare rates of current employment as an indicator of labor force attachment. The sections that follow examine other kinds of labor market outcomes, namely, groups' earnings and health and pension coverage.

EMPLOYMENT

In the years since 1970, employment trends for men and women have followed two very different paths, with job-holding rates eroding modestly among men, while increasing substantially among women. In 1970, 87 percent of adult males were employed. By 2004, only 82 percent of men were holding a job. This overall shift closely corresponds to the trend among white men and among most first- and second-generation men (see Table 6). Paradoxically, given the economy's evolving structure of skilled work, the great exception to employment decline occurs among the one group — Mexican immigrant men — that should be most at risk of job loss. While Mexican immigrant men were less likely than white men to be employed in 1970, they have consistently become more likely to hold jobs (see Table 6). US-born men of Mexican origin have seen a slight erosion in job-holding, with employment rates always remaining just a few percentage points below the white level. The most severe decline in job-holding has occurred among African American men. Already a good deal less likely than whites to be employed in 1970, barely seven out of ten African American men were employed in 2004.

For women, the story is quite different: In 1970, 46 percent of adult women were working; by 2004, the figure stood at 68 percent. Employment rose among all groups, though the increase started from disparate beginnings and changed at varying rates. The sharpest gains were made by second-generation Mexican women: 38.8 percent were employed in 1970 and 70.2 percent in 2004 — essentially equivalent to white women (70.5 percent) (see Table 6). That pattern differs from the experience of Mexican immigrant women, among whom job-holding rates rose from very low levels recorded in 1970, but at such a slow pace that they fell further behind whites, in both absolute and relative terms. Unlike their male counterparts, African American women increased job-holding rates in the years after 1970; however, the pace of change was modest, with the result that employment rates, which earlier had exceeded those of white women, subsequently slipped below the white job-holding level by 2004.

This review of employment patterns finds little support for the view that the new second generation may be a rainbow underclass in the making. The

6 See W. J. Wilson, *When Work Disappears: The World of the New Urban Poor*, New York: Knopf, 1996.

TABLE 6. PERCENT EMPLOYMENT AMONG ADULTS IN THE LABOR FORCE BY GENERATION AND ORIGIN (AGES 25 TO 65), 1970 TO 2004

	1970	1980	1990	2000	2004
MEN					
First Generation					
Canada/Europe/Australia	88.7	87.9	83.6	84.5	83.4
Asia	87.8	83.4	85.0	84.4	86.4
Mexico	84.9	87.9	85.4	87.6	87.3
Other Americas	89.1	88.4	81.6	85.1	84.9
Africa	84.3	92.9	82.2	85.1	84.7
Second Generation					
Canada/Europe/Australia	90.0	81.8	79.6	81.2	82.6
Asia	93.6	90.0	88.8	84.0	83.6
Mexico	86.3	85.6	78.0	80.9	81.1
Other Americas	88.6	78.6	83.3	84.7	83.6
Third Generation					
Whites	89.1	87.8	86.7	85.0	83.2
African Americans	80.3	77.8	73.7	73.3	69.7
WOMEN					
First Generation					
Canada/Europe/Australia	43.9	52.6	59.0	62.9	62.9
Asia	47.4	56.7	60.7	63.4	62.6
Mexico	30.8	38.2	42.6	47.5	45.3
Other Americas	54.6	59.8	58.2	64.3	66.0
Africa	38.9	59.2	62.5	63.2	62.5
Second Generation					
Canada/Europe/Australia	46.2	52.2	60.4	69.1	69.9
Asia	58.5	62.0	68.4	74.3	68.3
Mexico	38.8	51.5	54.4	66.7	70.2
Other Americas	54.7	55.3	60.0	75.0	84.0
Third Generation					
Whites	43.8	57.3	68.1	71.5	70.5
African Americans	52.8	58.7	62.9	68.4	67.4

Sources: 1970 IPUMS; 1979 November CPS; 1989 November CPS; 1997-2003 March CPS; 2004 March CPS.

experience of second-generation Mexican women, in particular, is at odds with the predictions of this pessimistic scenario: Labor force attachment is far stronger in the second, as opposed to the first generation, yielding strong evidence of convergence, *not* divergence, with the dominant group. The trends among Mexican men differ, in part, because employment rates among the first generation are exceptionally high, an aspect probably intrinsic to the immigrant phenomenon itself and not likely to be reproduced by those who never undergo the migration experience. That being said, the employment rate of second-generation Mexican men is close to white men and diverges widely from that of African American men, among whom there is the weakest attachment to work.

THE TERMS OF COMPENSATION: MEDIAN EARNINGS

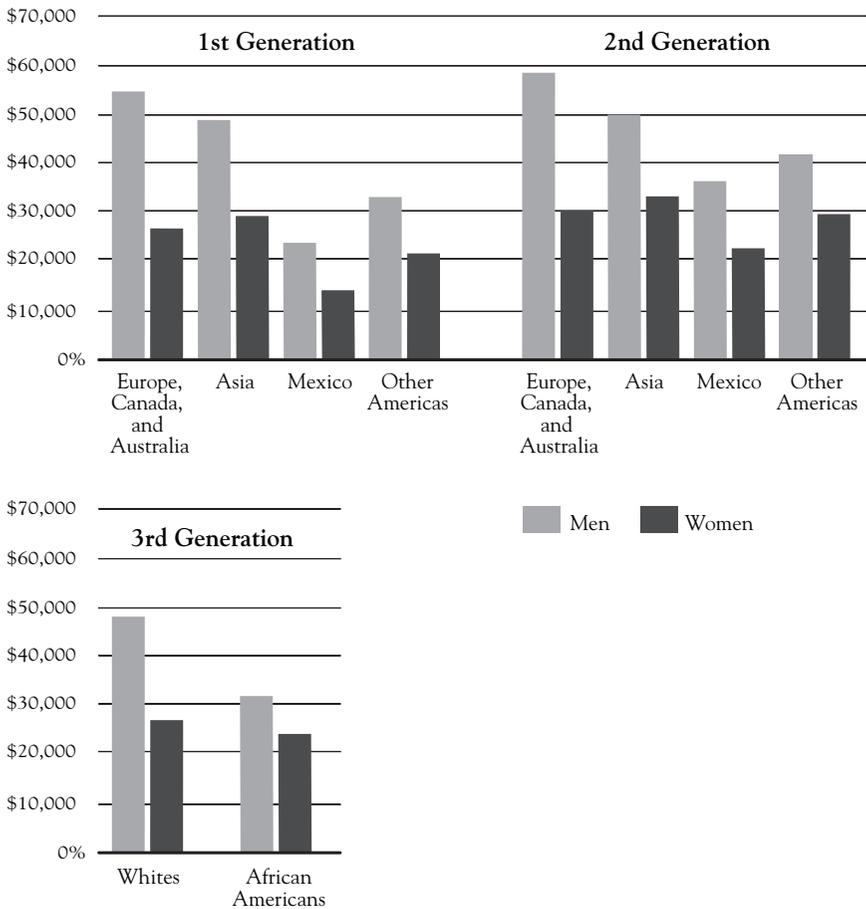
In 2000, median earnings for third-generation white men were close to \$49,000, a figure that put them above most, but not all groups of men (see Figure 2). Second-generation Europeans/Canadians reported the highest earnings of all (\$59,330), followed by first-generation members of the same group, and then second- and first-generation Asians, respectively. Mexican immigrants stand at the other end of the spectrum, earning half as much as whites; African Americans, with earnings two-thirds those of whites; and immigrants from the “other Americas,” reporting earnings 68 percent of the white level. Second-generation Mexican men also lagged: with earnings 76 percent those of whites, they fall at the mid-point between first-generation Mexican and white men.

With a median salary of roughly \$28,000, white women earned just over half as much as white men. They earned more than all the foreign-born groups but less than second-generation European/Canadian, Asian, and “other Americas” women. As with men, Mexican immigrant women earned less than all other groups and earned slightly more than half (\$14,552) that of the level of white women. As compared to their male counterparts, second-generation Mexican women and African American women experienced a much smaller earnings gap.

The source of earnings disparity cannot only be linked to differing educational levels but to earnings within major educational categories. To simplify, we limit the following discussion to the contrast among first- and second-generation Mexican workers, African Americans, and third-generation whites. Higher levels of education yield higher earnings for all groups, whether among men or women. However, the impact of education varies by level received, as college completion (or continuation beyond college) boosts earnings more sharply than any other increment in schooling. Moreover, inter-group earnings disparities vary both by education and gender. Disparities are smallest for workers

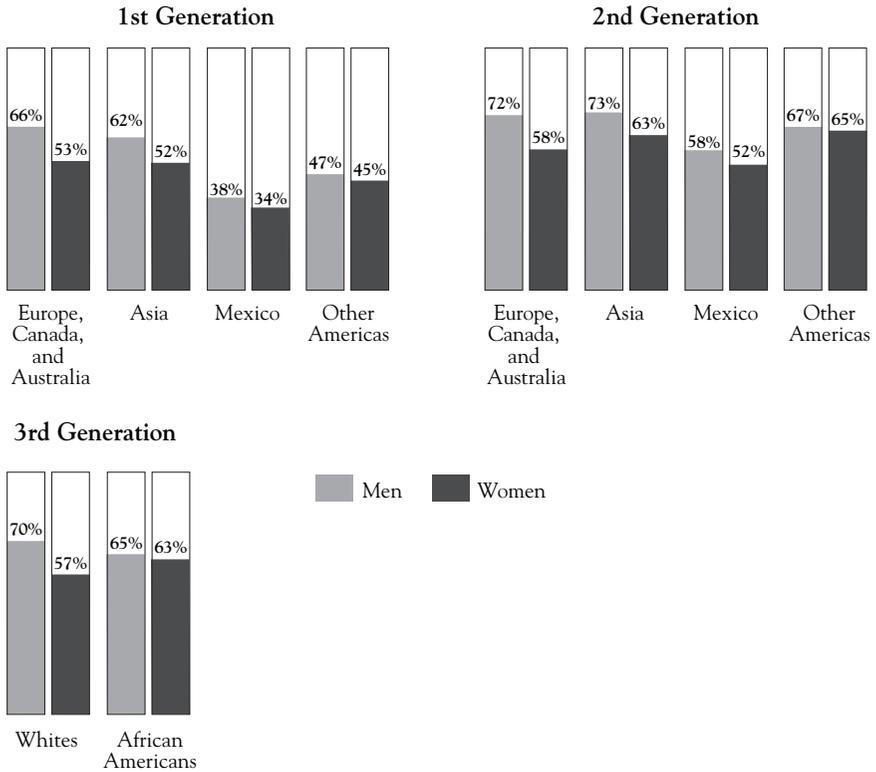
with the lowest levels of education but expand with higher levels of schooling. However, inter-group differences are consistently greater among men than among women.

FIGURE 2. MEDIAN YEARLY WAGE AND SALARY INCOME (\$) OF WORKERS* BY GENERATION, ORIGIN, AND GENDER, 2000



* Workers, ages 25 to 65, reporting positive wages
 Source: Current Population Survey March 1997-2003.

FIGURE 3. PERCENT OF ADULTS WITH EMPLOYER-PROVIDED HEALTHCARE COVERAGE, BY GENERATION AND ORIGIN, 2000



Source: Current Population Survey March 1997-2003.

Although more schooling has a positive effect on all groups, it does not affect them uniformly. Mexican-born workers are poorly compensated for additional skills acquired prior to migration. For Mexican immigrants, additional levels of schooling tend to widen earnings disparities, with college completion having only a limited positive effect. By contrast, each major increment in schooling pushes the earnings of second-generation Mexican men upward. At all educational levels, second-generation Mexican workers earn more than their African American counterparts, for whom college completion has a much weaker impact for all groups except Mexican foreign-born workers.

THE TERMS OF COMPENSATION: BENEFITS

Fringe benefits — most notably pensions and health insurance — comprise a crucial dimension of job quality. In the United States, health and pension benefits are largely provided by employers.⁷

HEALTH INSURANCE

Seventy percent of white male workers receive some form of health coverage from their employer (see Figure 3). Other groups do better, most notably European/Canadian and Asian second-generation workers. Foreign-born workers, however, lag behind whites, with Mexican immigrants — only 35 percent of whom receive any form of health insurance — being the most disadvantaged. By contrast, 65 percent of African American men and close to 60 percent of second-generation Mexican men get health insurance from their employer.

Health insurance coverage is uniformly lower among women than among men for all groups but one: African American women. Close to two-thirds of African American women receive health coverage from their employers, a rate roughly equivalent to African American men and higher than white women (see Figure 3). Most second-generation women are also insured at higher rates than whites, with Mexican second-generation women being the exception. While employer-provided health coverage is much higher among second- versus first-generation Mexican women, low insurance levels for both may be related to the prevalence of employment within private households and other similar jobs.

Employer-provided health insurance usually entails partial premium coverage; only 19 percent of men and 15 percent of women workers have the entire cost paid by the employer. Among men, all immigrants (except those from Europe/Canada/Australia) are less likely than whites to receive full premiums. Mexican immigrants are particularly disadvantaged, having full premium coverage at half the rate received by whites. All second-generation groups do better than their first-generation counterparts. Thus, while second-generation Mexican men lag substantially behind whites, they do much better than Mexican-born men, enjoying full benefit coverage at roughly the rate of African American men.

7 Information on both health benefits and pension provision is collected in the CPS, though only from persons employed as wage and salaried workers; no comparable data are available for the self-employed. In the CPS, respondents are asked whether the employer provides a pension plan for any of the employees; those answering yes are then asked whether they are covered in the plan. Respondents are also asked whether they received health insurance, and if so, whether coverage extended to other family members and to what extent payments were made by the employer.

TABLE 7. PERCENT OF ADULTS INCLUDED IN EMPLOYER-PROVIDED PENSION PLAN, BY GENERATION AND ORIGIN, 2000

	Men	Women
First Generation		
Canada/Europe/Australia	47.2%	41.9%
Asia	43.3%	40.9%
Mexico	20.9%	19.6%
Other Americas	28.7%	29.7%
Second Generation		
Canada/Europe/Australia	58.3%	52.2%
Asia	53.6%	54.4%
Mexico	43.3%	43.9%
Other Americas	48.4%	45.5%
Third Generation		
Whites	56.4%	50.4%
African Americans	49.6%	48.1%

Source: Current Population Survey 1997-2003.

PENSION BENEFITS

Employers are more likely to provide health than pension benefits. About 58 percent of white males are covered by a pension; second-generation men of European/Canadian origin slightly exceed whites in pension coverage (see Table 7). Foreign-born men are all less likely than whites to be covered by a pension plan. Pension coverage is particularly low for Mexican immigrants — with their coverage being just over one third of the white rate. Pension coverage of US-born men of Mexican origin is twice as high as among foreign-born Mexicans, though it still lags well below the white rate.

Among women, second-generation Asian and European/Canadian workers are covered at higher rates than white women; all other groups are covered at lower rates. Mexican immigrant women are again highly disadvantaged, with just a fifth covered by an employer-provided plan.

Our review of earnings and fringe benefits indicates that low-skilled immigrant workers have surely found a place in America's economy, but they have done so at a price — namely, jobs that pay low wages and provide little in the way of

non-monetary rewards. For Mexican immigrants, other factors seem to compound the disadvantages of being low skilled. Higher levels of schooling produce a smaller increase in rewards for Mexican immigrants than for other groups, although characteristics not measured here, such as English-language proficiency or years of work experience in the United States, may keep the returns on educational investment depressed.

Compared to immigrants, Mexican second-generation workers do better on several counts: They receive higher wages; they are less likely to work in the lowest paying jobs; they are more likely to hold jobs at higher ends of the earnings distribution; and their jobs are more likely to be accompanied by health and pension benefits. Additional increments in schooling yield substantial increases in earnings, in contrast to the Mexican foreign born. Still, although US-born workers of Mexican parentage are rewarded for college completion, college completion rates remain relatively low. Low completion rates are a powerful constraint on compensation, and all the more so in an era where college-educated workers are especially well-rewarded.

Another important finding is that second-generation Mexican women demonstrate the greatest inter-generational progress and convergence with the native white women. Compared to their Mexico-born counterparts, second-generation Mexican women have substantially higher earnings and health and pension coverage. Moreover, their job-holding rate is the same as that of whites.

While the prevalence of low-wage work among Mexican immigrants is troubling, the more dismaying evidence involves the levels of compensation earned by African American men, a disproportionate share of whom have no earnings at all. Though certainly better paid than Mexican immigrants, African American men still lag far behind whites. As with second-generation Mexican men, persistently low levels of education account for a good part of this gap. Nonetheless, college-educated African American men do consistently worse than their white counterparts.

CONCLUSION

Research on the “new” second generation has begun on a note of inflected pessimism. Concern for the prospects of the children of today’s immigrants is certainly warranted. While low-skilled immigrants are moving to the United States in large numbers, they are entering an economy that provides little reward for workers with modest schooling, regardless of ethnicity. The cultural, linguistic, and legal challenges that the foreign born face impose a further

penalty, adding to the difficulties that derive from low schooling. And although extensive migration networks connect immigrants — or at least immigrant men — to employers quickly, the social connections that generate attachment seem less able to produce the skill acquisition needed for occupational mobility. Mexican immigrants, the largest single group of poorly schooled newcomers, are members of the working poor, with limited access to jobs beyond the low-wage sector. Given these circumstances, can we expect that their US-born and US-raised children will make progress?

In the view of some researchers, the answer should be no. But this chapter finds little support for the point of view that the offspring of working-class immigrants will experience downward assimilation into a rainbow underclass. While second-generation Mexican men do not retain the extraordinary job-holding rates of the foreign-born generational groups, their employment rates approximate those of native-born whites. As the second generation is significantly better educated than the first, Mexican second-generation men find jobs associated with greater stability, significantly higher levels of pay, and much greater fringe benefit coverage.

Taking gender into account alters the picture still more. As shown in this chapter, the labor force behavior of Mexican immigrant men and women sharply diverges: Mexican immigrant women show much lower levels of labor force attachment than do their male counterparts. By contrast, the labor force behavior of US-born women of Mexican origin looks a good deal more like the pattern evident among native white women. Though a gap persists, the disparity is of greatly diminished proportions. As with their male counterparts, US-born women of Mexican parentage enjoy higher levels of schooling, which in turn generates more handsome economic rewards.

Moreover, pessimism about second-generation prospects is hard to reconcile with the socioeconomic diversity that is such a salient feature of contemporary immigration. While there are certainly large numbers of low-skilled immigrants, the situation still stands in contrast to the pattern of the last age of migration. At the turn of the 20th century, newcomers were largely concentrated at the bottom of the occupational distribution. Today, there is a substantial inflow of highly skilled immigrants, many of whom equal or exceed the attainments of native whites. The children of these immigrants are succeeding on all counts as well.

If a pessimistic assessment is not warranted, there are still ample grounds for concern. The progress of second-generation Mexican men and women exemplifies assimilation, but only if one defines it in absolute terms. Relative to the

majority, that is to say, whites, a very substantial gap remains. Catching up will require continued schooling, indeed persistence through the college years; for many of the US-born offspring of Mexican immigrants, that achievement still seems far off. Enrollment patterns in the high school and college years clearly leave much to be desired. It is important to remember that second-generation Mexican drop-outs do find jobs, at rates very close to their counterparts among whites. The problem, however, is that whites are far more likely to remain enrolled; furthermore, while college completion rates have grown, the pace of change for the Mexican second generation is very modest. The consequences of the college completion gap might be different were the economy moving along a different path. But under current conditions, the best educated are the best rewarded, and to a much greater extent than was true when the offspring of the last great migration came of age. If today's second-generation adults are struggling to catch up, one also wonders how tomorrow's will manage; after all, these are the children of the immigrant working poor, for whom economic conditions certainly have not improved over the past 20 years. And their future cannot be of academic interest only, as demography ensures that the second generation will be a force not to be ignored.

PART II
THE CURRENT
STATE OF
RIGHTS AND
SERVICES

CHAPTER 5

IMMIGRANT RIGHTS, INTEGRATION, AND THE COMMON GOOD

DONALD KERWIN

I. INTRODUCTION

The interplay between the “rights” and the “integration” of immigrants constitutes a defining feature of the American experience. The United States has no formal or coordinated immigrant integration policy, but it has nonetheless been a nation where integration occurs. With some painful exceptions, immigrants and their progeny have been able to become Americans. This has been due, in part, to a constitutional framework that gives the federal government broad power to regulate immigration, but that extends its core protections to all “persons,” including noncitizens.

In recent years, the opposing sides in the immigration debate have misconstrued “rights” and “integration” and have pitted these concepts against each other. Anti-immigrant groups argue that a growing litany of individual rights, divorced from any sense of the “general welfare,” threatens to balkanize the nation. Immigrant advocates fear that notions like “assimilation” and “integration” reject the diverse cultural and social contributions of immigrants. This paper posits a mutually re-enforcing view of “rights” and “integration” that reflects our constitutional tradition, as well as the aspirations of immigrants. By this view, “rights” entail civic responsibilities and further the “common good.” “Integration,” in turns, demands a commitment to shared values, and an openness to the myriad contributions of immigrants.

In this chapter, the term “rights” refers to the rights guaranteed to “persons” under the US Constitution. These “rights” can be distinguished from the “privileges,” “attributes” or “benefits” that may attach to noncitizens as members of US society. The chapter argues that extending both “rights” and membership privileges/attributes/benefits to noncitizens expedites their integration.

The need to clarify the relationship between rights and integration has assumed overriding significance in recent years for two reasons. First, the US foreign-born population has grown to nearly 36 million persons.¹ These include roughly 13 million naturalized citizens, 12 million lawful permanent residents (LPRs), and 11 million undocumented persons.² The nation's immigrant population plays a central role in defining US institutions such as the family, the work place, schools, places of worship, and the armed forces. The success of these institutions — and the nation's welfare — will increasingly depend on the contributions of immigrants. Second, immigration and welfare reform legislation in 1996 sharply distinguished between US citizens and LPRs, making it far more difficult for immigrants and their families to integrate. The vision that underlies the 1996 legislation, subsequent federal and state legislation, and several pending “reform” proposals in Congress has been to make life so difficult for the undocumented and certain other immigrants in the United States that they will be forced to leave, and others will be deterred from coming. This chapter does not dispute the need to control US borders. It argues, however, that honoring “rights” — correctly understood — allows immigrants to integrate and to contribute fully to their adopted nation. Their integration, in turn, serves the national interest. The chapter concludes that “rights” must be incorporated into an immigrant integration agenda.

II. HISTORICAL BACKGROUND AND LEGAL FRAMEWORK

US citizenship notably, if inaccurately, has been defined as the “right to have rights.”³ In fact, constitutional rights apply not just to citizens but to “persons,” a term that encompasses noncitizens. The US Constitution protects “the right of the people peaceably to assemble”; “the right of the people to be secure ... against unreasonable searches and seizures”; the right of any “person” not to be subject to double jeopardy, not to incriminate herself, not “to be deprived of life, liberty, or property, without due process of law,” and not to have “property taken for public use, without just compensation”; the right to legal counsel and an impartial trial in criminal cases; the right of “any person” not to be deprived by a state of “life, liberty, or property, without due process;” and the right to “equal protection of the laws.”⁴ The application of these core protections to

1 J. Passel, “Estimates of the Size and Characteristics of the Undocumented Population” (Pew Hispanic Center, Mar. 21, 2005), p. 7 [hereinafter “Characteristics of the Undocumented”].

2 *Ibid.*, pp. 1, 3; see also, A. Erlich and D. Dixon, “Spotlight on Naturalization Trends,” Migration Information Source (*Migration Policy Institute*, Nov. 1, 2005).

3 *Perez v. Brownell*, 356 US 44, 64 (1958) (Warren, Black, and Douglas dissenting).

4 US Const., amends. I, IV, V, VI, XIV, § 1.

noncitizens represents a fundamental form of “integration” in our constitutional system.⁵

At the same time, courts have consistently held that the political branches of the federal government enjoy “plenary” authority to regulate immigration. Not every restriction on *immigrants* implicates the federal *immigration* power that governs who can enter, who can stay, and who must leave. In addition, Congress and the Executive must exercise their authority over immigration in ways that reflect constitutional norms. Nonetheless, noncitizens have scant constitutional rights in immigration matters. Curiously, the US Constitution does not expressly delegate to Congress the power to regulate immigration.⁶ Courts have instead located the federal government’s power to regulate immigration in the nation’s inherent power of self-determination or, put differently, as an incident of national sovereignty.

A. RIGHTS THAT APPLY TO “PERSONS”

For 120 years, US courts have recognized that noncitizens — as persons — enjoy a panoply of civil rights. In 1886, the Supreme Court in *Yick Wo v. Hopkins* invalidated a municipal ordinance that targeted Chinese aliens by making it unlawful to house a laundry business in a building not constructed of stone or brick.⁷ It held that the Fourteenth Amendment applied “to all persons within the territorial jurisdiction, without regard to any differences of race, of color, or of nationality.”⁸ In *Wong Wing v. United States*, the Court considered the Chinese exclusion bill of 1892, which required imprisonment at hard labor of Chinese aliens prior to their deportation.⁹ Citing *Yick Wo*, the court held that “all persons within the territory of the United States are entitled to the protection guaranteed” by the Fifth and Sixth Amendments, particularly the right to indictment by a grand jury and not to be “deprived of life, liberty, or property without due process of law.”¹⁰ More recently, courts have recognized

5 This chapter focuses on three categories of foreign-born persons: naturalized citizens, lawful permanent residents (known as “immigrants” under US law), and the undocumented. The Quota Act of 1921 (42 Stat. 5) established the “immigrant” category and distinguished “immigrants” from those allowed to enter for a temporary period (“non-immigrants”). The chapter uses the term “immigrant” in its colloquial sense to refer to all foreign-born persons.

6 Congress can “regulate Commerce with foreign Nations, and among the Several States”; “establish a uniform Rule of Naturalization”; “declare War”; and make the “necessary and proper” laws to execute these powers. US Const., art. I, § 8, cls. 3, 4, 11, 18.

7 118 US 356, 6 S.Ct. 1064 (1886).

8 *Ibid.*, p. 1070.

9 163 US 228 (1896).

10 *Ibid.*, p. 238.

that freedom of speech and of the press extend to noncitizens;¹¹ that foreign corporations must receive just compensation for Fifth Amendment takings;¹² and that the undocumented must receive *Miranda* warnings prior to custodial interrogations.¹³

Education represents a core concern for immigrants who come in search of greater opportunity for themselves and their children. In *Plyler v. Doe*, the court held that undocumented children enjoy an equal protection right to free public education.¹⁴ It reasoned that the “Fourteenth Amendment extends to anyone, citizen or stranger, who is subject to the laws of a State, and reaches into every corner of a State’s territory.”¹⁵ It did not consider undocumented status a “constitutional irrelevancy,” or education a “fundamental right.”¹⁶ However, it concluded that the statute imposed a “lifetime hardship on a discrete class of children not accountable for their disabling status” and would deny them “the ability to live within the structure of our civic institutions, and foreclose any realistic possibility that they will contribute in even the smallest way to the progress of our Nation.”¹⁷

The right to pursue a livelihood also strongly resonates in the US constitutional tradition.¹⁸ The Supreme Court has often re-enforced the comparative openness of the US labor market by invalidating alienage restrictions on employment. *Hampton v. Mow Sun Wong*, for example, involved a challenge to a federal regulation that denied competitive civil service jobs to noncitizens.¹⁹ The court held that the regulation deprived “a discrete class of persons of an interest in liberty on a wholesale basis.”²⁰ It found a due process viola-

11 *Bridges v. Wilson*, 326 US 135, 148 (1995).

12 *Russian Volunteer Fleet v. United States*, 282 US 481 (1931)

13 *United States v. Casimiro-Benitez*, 533 F.2d 1121, 1124 (9th Cir.), cert denied, 429 US 926 (1976); *United States v. Henry*, 604 F.2d 908, 914 (5th Cir. 1979).

14 457 US 202 (1982)

15 *Ibid.*, p. 210, 215.

16 *Ibid.*, p. 223.

17 *Ibid.*

18 See Thomas Jefferson, First Inaugural Address, Washington, D.C., March 4, 1801 (“... a wise and frugal Government, which shall restrain men from injuring one another; shall leave them otherwise free to regulate their own pursuits of industry and improvement; and shall not take from the mouth of labor the bread it has earned. This is the sum of good government, and this is necessary to close the circle of our felicities.”); See also *Greene v. McElroy*, 360 US 474, 492 (1959) (“... the right to hold specific private employment and to follow a chosen profession free from unreasonable governmental interference comes within the ‘liberty’ and ‘property’ concepts of the Fifth Amendment [citations omitted].”)

19 426 US 88 (1976)

20 *Ibid.*, p. 103.

tion in the absence of any justification for the classification within the Civil Service Commission's area of authority.²¹ In *Takahashi v. Fish and Game Commission*, the court held unconstitutional a California statute that denied commercial fishing licenses to noncitizens (primarily Japanese LPRs) who were ineligible for citizenship under federal law.²² It held that the statute, in imposing "discriminatory burdens upon the entrance or residence of aliens," conflicted with the federal scheme for regulating immigration and violated the Fourteenth Amendment's protection of "all persons."²³ Likewise, in *Sugarman v. Dougall*, the court invalidated on equal protection grounds a New York state statute that limited "competitive" civil service jobs to US citizens.²⁴ The state argued that the positions needed to be filled by persons (citizens) with undivided loyalty to the state. The court reasoned that the New York scheme was not "precisely drawn" to meet this purpose. In particular, its "citizenship" requirement applied to relatively low-grade employees, but not to elected officials or high office holders.²⁵

Conversely, the court has upheld citizenship requirements for jobs that are "bound up with the operation of the State as a governmental entity" and that are "fundamental to the definition and government of a State."²⁶ By this reasoning, certain government positions should be open only to those who fully identify with the polity. *Ambach v. Norwick* involved an equal protection challenge to a state statute that denied employment to elementary and secondary school teachers who were eligible for citizenship, but who did not intend to become US citizens. The court found that public school teachers performed a core government function and that the classification rationally furthered the state's educational goals.²⁷ The court has also upheld citizenship requirements for police²⁸ and probation officers.²⁹

21 *Ibid.*, p. 116.

22 334 US 410 (1948).

23 *Ibid.*, pp. 419-420; See also *Truax v. Raich*, 239 US 33, 42 (1915) (An Arizona law requiring employers with more than five workers to employ at least 80 percent US citizens violates equal protection and is "tantamount to the assertion of the right to deny ... entrance and abode" in conflict with federal immigration authority.)

24 413 US 634 (1973).

25 *Ibid.*, p. 643.

26 *Ambach v. Norwick*, 441 US 68, 73-75 (1979).

27 *Ibid.*, pp. 79-81.

28 *Foley v. Connelie*, 435 US 291, 297 (1978) (holding that "the right to govern is reserved to citizens" and police "exercise an almost infinite variety" of public powers.)

29 *Cabell v. Chavez-Salido*, 454 US 432, 447 (1982) (A probation officer "may personify the State's sovereign powers; from the perspective of the larger community, the probation officer may symbolize the political community's control over, and thus responsibility for, those who have been found to have violated the norms of social order.")

Beyond issues relating to the hiring of immigrants, the Court has also addressed issues relating to their firing. In 2002, the Supreme Court weakened the statutory protections available to undocumented workers. In *Hoffman Plastics, Inc. v. NLRB*,³⁰ it held that undocumented persons who are illegally fired for union organizing cannot be awarded back pay, the strongest remedy for violations of the National Labor Relations Act (NLRA).³¹

The Constitution does not guarantee citizens (or noncitizens) a minimal standard of “social or economic” well-being.³² However, it guards against discriminatory classifications *by states* in the provision of public benefits. In *Graham v. Richardson*, for example, the court invalidated a state statute that made welfare benefits available only to LPRs who had lived in the United States for 15 years or longer.³³ The court recognized LPRs as “persons” under the Fourteenth Amendment, characterizing them as a “prime example of a ‘discrete and insular’ minority” and strictly scrutinized this “inherently suspect” classification.³⁴ It found that the state’s rationale (limiting expenses) did not justify the discriminatory classification.³⁵ It further held that by imposing an “auxiliary burden” on the entry and residence of select noncitizens, the state restriction conflicted with federal policy in an area of exclusive federal authority.³⁶ This holding, of course, did not speak to *federal* restrictions on public benefit eligibility.

B. THE PLENARY POWER OF CONGRESS AND THE EXECUTIVE TO REGULATE IMMIGRATION

While noncitizens possess rights in non-immigration matters, Congress has “plenary” authority to make laws (implemented by the executive) governing the admission and exclusion of noncitizens. The so-called plenary power doctrine has an unedifying provenance; it arose from challenges to the infamous Chinese exclusion bills of the late 19th century. In 1882, legislation suspended immigration by Chinese laborers for ten years, barred them from naturalization, and created a certificate of re-entry for those traveling outside the country. In

30 122 S. Ct. 1275 (2002).

31 29 USC §§ 151-169.

32 *Dandridge v. Williams*, 397 US 471, 487 (1970) (“[T]he intractable economic, social, and even philosophical problems presented by public welfare assistance programs are not the business of this Court.”)

33 403 US 365 (1971).

34 *Ibid.*, pp. 372, 376.

35 *Ibid.*, p. 376.

36 *Ibid.*, pp. 379-380.

1884, this certificate became the exclusive means to establish a “right of entry.” In 1888, Congress barred entry to all Chinese laborers, whether or not they had obtained a certificate prior to their departure. In *Chae Chan Ping v. United States (The Chinese Exclusion Case)*, the court rejected a challenge to this legal regime, holding that the power to exclude was “an incident of every independent nation.”³⁷ In 1892, legislation suspended Chinese immigration for another ten years and provided for the deportation of all unlawfully present Chinese laborers unless they could obtain a certificate of residence within a year, or could show that their failure to obtain a certificate had been unavoidable and that they were residents of the United States at the time of the act’s passage, as attested to by at least one “credible white” witness. In *Fong Yue Ting v. United States*, the court upheld this scheme based on the “inherent and inalienable right” of a sovereign nation to regulate immigration.³⁸

Roughly 60 years later, the court considered the cases of two noncitizens who had been excluded based on confidential determinations that their admission would prejudice the public interest. Ellen Knauff, the alien wife of a US citizen, had been detained for more than a year at Ellis Island after seeking admission to naturalize. The court held that her exclusion implicated a “fundamental act of sovereignty” inherent in the executive’s power over foreign affairs.³⁹ It held that “[w]hatever the rule may be concerning deportation of persons who have gained entry into the United States, it is not within the province of any court, unless expressly authorized by law, to review the determination of the political branch of the Government to exclude a given alien” and “[w]hatever the procedure authorized by Congress, it is due process as far as an alien denied entry is concerned.”⁴⁰ *Shaughnessy v. United States ex. rel. Mezei* concerned the exclusion and detention of the LPR spouse of a US citizen.⁴¹ The court affirmed the “entry” doctrine by which constitutional rights apply to noncitizens who manage to enter the country, but not to those stopped at the border.⁴²

In *Kleindienst v. Mandel*, the court considered a First Amendment challenge to the denial of admission to a Marxist author.⁴³ It held that the alien enjoyed “no constitutional rights of entry” and it refused to “look behind” a denial

37 130 US 581, 608-609 (1889).

38 149 US 698, 711 (1893).

39 *Knauff v. Shaughnessy*, 338 US 537, 542 (1950).

40 *Ibid.*, pp. 543-544.

41 345 US 206 (1953).

42 *Ibid.*, p. 210.

43 408 US 753 (1972).

made for a “facially legitimate and bona fide reason.”⁴⁴ In *Fiallo v. Bell*, the court adopted this standard of review to reject a due process and equal protection challenge to a statute that granted special preference immigration status to the illegitimate children of US citizen and LPR mothers, but not fathers.⁴⁵ It found that the statutory distinction raised a policy issue “entrusted exclusively to the political branches.”⁴⁶

Courts have been loathe to invalidate federal classifications even when they (arguably) do not implicate the federal power to regulate immigration. In *Matthews v. Diaz*, for example, the court upheld the denial of Medicare benefits to LPRs who had lived in the United States for less than five years.⁴⁷ It recognized that even “one whose presence is unlawful, involuntary, or transitory” enjoys due process protections, but found that the statute’s alienage restrictions implicated the federal authority “to regulate the conditions of entry and residence of aliens.”⁴⁸ It noted that Congress “regularly makes rules that would be unacceptable if applied to citizens” and the fact “that all persons, aliens and citizens alike, are protected by the Due Process Clause does not lead to the further conclusion that all aliens enjoy all the advantages of citizenship...”⁴⁹ In its treatment of federal benefit restrictions as an acceptable “immigration” enforcement tool, the court anticipated welfare reform legislation in 1996.

C. LIMITS ON THE PLENARY POWER DOCTRINE

The federal government possesses broad authority to regulate the admission, exclusion, and removal of immigrants. However, it must exercise this power — including in its use of detention — in a way that reflects constitutional norms. In *Zadvydas v. Davis*, the court considered the situation of “lifers,” noncitizen detainees who have been ordered removed (deported) but whose countries will not accept their repatriation.⁵⁰ The Immigration and Nationality Act (INA) provides that aliens ordered removed “may be detained” past 90 days if they represent a flight risk or a danger.⁵¹ The court construed this language to allow detention for “a period reasonably necessary”

44 *Ibid.*, p. 770.

45 430 US 787 (1977).

46 *Ibid.*, p. 798.

47 426 US 67 (1976).

48 *Ibid.*, pp. 77, 84.

49 *Ibid.*, pp. 78-80.

50 533 US 678 (2001).

51 INA § 241(a)(6).

to execute the removal.⁵² It found six months (following a removal order) to be a “presumptively reasonable period of detention.”⁵³ Deciding the case on statutory grounds in order to avoid finding it unconstitutional,⁵⁴ the court reasoned that indefinite detention would be a constitutionally impermissible way to implement the federal government’s immigration authority.⁵⁵ In *Clark v. Martinez*, the court extended this statutory interpretation to “inadmissible” persons who had not effected an “entry.”⁵⁶

III. LEGISLATION RESTRICTING RIGHTS AND LIMITING MEMBERSHIP CLAIMS

Immigrants who become citizens enjoy the full rights and responsibilities of membership in our constitutional democracy.⁵⁷ By contrast, LPRs cannot vote in federal or state elections, cannot hold certain public offices, and can be removed for a growing range of offenses. In other ways, however, LPRs have traditionally enjoyed the non-political rights (attributes/benefits) of US citizens. They have worked, attended public schools, raised families, participated in government programs, and served in the armed forces. Immigration and welfare reform legislation in 1996 altered this paradigm, making citizenship a far more significant criteria for public benefit eligibility, and benefits themselves more difficult to obtain. The legislation has particularly hurt families whose members have different immigration statuses.⁵⁸

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) sharply distinguished between US citizens and LPRs.⁵⁹ The law’s scheme, which uses public benefit restrictions as a means of immigration control, has survived legal challenge. Prior to PRWORA, citizens and LPRs had mostly qualified on equal terms for federal benefits, and state attempts to restrict

52 533 US, p. 699.

53 *Ibid.*, p. 701.

54 *Ibid.*, pp. 689-690.

55 *Ibid.*, p. 695.

56 543 US 371 (2005).

57 Two main distinctions also exist between native-born and naturalized citizens. First, under the US Constitution (art. II, § 1, cl. 5), only a “natural born” citizen can serve as president of the United States. Second, naturalized citizens can be denaturalized in limited circumstances. INA §1451.

58 More than three million US-born children live in households headed by undocumented persons. “Characteristics of the Undocumented,” p. 3.

59 Pub. L. No. 104-193, 110 Stat. 2105.

eligibility had been invalidated. PRWORA limited eligibility for “federal public benefits” to US citizens and “qualified aliens,” a category that includes LPRs and others.⁶⁰ It barred even “qualified aliens” from Supplemental Security Income (SSI) and food stamps, with an exception for LPRs who had completed 40 “qualifying quarters” of work for the purposes of Social Security coverage,⁶¹ and for two other groups.⁶² It gave states the option to provide Temporary Assistance to Needy Families (TANF), Medicaid, and State Children’s Health Insurance Program (SCHIP) benefits to “qualified aliens.”⁶³ Every state subsequently opted to provide TANF and (with the exception of Wyoming) Medicaid to “qualified aliens” who had arrived by PRWORA’s passage.

PRWORA, however, barred even “qualified aliens” from “means-tested” federal benefits — SSI, TANF, food stamps (non-emergency), Medicaid, and SCHIP — for five years after “entry.”⁶⁴ It also provided for “sponsor-to-immigrant” deeming (i.e., attribution of the sponsor’s income to the immigrant for the purposes of determining benefit eligibility), which disqualifies many LPRs from these means-tested benefits after five years.⁶⁵ In addition, several states have chosen to deny TANF and Medicaid to post-enactment immigrants who have met the five-year requirement.

PRWORA barred “unqualified” immigrants (including the undocumented) from “federal public benefit” programs. The undocumented qualify only for limited emergency and public health benefits, including emergency Medicaid, non-cash disaster relief, immunizations, and school lunches.⁶⁶ PRWORA required states to enact laws if they intended to extend public benefits to the undocumented.⁶⁷

Since passage of PRWORA, some benefits have been restored to certain groups. For example, Congress has restored: (1) SSI to most LPRs who resided

60 The term “qualified alien” refers to LPRs, asylees, refugees, parolees for periods of at least one year, those granted withholding of deportation, and conditional entrants. Welfare Act § 431.

61 Welfare Act § 402(a)(2)(B).

62 The two other groups of eligible non-citizens were: (1) refugees, asylees, and persons granted withholding of deportation, for the first five years after entry as a refugee or after the grant of asylum or withholding; (2) lawfully residing active duty military and veterans, as well as their spouses and unmarried, dependent children. Welfare Act §402(a)(2)(A), (C).

63 Welfare Act §402(b)(1).

64 Welfare Act §403(a).

65 Welfare Act §421(a). “Qualified aliens” exempt from the five-year bar include refugees, asylees, those granted withholding of deportation; lawfully residing veterans, active duty military, and their spouses and dependent children; and Cuban and Haitian entrants. Welfare Act §§403(b), (d).

66 Welfare Act §§ 401(b)(1), 411(b).

67 Welfare Act § 411(d).

in the United States prior to PRWORA's passage;⁶⁸ (2) food stamps to immigrant children, the elderly, and the disabled who entered pre-enactment;⁶⁹ (3) food stamps to "qualified aliens" receiving disability assistance, persons who have been "qualified" for five years or more, and children.⁷⁰ Despite the ameliorating legislation, the basic architecture of PRWORA — the hard distinction between US citizens and LPRs — remains intact.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (the 1996 Immigration Act or IIRIRA) created a web of restrictions that inhibits the integration of large numbers of immigrants and their families.⁷¹ Thus, the law works at cross purposes to family reunification, a defining priority of the US legal immigration system.⁷² It also conflicts with jurisprudence that, in other contexts, recognizes the right to live with family.⁷³ Finally, IIRIRA fails to reflect the growing population of US "mixed status" families, and the deep ties to the United States that noncitizens develop over time.

The 1996 Immigration Act has undermined families in three ways.⁷⁴ First, it significantly expanded the crimes for which LPRs could be removed. At the same time, it sharply limited and, in many cases, removed discretion from immigration judges to allow removable persons to remain in the United States based on the severity of their crimes, rehabilitation, family ties, employment, and other equities. As a result, thousands of long-term LPRs have been removed for relatively minor crimes that they committed years in the past, with disastrous consequences for their families. Second, IIRIRA made it more difficult for low-income US citizens and LPRs to sponsor family members for visas. It required the petitioner/sponsor to demonstrate "the means to maintain" an income (for the family) of 125 percent of the federal poverty line and

68 The Balanced Budget Act of 1997, Pub. L. No. 105-33, 111 Stat. 251 (Aug. 5, 1997).

69 Agriculture Research, Extension and Education Reform Act, Pub. L. No. 105-185 (June 23, 1998), §§ 4401 (May 13, 2002). This act also extended refugee eligibility for Food Stamps from five to seven years.

70 The Farm Security and Rural Investment Act, Pub. L. No. 107-171, §4401 (May 13, 2002).

71 Pub. L. No. 104-208, 110 Stat. 3009.

72 The most common path to lawful permanent residence — responsible for 65 percent of the immigrant visas awarded — is through a qualifying relationship to a US citizen or LPR. US Department of Homeland Security, Office of Immigration Statistics, "2004 Yearbook of Immigration Statistics," Table 7, available at <http://uscis.gov/graphics/shared/statistics/yearbook/>.

73 *Lassiter v. Department of Social Services of Durham County, North Carolina*, 452 US 18, 27 (1981); see also, The Universal Declaration of Human Rights, Art. 16(3) ("The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.")

74 See Catholic Legal Immigration Network, Inc., *Placing Immigrants at Risk: The Impact of our Laws and Policies on American Families* (2000); American Bar Association, Commission on Immigration, *American Justice through Immigrants' Eyes* (2004).

to maintain the immigrant at that level until he or she naturalizes or works for 40 “qualifying quarters.”⁷⁵ This commitment can be legally enforced against the sponsor by the sponsored alien or the federal or state government.⁷⁶ Even with the ability to secure co-sponsors, 20 percent of US citizens and LPRs who come to charitable agencies to bring in family members cannot meet the income requirement.⁷⁷ In other cases, they must stagger the immigration of family members over many years. Third, IIRIRA created a series of multi-year and permanent bars to admission based on unlawful presence in the country, removals, misrepresentations to immigration officials, and claims (even mistaken) to citizenship. These bars make it impossible for thousands of noncitizens to gain legal status.

The 1996 Immigration Act also barred states from providing in-state tuition to in-state, undocumented residents for post-secondary education.⁷⁸ The bars have limited the opportunities of low-income students, many of whom were brought to the United States as children and who are, for all intents and purposes, Americans.

Immigrant families who are not affected by the myriad provisions in the 1996 Immigration Act still encounter multi-year backlogs in the family-based immigration system. These result from numerical caps on visas granted by qualifying relationship (“preference category”) and by nationality. DHS processing periods further lengthen the backlogs. Affected families either face long-term separation or they remain together (but unsettled and insecure) in the United States. Backlogs and delays inhibit integration not only by destabilizing families, but also by delaying the naturalization process that serves as a focal point for such “integration” activities as English-language classes, civics instruction, and access to many public sector jobs.

The driving vision behind many post-1996 legislative proposals has been to make it so burdensome to remain that certain noncitizens — particularly the undocumented — will be forced to leave.⁷⁹ It has long been a crime to enter the United States illegally. However, legislation proposed in 2005, the Border

75 INA §§ 213A(a)(1)(A), 213A(a)(2)-(3), 213A(f)(1)(E).

76 INA § 213A(a)(1)B; see also, C. Wheeler, “Alien vs. Sponsor: Legal Enforceability of the Affidavit of Support,” 10 *Bender’s Immigration Bulletin* No. 23 (Dec. 1, 2005).

77 Catholic Legal Immigration Network, Inc., *The Affidavit of Support and Its Effect on Low-Income Families* (Aug. 2000), p. 13.

78 8 INA §1623(a).

79 State legislation that targets immigrants has also proliferated. N. Riccardi, “States Take on Border Issues,” *Los Angeles Times* (Jan. 16, 2006).

and Immigration Enforcement Act of 2005, would make it a federal crime to be in the United States in undocumented status. Most agree that it would be preclusively expensive (by one estimate it would cost \$206 billion over five years⁸⁰) to remove the nation's 11 undocumented persons: Their removal would also impoverish millions of families and devastate the economy.⁸¹ Criminal prosecution for illegal presence seems even less feasible. Similarly, the REAL ID Act of 2005 seeks to compel states to deny drivers' licenses to the undocumented for security reasons.⁸² The law will make life harsher for the undocumented and will lead to more drivers without licenses and insurance. Further, it is unlikely that the REAL ID Act will enhance US security as it will remove noncitizens from databases used by police throughout the country and drive them further outside the government's reach.

IV. CONCLUSION

The US immigration debate has reached a crossroad. Immigration "reform" legislation could extend legal status to broad categories of undocumented persons, it could further push the undocumented (and other noncitizens) to the nation's margins, or it could seek to put some limited percentage of the undocumented on a path to citizenship but make life even more tenuous for others. As it stands, immigrants (including the undocumented) enjoy significant rights in non-immigration matters, including the right to secondary education. On the other hand, the undocumented cannot legally work, and large categories of LPRs can be separated from their families through deportation.

While we cannot know the final shape of immigration reform, we can at least clarify the terms of the debate and the interests at stake. Up to this point, "rights" language has not offered a productive framework for evaluating the underlying issues. To the contrary, the immigration debate exemplifies how claims of competing "rights" can stymie public discourse.⁸³ Advocates argue

80 R. Goyle and D. A. Jaegar, PhD, "Deporting the Undocumented: A Cost Assessment" (Center for American Progress, July 2005).

81 The foreign born represent 15 percent of the US workforce. US Department of Labor, Bureau of Labor Statistics, "Labor Force Characteristics of Foreign-Born Workers in 2004" (May 12, 2005). Roughly one-third of these workers — 5 percent of all US workers — do not have legal status. "Characteristics of the Undocumented," p. 4.

82 Pub. L. No. 109-13, 119 Stat. 231.

83 See M. A. Glendon, *Rights Talk* (Free Press, 1991), pp. 12, 14 (Glendon argues that in the United States "rights" tend to be formulated in absolute and individual terms, without reference to "ends" or to responsibilities.)

that US immigration laws offend the right to family reunification, to make a living, and to just working conditions. Yet many US residents, particularly in border states, maintain that migrants violate their rights to security and to property. Some employers think that their right to earn a living is compromised by immigration policies that prevent them from hiring willing (immigrant) workers. Some US citizens think that immigrant laborers undermine their right to just wages and working conditions. Many immigrants believe that they have a right to live with their families in the United States. Others think that undocumented persons, even those approved for family-based visas, violate the rights of those who obey the law by remaining outside the country until they can legally enter.

If they are to become an effective policy tool, “rights” need to be conceptualized differently. Too often, claimed “rights” mask desired social outcomes, but do not closely relate to the kind of self-evident values or “inalienable rights” such as “life, liberty, and the pursuit of happiness” that undergird our constitutional democracy.⁸⁴ Not every position claimed as a “right” amounts to one.

At the same time, extending to noncitizens certain “privileges,” “attributes,” or “benefits” of membership in US society contributes to their integration and to the common good. As a practical matter, for example, when immigrants can access health insurance, it benefits public health efforts, decreases the inefficient and expensive use of emergency rooms, and helps to maintain a strong workforce. Provision of certain benefits to particularly needy noncitizens — the very poor, the disabled, the elderly, the infirm — allows them simply to function, a minimal pre-condition to integration. The application of labor and workplace protection laws to immigrants prevents unscrupulous employers from using them to depress wages and standards for all workers. The education of immigrant children trains them to contribute to their adopted country. A viable path to legal status preserves families, strengthens the US workforce, decreases predation against noncitizens, and enhances security. Providing legal counsel to persons in removal proceedings furthers our nation’s interest in having the best decisions made under its laws.

Rights and “benefits” also foster the participation of immigrants in mediating institutions — like families, places of worship, schools, workplaces, and labor unions — that promote their integration. These institutions impart practical

⁸⁴ See L. Henkin, “The Idea of Rights and the United States Constitution,” *The Age of Reason* (1990), pp. 83-97, reprinted in L. Henkin, G. Neuman, D. Orentlicher, D. Leebron, *Human Rights* (Foundation Press, 1999) (arguing that the Declaration of Independence sets forth the underlying “theory of American constitutionalism”).

skills (language and job training) and civic values (consensus building, tolerance, and participation). They instill a sense of belonging, of support, and of the ability to influence the larger community. Conversely, the process of “integration” vindicates rights on a fundamental level. “Rights” theories typically view humans as “social” beings, whether by nature (in religious traditions) or by social necessity (in state traditions). For this reason, exclusion from institutions like family, school, the work place, or the polity offends human rights. Similarly, since human identity finds expression in culture, the “integration” process must be able to accommodate the cultural contributions of immigrants. A process that attempted to bring persons into the national community, but that denied or erased what contributed to their personhood, would necessarily violate their rights and could not be viewed as integration at all.

One might argue that rights not only allow immigrants to integrate, but in a nation created to protect them, rights are the “good” that is “common” to all of us. In *Plyler v. Doe*, the court recognized that without rights, immigrants cannot integrate or contribute fully to the common good:

It is difficult to understand precisely what the State hopes to achieve by promoting the creation and perpetuation of a subclass of illiterates within our boundaries, surely adding to the problems and costs of unemployment, welfare, and crime. It is thus clear that whatever savings might be achieved by denying these children an education, they are wholly insubstantial in light of the costs involved to these children, the State, and the Nation.⁸⁵

Immigrants aspire to be treated as full members of US society. For them, this means embracing US political and civic values, without forfeiting their cultural identities. It also means contributing to their adopted countries through their labor, industry, values, families, and faith. They may not use terms like rights, integration, or the common good. However, their lives and aspirations testify to the interconnectedness of these concepts. An immigrant integration agenda would do well to honor their vision.

⁸⁵ *Plyler v. Doe*, 457 US, p. 230.

CHAPTER 6

FEDERAL SPENDING ON IMMIGRANT FAMILIES' INTEGRATION

JULIA GELATT AND MICHAEL FIX

INTRODUCTION¹

As the country works toward a revised immigration system and public attention is increasingly drawn to immigration enforcement and entry for workers, much less interest has focused on the country's integration programs. Indeed, immigrant integration in the United States is approached in a *laissez faire* fashion, especially at the federal level, as most integration work falls to state and local governments or to nongovernmental social service groups.

However, several federal programs do form a patchwork system of immigrant integration services, including educational services targeted at immigrant children and families; health and education services targeted to migrant workers; and job training, health, and other services for refugees and asylees.

In this chapter we explore the limited set of federal programs and expenditures that are expressly targeted to populations wholly or largely composed of migrants and/or their families. We then briefly discuss the federal spending that takes place within the context of mainstream programs that may serve immigrants, but were not specifically created for them.² (An example is the Title I education program for the disadvantaged, now folded into the No Child Left Behind Act.) Despite its importance, we do not tackle private foundation spending dedicated to newcomers.

1 This chapter provides an update to Section VI, "What Does the Federal Government Spend on Immigrant Family Integration," pp. 43 to 52 in M. Fix, W. Zimmerman, and J. Passel, "The Integration of Immigrant Families in the United States" (Washington, DC: Urban Institute, July 2001).

2 We exclude spending on what are termed general goods such as roads, the military, and the like, despite the fact that immigrants capture a share of the benefits generated.

TABLE I. TARGETED FEDERAL SPENDING ON IMMIGRANTS
1999 AND 2005, IN MILLIONS OF 2005 DOLLARS

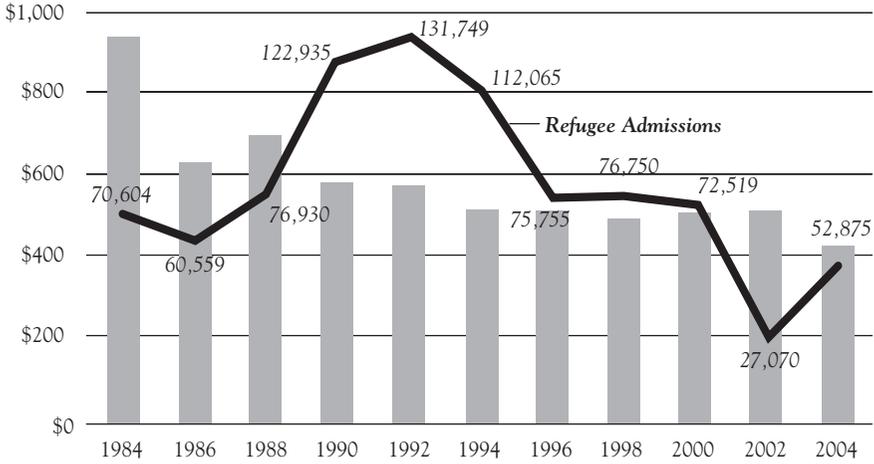
	FY 1999 Spending	FY 2005 Spending	% Change 1999 to 2005
Refugee Resettlement Program	\$ 545	\$ 470	-13.8%
Migrant Head Start	\$ 209	\$ 266	27.3%
Migrant Education	\$ 421	\$ 390	-7.4%
Migrant Education Even Start	\$ 5	\$ 8	60.0%
Migrant Health	\$ 92	\$ 144	56.5%
NCLB Language Acquisition State Grants	-	\$ 673	-
EIEP (Emergency Immigrant Education Program)	\$ 176	-	-
Federal Bilingual Education	\$ 273	-	-
Adult ESL*	\$ 207	\$ 277	33.8%
USCIS Office of Citizenship	-	\$ 3	-
Emergency Health Care for Unauthorized Immigrants	-	\$ 250	-
Total	\$ 1,928	\$ 2,481	28.7%

* Note: We assume here that expenditures on Adult ESL are proportional to shares that ESL recipients represent of total Adult Basic Education participants in the closest year for which data is available. For FY 1999, we use data from the 1997-1998 school year.

FEDERAL PROGRAMS

The major targeted immigrant policy programs are set out in Table 1. Although this list of programs is not comprehensive, it does reflect the principal congressional initiatives that have been deliberately designed to help immigrants and their communities. Viewed collectively, at least four points can be made about these targeted programs. First, they were created in an ad hoc manner over the years, and not surprisingly, they fall short of constituting a coherent integration agenda for immigrant families. Second, total funding for the programs (roughly \$2.6 billion in fiscal year [FY] 2004) can be viewed as modest at best, since the 35 million immigrants in the United States now represent more than 12 percent of the nation's population. Indeed, \$2.6 billion is substantially less than

FIGURE I. FEDERAL REFUGEE RESETTLEMENT PROGRAM SPENDING AND REFUGEE ADMISSIONS, FY 1984 TO 2004
IN MILLIONS OF 2005 DOLLARS



Note: Although asylees, Cuban and Haitian entrants, certain Americans, and Victims of Severe Forms of Trafficking are also eligible for assistance under the Refugee Resettlement Program, the Department of Health and Human Services reports that refugees are the main beneficiaries of the program. Therefore, we only include refugee data in our figures.

Sources: US Federal Budget, Appendix, Department of Health and Human Services, 1984-2006; Office of Refugee Resettlement, Annual Report to Congress, 2002.

the \$4 billion in aid provided to states to offset service costs associated with legalizing 2.8 million immigrants following the 1986 Immigration Reform and Control Act's passage.³ Third, while generally small in scale, spending on many of these programs has grown quite slowly, or stagnated, since 2000 after increasing in the late 1990s. Finally, a significant share of spending is directed at comparatively small migrant populations: refugees and migrant workers.

3 The State Legalization Impact Assistance Grant (SLIAG) program was created to help states offset the costs of providing services to immigrants newly legalized under the 1986 Immigration Reform and Control Act. The program ended in 1995, but provides some lessons for the design of impact aid programs. Strict requirements for documenting spending by individual legalized immigrants proved extremely cumbersome and led to significant delays in state reimbursement and to some unspent funds, despite continued federal deferrals.

ASSISTANCE TO REFUGEES

The only reasonably comprehensive federal integration program is targeted at refugees and asylees found to be fleeing persecution. Funds are intended to assist with the adjustment of these persons to the United States and their settlement in new communities. The refugee resettlement program provides refugees and those granted asylum in the United States short-term cash and medical assistance, employment and other skills training, job placement, language instruction, and assistance for victims of torture. While the program is

TABLE 2. FEDERAL FUNDING FOR MIGRANT EDUCATION PROGRAMS: 1990 TO 2005

Fiscal Year	Federal Spending (millions of 2005 dollars)	Participating Students	Spending per Student (in 2005 dollars)
1990	\$426	411,700	\$1,036
1991	428	437,363	979
1992	434	531,841	816
1993	410	548,163	748
1994	403	609,916	660
1995	395	686,667	576
1996	384	564,048	681
1997	376	580,664	647
1998	370	621,464	595
1999	421	682,090	617
2000	407	685,536	594
2001	424	737,684	575
2002	435		
2003	424		
2004	412		
2005	390		

Note: Participant counts are unduplicated within states but are duplicated at the national level because each state counts and reports participants as they migrate across the country. Therefore, these data may represent overcounts of the number of participants receiving MEP services nationally.

Sources: CRS Report for Congress, "The Federal Migrant Education Program: An Overview"; US Department of Education budget documents (1999-2000); US Department of Education, FY 2001 Appropriations Table; US Department of Education, "Funding Status"; US Department of Education, "Title I Migrant Education Program Trends Summary Report: 1998-2001," 2004, <http://www.ed.gov/rschstat/eval/disadv/migrant/final00.doc>.

federally run, most services are provided by states and private voluntary resettlement agencies.

Funding:

- In constant dollars, spending on refugee resettlement has decreased over time, falling from \$943 million in FY 1984 to \$429 million in FY 2004, while the number of refugees has fluctuated over time with 70,604 admitted in 1984 and 52,875 in 2004. (See Figure 1)
- Spending per refugee admitted decreased greatly from the mid-1980s to mid-1990s, falling 65 percent from \$13,361 in FY 1984 to \$4,628 in FY 1994.

Since 1994, spending per refugee has increased, particularly as refugee admissions dropped dramatically following the terrorist attacks on September 11, 2001. Spending per refugee increased 75 percent from \$4,628 in FY 1994 to \$8,111 in FY 2004.

ASSISTANCE TO MIGRANT WORKERS AND THEIR FAMILIES

The set of federal programs in health, education, and workforce training directed at migrant workers and their families can be viewed as substantial elements of federal integration policy. The migrant workforce has changed in recent decades from being predominately native born to predominately foreign born. According to the most recent National Agricultural Workers' Survey (NAWS), almost four out of five of all hired agricultural workers were foreign born.⁴

MIGRANT EDUCATION

The Migrant Education Program aims to meet the educational needs of children in migrant families.⁵ The program includes both education and support

4 US Department of Labor, Office of the Assistant Secretary for Policy, Office of Programmatic Policy, "Findings from the National Agricultural Workers Survey (NAWS) 2001 - 2002. "A Demographic and Employment Profile of United States Farm Workers." Research Report No. 9, March 2005, <http://www.doleta.gov/agworker/report9/toc.cfm>.

5 Migrant children are defined as "children of migratory workers who have, within the last 36 months, moved across school district boundaries in order to obtain temporary or seasonal employment in agriculture or fishing." US Department of Education, *Policy and Program Studies Service Report Highlights, Title I Migrant Education Program* (2004), <http://www.ed.gov/rschstat/eval/disadv/migrant/highlights01.doc>. Since the late 1980s, the program has focused attention on employees in agricultural jobs with high turnover rates. Children of immigrants who worked in industries such as meat processing with a worker turnover rate of 60 percent annually over 18 months became eligible for the Migrant Education Program. P. Martin and D. Martin, *The Endless Quest: Helping America's Farm Workers* (Boulder, CO: Westview Press, 1994).

services such as social work and health. Services are delivered by schools, school districts, and/or public or private community organizations.

Between the 1989-1990 and 2000-2001 school years, the number of students participating in Migrant Education programs grew 79 percent from 411,700 to 737,684 children. Over half of participating children in 2000-2001 were served in California, Texas, and Florida.

Funding:

- Funding for Migrant Education has remained at approximately the same level since 1990. However, because the number of students participating in Migrant Education-funded programs has grown, spending per student fell from \$1,036 in FY 1990 to \$575 in FY 2001. (See Table 2)
- Although funding was relatively steady, appropriations (in 2005 dollars) declined slowly from \$426 million to \$370 million between FY 1990 and 1998, then increased to above \$400 million per year each year between FY 1999 and 2004.
- Appropriations for FY 2005 were \$390 million.

MIGRANT HEAD START

Migrant Head Start is a special initiative of the broader national Head Start program. Head Start is a child development program that serves pregnant women, children from birth to age five, and families, providing education, health services, and social services. The program aims to prepare low-income children for entry into school. Services are provided by public agencies, private organizations, and school systems. Eligibility for Head Start is based on income at or below the federal poverty line, while Migrant Head Start serves families that earn more than half their annual income from agricultural work and move at least once in each two-year period in search of work. Migrant Head Start concentrates on providing child care for young children, so they will not have to be cared for in the field or by siblings.

Funding:

- Funding for Migrant Head Start increased steadily throughout the late 1990s, and into the first years of the new century. However, after FY 2002, appropriations decreased from \$280 million to \$266 million in FY 2005. (See Table 3)

MIGRANT EDUCATION EVEN START

Even Start is a small, national program aimed at teaching children to read by offering reading education to both children and parents and offering parenting classes. The program provides federal funds matched by state and local dollars and often supplemented by private grants, and is run by schools and/or non-profit organizations. Migrant Even Start serves families that meet the definition of a migratory worker used for Migrant Education. Legislation mandates that Migrant Education Even Start receive a percentage set aside from the total Even Start program (along with Native American Even Start); Migrant Education Even Start has received either 3 or 3.5 percent of total funding each year since 1990.

The Even Start program as a whole was singled out by President Bush as a federal program that showed little evidence of success. A review of the program in 2003 found that Even Start parents and children performed no better than a control group. However, advocates of Even Start insist the program has been successful in preventing adults from remaining unemployed and children from

TABLE 3. FEDERAL FUNDING FOR MIGRANT AND SEASONAL HEAD START: 1995 TO 2005

Fiscal Year	Federal Spending (millions of dollars)	Federal Spending (millions of 2005 dollars)	% Change From Previous Year (using constant 2005 dollars)
1995	\$139	\$178	-
1996	139	173	-3%
1997	154	187	8%
1998	162	194	4%
1999	178	209	8%
2000	207	235	13%
2001	247	272	16%
2002	258	280	3%
2003	260	276	-1%
2004	265	274	-1%
2005	266	266	-3%

Source: Budget Office of the Department of Health and Human Services.

TABLE 4. FEDERAL FUNDING FOR MIGRANT EDUCATION EVEN START: 1990 TO 2004

Fiscal Year	Federal Spending (millions of 2005 dollars)	% Change From Previous Year
1994	3.6	
1995	3.8	6.9%
1996	3.8	0.0%
1997	3.8	-2.2%
1998	4.3	15.7%
1999	4.7	8.4%
2000	5.1	7.6%
2001	9.0	78.2%
2002	9.5	4.8%
2003	9.2	-3.0%
2004	8.2	-10.9%
2005	7.9	-3.7%
2006	3.6	-61.9%

Note: Numbers show the funds set aside for migrant education out of total Even Start appropriations. Migrant Education Even Start received 3 percent of Even Start appropriations FY 1990 to 2000 and FY 2006; and 3.5 percent of Even Start appropriations FY 2001 to 2005.

Source: US Federal Budget, Appendix, Department of Education, 1996-2007.

dropping out of school, and that after program revisions in 2000, Even Start has been operating much more successfully. Despite these arguments, funding for Even Start, and consequently for Migrant Even Start, was halved between FY 2005 and 2006.⁶

Funding:

- Funding for the Migrant Even Start program increased slowly throughout the late 1990s, rising from \$3.6 million to \$5.1 million from FY 1994 to 2000. (See Table 4)
- Appropriations jumped to \$9 million in FY 2001, but fell to \$8.2 million in FY 2004, and were cut to \$3.6 million in FY 2005.

6 D. Nather, "The Perils of a Low Profile," *Congressional Quarterly*, 2005.

MIGRANT HEALTH

Under the Migrant Health program, the Department of Health and Human Services provides grants to community organizations for culturally appropriate medical care and other related services for migrant workers and their families. The migrant health program provides care regardless of immigration status.

Funding:

- Funding for Migrant Health grew in the late 1990s and early 2000s. Appropriations grew 71 percent from FY 1998 to 2005. (See Table 5)
- The number of migrants and dependents served by the Migrant Health program grew 25 percent from 1998 to 2004, while spending per migrant or dependent served grew 32 percent from \$145 to \$191.

TABLE 5. FEDERAL FUNDING FOR MIGRANT HEALTH: 1998 TO 2005

Fiscal Year	Federal Spending (millions of dollars)	Federal Spending (millions of 2005 dollars)	% Change From Previous Year	Migrants/ Dependents Served	Funding per Migrant/ Dependent Served
1998	\$70	\$84	-	580,423	\$145
1999	79	92	10%	582,599	158
2000	87	98	7%	653,369	150
2001	100	110	12%	686,166	160
2002	114	123	12%	708,611	174
2003	125	133	8%	694,040	191
2004	134	139	4%	726,813	191
2005	144	144	4%	-	-

Note: Data on Migrants and Dependents served shows calendar rather than fiscal years.

Source: Budget Office of the Department of Health and Human Services; US Department of Health and Human Services, Uniform Data System reports submitted by grantees of the Health Resources and Services Administration's Bureau of Primary Health Care, 1998-2004.

OTHER TARGETED IMMIGRANT EDUCATION PROGRAMS

THE EMERGENCY IMMIGRANT EDUCATION ACT

Prior to 2001, federal funds supported the education of immigrant and limited English proficiency (LEP) students through two programs — the Emergency Immigrant Education Program (EIEP) and the Bilingual Education Program.

EIEP was intended to help offset state and local costs incurred as a result of immigration by aiding schools with large numbers of new immigrant students. The program provided funds to school districts based on the number of foreign-born students ages 3 to 21 who had been attending US schools for three years or less. The funds supported assistance in basic educational instruction, tutoring, and mentoring/counseling for immigrant students as well as funding for staff trained in serving immigrant students and activities to increase parental involvement in a child's education.

Funding:

- Funding for EIEP declined during the 1980s and early 1990s. However, Congress nearly doubled the program's funding in FY 1997 from \$61 million to \$120 million. (See Table 6)
- Spending per student served by EIEP programs increased from a low of \$47 per student in FY 1994 to \$210 per student in FY 2000.

THE BILINGUAL EDUCATION ACT

The Bilingual Education Act (BEA) of 1968 provided funding, through competitive grants, for local school districts to help them provide bilingual education and language assistance to LEP students. The program was controversial, and the subject of long-standing debate over the appropriateness of providing instruction in languages other than English. The program's reach was relatively narrow — in FY 2001, only about 12 percent of LEP children were served by BEA-funded projects.⁷

Funding:

- Appropriations for Bilingual Education fell somewhat throughout the 1990s, but increased each year between FY 1996 and 2001. However, as

7 P. Osorio-O'Dea, "Bilingual Education: An Overview," Congressional Research Service Report for Congress (June 7, 2001).

TABLE 6. FEDERAL FUNDING FOR EMERGENCY IMMIGRANT EDUCATION PROGRAM (EIEP): 1985 TO 2001

School Year	Federal Spending (millions of dollars)	Federal Spending (millions of 2005 dollars)	EIEP Students*	Spending per Student
1984-1985	\$30.0	\$54.5	348,287	\$156
1985-1986	30.0	53.5	422,549	127
1986-1987	28.7	49.3	436,612	113
1987-1988	30.0	49.5	428,688	116
1988-1989	28.7	45.2	427,870	106
1989-1990	29.6	44.2	478,172	92
1990-1991	30.1	43.2	616,604	70
1991-1992	29.3	40.8	687,334	59
1992-1993	30.0	40.5	778,508	52
1993-1994	29.4	38.7	825,968	47
1994-1995	38.9	49.9	773,976	64
1995-1996	50.0	62.2	823,149	76
1996-1997	50.0	60.8	834,876	73
1997-1998	100.0	119.8	886,196	135
1998-1999	150.0	175.8	796,254	221
1999-2000	150.0	170.1	811,154	210
2000-2001	150.0	165.4		
% Change 1984-1985 to 1999-2000	-	212.4%	132.9%	34.1%
% Change 1991-1992 to 1999-2000		317.1%	18.0%	253.4%

* EIEP students are foreign-born students who have attended US schools for three years or less.

Sources: US Department of Education, Biennial Report to Congress on the Emergency Immigrant Education Program, June 1999 and June 2002; US Department of Education, FY 2001 Appropriations Table.

TABLE 7. FEDERAL FUNDING FOR FEDERAL BILINGUAL EDUCATION: 1991 TO 2001

Fiscal Year	Federal Spending (millions of dollars)	Federal Spending (millions of 2005 dollars)	Total LEP Students	Spending per LEP Student
1991	\$169	\$245	2,198,778	\$112
1992	195	275	2,430,712	113
1993	197	269	2,735,952	98
1994	201	268	3,037,922	88
1995	157	204	3,184,696	64
1996	128	161	3,228,799	50
1997	162	199	3,452,073	58
1998	204	247	3,470,268	71
1999	230	273	3,540,673	77
2000	256	294	4,416,580	67
2001	310*	346	4,584,946	75

* estimate

Sources: US Federal Budget, Appendix, Department of Education, 1992-2002; US Department of Education, "The Growing Numbers of Limited English Proficient Students," 2002-2005.

numbers of LEP students rose substantially each year, available funds per student remained at far lower levels than in the early 1990s. (See Table 7)

NO CHILD LEFT BEHIND ACT

In 2001, the No Child Left Behind (NCLB) Act combined funding for bilingual education and Emergency Immigrant Education into a single formula grant to states for English Language Acquisition and Language Enhancement under its Title III. These grants are based on the LEP population and the number of recent immigrant students in the states. Every state receives at least \$500,000 to ensure that LEP children become proficient in English, have high academic attainment, and meet the same standards as those set for all children.⁸ The funding is used for English language instruction, instructional and

8 J. Murray, M. Fix, and W. Zimmerman, "New Directions for Newcomers: A Roadmap to No Child Left Behind and Children of Immigrants" (Washington, DC: The Migration Policy Institute, publication forthcoming).

TABLE 8. NO CHILD LEFT BEHIND: LANGUAGE ACQUISITION STATE GRANTS (COMBINES FORMER EIEP AND BILINGUAL EDUCATION)

Year	Federal Spending (millions of dollars)	Federal Spending (millions of 2005 dollars)	LEP Students Served	Immigrant Students Served	Funding per LEP Student**
2001/02	\$403	\$437			
2002/03	685	727	3,649,255	753,085	\$199
2003/04	685	708	4,017,504	827,638	172
2004/05	673	673			
2005/06	678*	678			
% change 2002 to 2006		55%			

* estimate

** We focus here only on LEP students because there is substantial overlap between “immigrant” and LEP students.

Source: CRS report to Congress, “Education of Limited English Proficient and Recent Immigrant Students: Provisions in the No Child Left Behind Act of 2001,” April 26, 2004; US Federal Budget, Appendix, Department of Education, 2004-2007; US Department of Education, “Biennial Report to Congress on the Implementation of the State Formula Grant Program,” March 15, 2005.

other services for LEP and immigrant students, family literacy and parental outreach, mentoring and counseling, and professional development of teachers and staff.

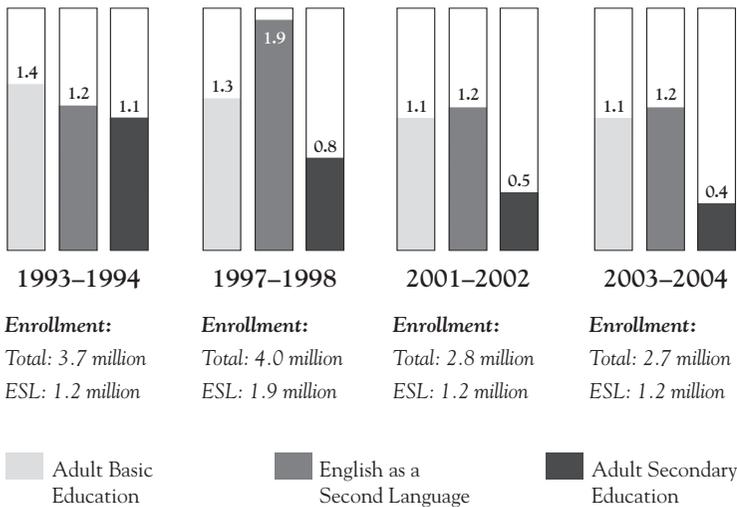
Funding:

- FY 2002 appropriations for Language Acquisition State grants were below the \$511 million appropriated for BEA and EIEP combined in FY 2001. However, appropriations increased substantially with the enactment of the No Child Left Behind Act in FY 2003 to \$727 million, before dropping to \$678 million for FY 2006. (See Table 8)
- Between the 2002-2003 and 2003-2004 school years, the number of students served by Title III grants increased 12.6 percent. Spending per student decreased 13.5 percent.

ESL FOR ADULTS

Federal funding for adult English as a Second Language (ESL) instruction comes as part of the federal Adult Education program, which funds literacy (Adult Basic Education), GED preparation (Adult Secondary Education), and English instruction. In general, states may divide their federal grants among these three programs as they see fit. Enrollment numbers, however, show that between 30 and 50 percent of Adult Education students have been ESL students since the early 1990s. (See Figure 2) Since FY 1997, enrollment in ESL programs has exceeded enrollment in basic education or secondary education. Between 1993/1994 and 2003/2004, enrollment declined in adult basic education (from 1.4 to 1.2 million) and in adult secondary education (from 1.1 to 0.4 million). Enrollment remained steady at 1.1 million in ESL. Meanwhile, the number of LEP adults was growing rapidly with 54 percent growth from 12 million to 18 million between 1990 and 2000.

FIGURE 2. ENROLLMENT IN ADULT EDUCATION PROGRAMS, IN MILLIONS: FY 1994 TO 2004



Sources: US Department of Education, Office of Vocational and Adult Education, "Enrollment and Participation in the State-Administered Adult Education Program."

In 1998, Congress passed legislation reauthorizing the Adult Education and Family Literacy Act (AEFLA), which mandated the Office of Vocational and Adult Education to provide formula grants to states for English Literacy (EL) and Civics Education for immigrants and other LEP populations beginning in 2000. The Civics Education program provides instruction on the rights and responsibilities of citizenship and on civic participation. Each year since 2000, appropriations legislation has earmarked a certain percentage of total adult education funds for EL/Civics education. In 2000, this portion was about 5.7 percent; ever since it has remained at about 12 percent per year. Each state's portion of that funding is based on US Citizenship and Immigration Services data on the state's share of lawful permanent resident (LPR) admissions, and on the rate of the immigrant population's growth (providing funds for "new

TABLE 9. FEDERAL FUNDING FOR ADULT EDUCATION PROGRAMS, STATE GRANTS: 1992 TO 2005

Fiscal Year	Federal Spending (millions of dollars)	Federal Spending (millions of 2005 dollars)	% Change From Previous Year
1992	\$236	\$332	-
1993	255	349	5%
1994	255	340	-2%
1995	252	327	-4%
1996	246	310	-5%
1997	342	421	36%
1998	345	418	-1%
1999	364	432	3%
2000	443	508	18%
2001	538	600	18%
2002	571	627	4%
2003	554	595	-5%
2004	602	630	6%
2005	569*	569	-10%

* estimate

Sources: US Federal Budget, Appendix, Department of Education, 1994-2007; US Department of Education Office of Vocational and Adult Education Division of Adult Education and Literacy, October 1999 (1992-1993).

growth” states). All states receive at least \$60,000.⁹ Though these funds must be used for immigrant and LEP programs, states retain discretion to allocate the remainder of their Adult Education funds according to local needs.

Funding:

- Funding for adult education remained relatively low throughout the 1990s, but increased after 2000. Funding fell by 10 percent between 2004 and 2005, however — the sharpest single year decline in any year of the program from 1992 on. (See Table 9)
- Despite a rapid rise in immigration during the decade between 1994 and 2004, the number of Adult Basic Education enrollees receiving ESL did not change.
- Adult education spending per enrolled student increased from \$92 in FY 1994 to \$233 in FY 2004, reflecting both declining enrollments and increased appropriations for the program.
- President Bush’s budget proposal for FY 2007 would fund Adult Education at \$570 million, a 10 percent decline from FY 2004 levels.

REIMBURSING HOSPITALS’ COSTS OF SERVING UNDOCUMENTED IMMIGRANTS

There are essentially three existing impact aid-like programs intended to offset state and local government’s immigrant-related expenditures. One is the Emergency Immigrant Education Program. Another, the State Criminal Alien Assistance Program, reimburses localities for the costs of jailing unauthorized immigrants convicted of felonies (a program that cannot be viewed as an “integration” policy). A third, comparatively new targeted federal program goes some way toward funding medical care for immigrants by reimbursing states for the emergency medical services they provide to unauthorized immigrants. Hospitals participating in Medicare are required to provide emergency medical services to everyone, regardless of ability to pay or immigration status. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 provides \$250 million per year from FY 2005 to 2008 (\$1 billion in total) to

9 US Department of Education, “Funds for State Formula-Allocated and Selected Student Aid Programs, by Program,” August 2006, <http://www.ed.gov/about/overview/budget/statetables/index.html>.

reimburse states for uncompensated emergency care.¹⁰ Two-thirds of the funds are distributed among all 50 states and the District of Columbia based on their estimated unauthorized immigrant population; one-third will be divided among the six states with the largest unauthorized migrant populations: California, Texas, Arizona, New York, Florida, and New Mexico.

Prior to this act, some federal funding was available to hospitals treating unauthorized immigrants, but the only funding targeted directly for care of unauthorized immigrants, provided under the 1997 Balanced Budget Act (BBA), was meager: \$25 million a year from FY 1998 to 2001. According to the US General Accounting Office (GAO), in FY 2001, both the state receiving the largest BBA allotment and the state receiving the smallest BBA allotment were each only able to cover 2 percent of emergency Medicaid expenditures with BBA money.¹¹

GENERAL FEDERAL SOCIAL WELFARE SPENDING REACHING IMMIGRANTS

There are many federal programs that reach substantial numbers of immigrant families, but are not directly targeted to immigrants. Broadly speaking, several government programs provide education and training, financial and medical assistance, and tax reimbursements that reach immigrant families along with great numbers of native-born residents. With the relatively substantial funding for these non-targeted social programs, targeted spending programs form only one small part of overall federal spending affecting the integration of immigrant families in the United States. While a comprehensive picture of all federal programs influencing immigrant families' integration is beyond the scope of this chapter, we highlight several important programs, and the limitations that may exist to immigrant families' access to these programs.

One important example of federal education and training reaching immigrant families is Title I education funding for the disadvantaged, now incorporated in the No Child Left Behind Act. As children of immigrant families are more likely than other US children to live in low-income households, Title I funding

10 We do not include this money in our overall total for integration spending because the money does not fund services for immigrant families, but instead reimburses states for services they are obligated by law to provide for all residents, regardless of cost.

11 US General Accounting Office (GAO), "Undocumented Aliens: Questions Persist about Their Impact on Hospitals' Uncompensated Care Costs," GAO-04-472, May 2004, <http://www.gao.gov/new.items/d04472.pdf>. The 1997 Balanced Budget Act (BBA) funds were distributed among 12 states with the highest numbers of unauthorized immigrants.

is important to many of the schools and districts serving immigrant families. In FY 2001, Title I funding was reported to have reached 1.5 million LEP students, while Bilingual Education funding reached only 400,000 LEP students.¹² Title I appropriations in FY 2004 were \$18.5 billion.¹³

Title I of the Workforce Investment Act (WIA) is the principal source of US federal funding for job training. In the past, LEP adults have comprised only a small share of those receiving training: only 5.3 percent in 2003.¹⁴ However, pending legislation could expand the program's reach to immigrants. In 2005, the House approved the Job Training Improvement Act of 2005 reauthorizing the Workforce Investment Act (WIA) and the Adult Education and Literacy Act; the Senate approved the bill in June 2006.¹⁵ The House version would require states to develop a plan for training specific groups including LEP adults and authorize training programs that included English-language instruction. Similarly, the Senate's version would encourage services for "hard to serve groups," including LEP adults, and authorize training programs that integrate skills and English-language learning as well as funds for demonstration projects involving LEP workers.

Finally, the Earned Income Tax Credit (EITC), which reduces or eliminates the taxes that low-income working families must pay, reaches some immigrant families. However, immigrant families are less likely to have heard of or received the EITC than native families. An Urban Institute study found that 79 percent of native families had heard about the EITC in 2002, compared to 26 percent of immigrant families, and only 14 percent of immigrant families reported receiving the EITC compared to 57 percent of native families. While this gap may be inflated by the fact that immigrant families may receive the EITC without knowing the name of the program or being able to identify it in a national survey, the Urban Institute concluded that many immigrant families receiving the EITC do so only with the help of tax preparers, who often charge high fees, or offer loans with high interest rates based on anticipated refunds.¹⁶

12 Osorio-O'Dea, "Bilingual Education" (see n. 7).

13 The \$412 million for Migrant Education in FY 2004 came out of this Title I funding.

14 A. Frank and E. Minoff, "Declining Share of Adults Receiving Training under WIA are Low-Income or Disadvantaged" (Washington, DC: Center for Law and Social Policy, December 14, 2005), http://www.clasp.org/publications/decline_in_wia_training.pdf.

15 United States House of Representatives, "Job Training Improvement Act of 2005," H.R. 27, 109th Cong. 2nd Sess. (2005); United States Senate, "Workforce Investment Act Amendments of 2005," S. 1021, 109th Cong. 2nd Sess. (2005).

16 R. Capps, M. Fix, E. Henderson, and J. Reardon-Anderson, "A Profile of Low-Income Working Immigrant Families," Washington, DC: Urban Institute, June 2005.

CONCLUSION

In sum, targeted federal integration programs form a fragmentary system of support for immigrant families in US communities, with refugees and asylees receiving the most comprehensive assistance. Many of the programs that do exist have seen declining funds over recent years, following a period of growth for most programs during the late 1990s and early 2000s. Further, federal spending on integration has failed to keep pace with the growing flows of new immigrants and particularly immigrant children. As the number of immigrants in the country continues to increase by between one and two million a year, the holes in support for immigrant integration threaten to allow already tough public policy challenges to grow.

While some medical coverage is targeted to the small fraction of immigrants who are in migrant worker families or are refugees, new legal immigrants remain barred from the federal Medicaid/SCHIP program for five years. More than 44 percent of non-citizen immigrants do not have health insurance, and must rely on a system of safety net clinics and hospitals, which create high costs for uncompensated health care in their communities.¹⁷ Rather than merely reimbursing hospital for the costs of this care, policymakers could focus on ways to ensure that larger shares of immigrants have access to health insurance. This could both improve the health of immigrant communities and likely reduce overall health costs by enabling immigrants to afford primary and preventive care, making them less likely to resort to expensive visits to the emergency room.

Another example of the shortcomings of federal initiatives is the growing wait lists for Adult ESL classes. The fact that enrolment in Adult ESL classes has not increased over the past ten years obscures the fact that demand for these classes has been growing rapidly, while federal funding for adult ESL has stagnated. A study by the New York Immigration Coalition in 2001 estimated that only 5 percent of the need for English classes was being met in New York City.¹⁸ While loud voices in national immigration debates deride immigrants for failing to learn the country's language, legislators have failed to make the necessary investments to give immigrants the means to do so.

¹⁷ See Chapter 7, pp. 83-106, of this volume.

¹⁸ T. Robbins, "Language Lockout: For Immigrants, Hard Work Yields Few Benefits," *The Village Voice*, September 10-16, 2003, <http://www.villagevoice.com/news/0337,robbins,46891,5.html>.

As the nation considers reforming its policies on immigration to the United States, the scope and depth of the federal government's responsibility for assisting immigrant families' integration is likely to become an increasingly pressing reality at state and local levels, if not within national debates. In the intermediate term, these concerns should translate into plans for an impact aid program that draws on the lessons from the 1986 Immigration and Reform Act and from other fields. (See, generally, chapter 10 of this volume).

NOTE ON DATA SOURCES

The data on funding in this chapter were taken from a variety of sources, utilizing the most accurate figures available to provide a view of funding changes over time. In some cases, these data were reported by the government department that distributes the funding to the state and local agencies serving immigrant and LEP families. In other cases, the budget data were taken from the appendices of the US federal budget. Budget data from departments reflect the amount they had available to spend, not necessarily the amount they actually spend. Data from the federal budget reflect actual obligations, or the money the agency committed to be spent on integration services. In most cases, appropriations and obligations are very similar within each fiscal year; using either metric of funding provides a picture of the general level of available funds for each integration activity.

PART III
KEY POLICY
ISSUES

CHAPTER 7

ACCESS TO HEALTH CARE AND HEALTH INSURANCE: IMMIGRANTS AND IMMIGRATION REFORM

LEIGHTON KU AND

DEMETRIOS G. PAPADEMETRIOU

INTRODUCTION¹

The high costs of health care and the erosion of health insurance coverage are two important long-term challenges that confront all Americans. But these problems are especially acute for immigrants to the United States, who have extremely low rates of health insurance coverage and poor access to health care services. (The principal focus of this chapter is those who are not naturalized and, unless otherwise stated, “immigrants” means non-citizen immigrants.) Immigrants — particularly those who have not yet become American citizens — encounter roadblocks that make it far more difficult to get either public or private health insurance and to obtain adequate access to health care.

As a result of these barriers almost half of all immigrants are uninsured, a level that falls far outside the experience of most mainstream Americans. In addition to the obvious health and humanitarian concerns associated with poor health care access, there are other economic and social reasons to be concerned. Unresolved health problems can limit immigrants’ ability to maintain productive employment, particularly given that many work in physically strenuous jobs or in jobs in which there is a high incidence of occupational injuries. Because so many immigrants lack the protections of health insurance, the cost of even a single hospitalization can drive many into debt and financial insolvency. The Institute of Medicine has estimated that the societal costs of

¹ The opinions expressed here are those of the authors and do not necessarily reflect the positions of the Center on Budget and Policy Priorities or the Migration Policy Institute. The authors thank a number of colleagues who offered helpful suggestions and constructive criticism.

uninsurance in the United States are substantial; between \$65 and \$130 billion per year, due to health impairments and years of productive life lost (this estimate is for all those who are uninsured, not just immigrants).²

Since almost half of US immigrants are uninsured, they often rely on a patchwork system of safety net clinics and hospitals for free or reduced price medical care, including state and county-owned facilities, as well as charitable and religiously affiliated facilities. Immigrants' reliance on this system leads many states and communities to be concerned about uncompensated health care costs for uninsured immigrants and the state and local fiscal burdens that result.

Immigration reform has the potential either to improve immigrants' access to medical care or to leave them with access far below the standards of most of those living in the United States. At the very least, discussion and debate about immigration reform offer opportunities to review these issues and to think about how improvements could be made. This chapter summarizes key issues and research concerning immigrants' access to health care, reviews some persistent myths that make solutions more difficult, and suggests potentially constructive solutions and ideas concerning health care access and coverage for those affected by immigration reform proposals.

IMMIGRANTS' ACCESS TO HEALTH INSURANCE AND HEALTH CARE

Census data show that immigrants are more likely to be uninsured than native-born citizens (Table 1). Overall, non-citizen immigrants are more than three times as likely to be uninsured (44 percent) as native citizens (13 percent). The percent of naturalized citizens who are uninsured (17 percent) is between that of non-citizens and native citizens. Immigrants' insurance coverage is worst when they are recent immigrants and improves as they reside in the United States for longer periods. (Similarly, incomes grow with tenure in the United States. This is partly because immigrants' employment tends to improve with time and partly because both citizens' and immigrants' incomes increase with age and greater job experience.) The main reason that immigrants are less insured than native-born citizens is that, despite their high rates of employment, fewer immigrants have employer-sponsored health insurance.

2 Committee on the Consequences of Uninsurance, Institute of Medicine, *Insuring America's Health: Principles and Recommendations* (Washington, DC: National Academy Press, 2004).

TABLE I. HEALTH INSURANCE COVERAGE OF US POPULATION BY IMMIGRATION STATUSES AND INCOME, 2004

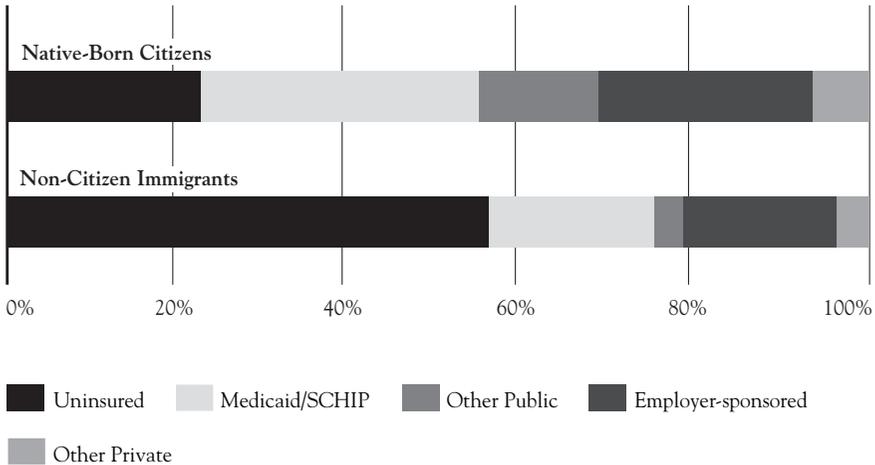
	Uninsured	Employer-Sponsored Insurance	Medicaid SCHIP	Non-group & Other Private	Medicare & Other Public
All Incomes					
US-Born Citizens	13.3%	59.1%	13.0%	5.5%	9.1%
Naturalized Citizens	17.2%	54.9%	10.3%	5.4%	12.2%
Non-Citizen Immigrants	44.1%	36.5%	12.6%	4.0%	2.9%
Low-Income (Below 200% of Poverty Line)					
US-Born Citizens	22.6%	24.9%	32.5%	6.4%	13.5%
Naturalized Citizens	26.2%	26.4%	23.2%	5.6%	18.7%
Non-Citizen Immigrants	56.1%	18.1%	19.3%	3.6%	2.9%

Source: Authors' analyses of March 2005 CPS

The discrepancy between immigrants and native-born citizens persists among those with incomes below 200 percent of the poverty line (or about \$33,000 per year for a family of three in 2006), a group comprised primarily of non-citizen immigrants but that also includes a small minority of native-born citizens. Among the low-income category, 56 percent of non-citizen immigrants are uninsured versus 23 percent of native-born citizens (Table 1 and Figure 1). However, reasons for the insurance gap change when one focuses on the low-income population. The primary reason for the difference in coverage between low-income immigrants and citizens is that fewer immigrants have public coverage, including Medicaid (which serves the poor) and Medicare (which serves the elderly). Low-income immigrants are also less likely to have employer-sponsored coverage and other private coverage, but the gaps are somewhat narrower.

Although Census data do not reveal whether immigrants are legal or not, it is important to recognize that these profiles are affected by the types of immigrants living and working in the United States. Analyses indicate that the proportion of new immigrants who are unauthorized has grown in recent years,

FIGURE I. DISTRIBUTION OF HEALTH INSURANCE FOR IMMIGRANTS AND NATIVE-BORN CITIZENS WITH INCOMES BELOW 200% OF POVERTY, 2004



Source: Authors' analyses of March 2005 CPS

while the proportion legally admitted has fallen.³ Unauthorized immigrants are ineligible for public benefits (except for limited Medicaid coverage for treatment of emergency medical conditions) and have greater difficulty securing private health insurance as well.

PRIVATE HEALTH INSURANCE

Employer-sponsored insurance is the mainstay of health coverage for most Americans, but not for immigrants. As seen above, immigrants are much less likely to have private insurance coverage than citizens, even though immigrants have high levels of employment. Analyses of Census data have found that a key reason for this lack of coverage is that immigrant workers, particularly Latino immigrants, are less likely to be offered insurance at work than citizen workers.⁴ Job-based health insurance is offered to 87 percent of white citizen

3 J. Passel and R. Suro, "Rise, Peak and Decline: Trends in U.S. Immigration 1992-2004" (Washington, DC: Pew Hispanic Center, September 2005).

4 C. Schur and J. Feldman, "Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured" (New York City: Commonwealth Fund, May 2001).

workers, but to only 50 percent of Latino immigrant workers. However, when they are offered health insurance, comparable numbers of white citizens and Latino immigrants accept the offer and take employer-sponsored insurance (87 percent of white citizen workers and 81 percent of Latino immigrant workers). In most cases, accepting the insurance offer means that immigrant employees are also willing to bear a portion of the costs in the form of employee premiums and other cost-sharing mechanisms. The offer and acceptance rates for Latino citizen workers are about the same as those for white citizens.

Part of the reason immigrants are offered insurance at lower rates is that they frequently work in the types of industries that are less likely to offer health insurance, such as agriculture, construction, food processing, restaurant, hotel, and other service jobs. But more detailed analyses have shown that even if one statistically adjusts for differences in job type, salary level, and such, immigrants are still less likely to be offered insurance.⁵

In some cases, employers may be able to effectively treat immigrants — even legal immigrants — differently by classifying them as contract, temporary, or part-time workers, so they are not required to offer benefits. Moreover, rather than directly hiring workers (e.g., farm workers, janitorial staff, etc.), some firms instead pay contractors for labor, knowing that the contractors lower their costs by not offering benefits to their employees. A recent report found that, regardless of citizenship, contract, temporary, and part-time workers are far less likely to have employer-based insurance: 21 percent of these workers were insured, compared with 74 percent of full-time regular workers.⁶

It is not clear whether immigrants are not offered health insurance while citizen workers in the same companies are offered coverage or whether immigrants tend to work in firms that do not offer insurance, compared to citizen workers in the same types of jobs. (That is, it is not clear if immigrants are subject to some form of discrimination within firms or are offered insurance less often because they work in a segmented labor market in which some companies primarily hire immigrants while other companies of the same type primarily hire citizens.) Under federal law, employers are supposed to offer health insurance on equivalent terms to all their workers, but it is plausible that immigrants, particularly unauthorized workers or temporary visa holders, are often not offered health benefits on terms equivalent to other workers.

5 Ibid. Also see T. Buechmiller et al., “Immigrants and Employer-Provided Health Insurance,” ERIU Working Paper #38 (Ann Arbor, MI: University of Michigan, August 2005).

6 E. Ditsler et al., “On the Fringe: The Substandard Benefits of Workers in Part-Time, Temporary, and Contract Jobs” (New York: Commonwealth Fund, December 2005).

ACCESS TO PUBLIC HEALTH INSURANCE

For most low-income people, Medicaid is the mainstay of health insurance coverage. But there are sharp legal distinctions in terms of immigrants' eligibility for Medicaid and its counterpart, State Children's Health Insurance Program (SCHIP). Undocumented immigrants and temporary visa holders (e.g., those with student or temporary work visas) are not eligible for Medicaid, except for Medicaid coverage of emergency room services. Medicaid generally does not provide coverage for non-elderly adults without dependent children in the United States, so many of the immigrant adults who come to the United States primarily to work are not eligible for regular or emergency Medicaid. Elderly immigrants, though often ineligible for Medicare because they did not work in the United States for a sufficient number of years to qualify for Social Security or Medicare, may still be eligible for Medicaid if they are poor enough and meet other eligibility criteria.

The 1996 welfare reform law prohibited most lawful permanent residents admitted after the law's enactment from receiving federal Medicaid or SCHIP coverage during their first five years in the United States (similar prohibitions also barred eligibility for other benefits such as food stamps, welfare, and supplemental security income).⁷ By now, about 40 percent of lawful immigrants in the United States have entered since 1996 and have been subject to this prohibition.⁸ Nonetheless, a number of states have opted to cover some of these immigrants, particularly children or pregnant women, using state funds.⁹ Beginning in the late 1990s, the federal eligibility prohibition combined with fears in the immigrant community that receiving Medicaid or SCHIP could harm an immigrant's chance of getting lawful residence, remaining in the United States, or becoming naturalized, discouraged participation even among those eligible for public benefits.¹⁰ (The federal government subsequently clarified that getting Medicaid or SCHIP benefits would not make an immigrant ineligible for permanent residency.) Nonetheless, since welfare reform's 1996 enactment, low-income immigrants have lost Medicaid coverage and are more likely to be uninsured.

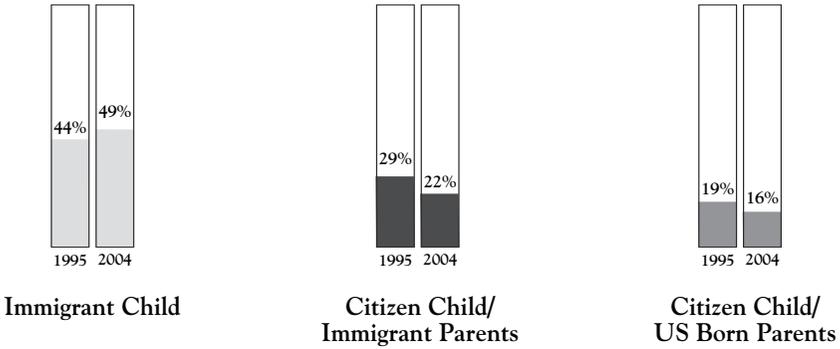
7 S. Fremstad and L. Cox, "Covering New Americans: A Review of Federal and State Policies Related to Immigrants' Eligibility and Access to Publicly Funded Insurance" (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, November 2004).

8 Estimate by J. Passel of the Pew Hispanic Center, February 2006, based on analysis of trends from recent Census data. This is a ratio of the number of non-refugee lawful permanent residents who entered after 1996 divided by the number of total lawful permanent residents in the United States.

9 Ibid.

10 M. Fix and J. Passel, "The Scope and Impact of Welfare Reform's Immigrant Provisions" (Washington, DC: The Urban Institute, January 2002).

FIGURE 2. CHANGES IN PERCENTAGE OF LOW-INCOME CHILDREN (BELOW 200% OF POVERTY) WHO ARE UNINSURED, 1995 TO 2004



Source: Authors' analyses of March 1996 and 2005 CPS

Gaps in insurance coverage between immigrant children and citizen children widened over the past decade (Figure 2).¹¹ After the 1996 immigrant prohibitions, more immigrant children became uninsured. In contrast, the enactment of SCHIP in 1997 and subsequent state efforts to expand children's coverage with SCHIP and Medicaid led to higher insurance coverage of citizen children. As a result, the percentage of low-income children in native-born families who were uninsured fell from 19 percent in 1995 to 16 percent in 2004. These expansions were not felt by immigrant children, however, in part because of the immigrant exclusions; the percent of low-income immigrant children who were uninsured climbed from 44 percent to 49 percent.

Initially, immigrants' fears concerning welfare reform led to reductions in participation in Medicaid and SCHIP by US-born children whose parents were immigrants ("mixed status" families), even though the children were always eligible because they were citizens. But as Figure 2 shows, this problem has eased thanks in large measure to substantial outreach and educational efforts on the part of state and local governments and community-based organizations. The

11 In 2000, the Census Bureau added an additional question to verify insurance coverage; this reduced the number of people who are reported as uninsured. In order to fairly compare data before and after 2000, these analyses use the "pre-verification" versions of the insurance questions that are the same for 1995 and 2004.

coverage of children in mixed status families has improved, even though they are still more likely to be uninsured than children with native-born parents. (Note: Net insurance coverage for citizen children improved because Medicaid or SCHIP coverage increased between 1995 and 2004 and such improvements occurred despite reductions in private insurance coverage. For immigrant children, both Medicaid/SCHIP coverage and private coverage declined, which contributed to lower insurance coverage.)

THE ROLE OF IMMIGRANT SPONSORS

The 1996 prohibition on Medicaid and SCHIP coverage was based on some legislators' belief that sponsors of immigrants ought to be responsible for their health insurance coverage. Since 1997, those who sponsor immigrants must agree to be responsible for them and are informed that they may be held liable for the costs of public assistance, like Medicaid or SCHIP, if the sponsored immigrants receive benefits. Expectations that most recent immigrants could get private insurance from employers or that their sponsors would step in to provide other private coverage have proven to be unrealistic. Analyses of Census data for low-income immigrant children show that the share with private coverage (employer-sponsored or non-group) fell from 19 percent in 1995 (before the 1996 changes) to 17 percent by 2004. For low-income parents, the share with private coverage fell from 28 percent in 1995 to 25 percent by 2004. In 2004, as in 1995, immigrants were much less likely to have private insurance than native-born citizens. Combined with the loss of Medicaid coverage immigrants experienced over this period, the net result has been a substantial increase in the percentage of low-income immigrants who are uninsured.

While sponsors may be able to provide financial support in some areas, it can be quite difficult for sponsors to afford health insurance for the immigrants they have sponsored. In 2005, the price of an average employer-sponsored health insurance policy for a family was over \$10,000; for an individual, the cost of such a policy was over \$4,000. The prices can be even higher when insurance must be purchased on a non-group basis, as would be required for those who are not in the sponsors' immediate families.¹² Many Americans are themselves uninsured and sponsors with low and middle incomes usually cannot afford the health insurance of those they sponsor. The prohibition on Medicaid coverage for legal immigrants during their first several years in the United States effectively means that a large number of immigrants are uninsured, even if they are working and have serious health needs.

12 Kaiser Family Foundation and Health Research and Educational Trust, "Employer Health Benefits: 2005 Summary of Benefits" (Menlo Park: Kaiser Family Foundation, 2005).

Federal legislation that passed in early February 2006 adds a new requirement that American *citizens* applying for Medicaid must submit proof of citizenship, such as a US passport or birth certificate. This provision would not apply to immigrants applying for Medicaid, who must already submit documentation of their legal status. A recent study has estimated that the coverage of three to five million citizens on Medicaid may be jeopardized because they do not have a passport or birth certificate.¹³ Although the legislation is aimed at citizens, it could have repercussions for immigrants as well if it leads many in the immigrant community (and some caseworkers) to believe that they must also show proof of citizenship to obtain coverage and that non-citizen immigrants are not eligible for Medicaid.

ACCESS TO HEALTH CARE

Because immigrants are so often uninsured, out-of-pocket health care costs are higher than those paid by the insured and immigrants are less able to get the care they need. Other factors, like language barriers, also impair immigrants' access to medical care and the quality of that which they do receive. The net result is that immigrants are much less likely to use primary and preventive medical services, hospital services, emergency medical services, and dental care than are citizens, even after controlling for the effects of race/ethnicity, income, insurance status, and health status. Low-income immigrant adults are twice as likely as low-income native citizen adults to report that they have no regular source of health care. Similarly, low-income immigrant children are four times more likely to lack a usual source of care as low-income children with native citizen parents.¹⁴ A federal report recently concluded that racial/ethnic disparities in health care are gradually becoming narrower between African Americans and white Americans, but are widening between Latinos and white Americans.¹⁵ The poor health care access of immigrant Latinos is a major reason for this widening gap in medical care.

What little is known about the health care access of unauthorized immigrants suggests that it is particularly poor. One broad survey of California farm workers, who are largely undocumented, found that only one-sixth were offered employer-sponsored health insurance and one-third of those receiving offers of

13 L. Ku et al., "Survey Indicates Budget Reconciliation Bill Jeopardizes Medicaid Coverage for 3 to 5 Million Citizens" (Washington, DC: Center on Budget and Policy Priorities, January 26, 2006).

14 L. Ku and S. Matani, "Left Out: Immigrants' Access to Health Care and Insurance," *Health Affairs* 20, no. 1 (Jan/Feb 2001): 247-56.

15 Department of Health and Human Services, 2005 *National Healthcare Disparities Report* (Rockville, MD: Agency for Healthcare Research and Quality, 2006).

coverage said they could not afford the insurance offered. Half of the males and a third of the females had not seen a physician in the past two years, even though many had occupational illnesses or chronic health problems like high blood pressure and anemia.¹⁶ A national survey of day laborers, predominantly unauthorized, also found a high level of occupational injuries.¹⁷ One-fifth of day laborers had suffered a work-related injury, but less than half received medical care for that injury.

Many immigrants — regardless of their legal status — experience a health care environment that is strikingly different from that seen by most Americans. They are directly exposed, without the financial buffers of insurance, to the high costs of health care, from doctor’s office visits to prescription drugs to hospitalizations. As a result, immigrants are less likely to get care in private doctors’ offices and are more reliant on safety net clinics or hospitals that offer free or reduced price medical care, such as state or county-owned, charitable, or religiously affiliated health care facilities.¹⁸

Even these facilities are not always perceived as “safe” since some public facilities inquire about immigration status, causing concerns among immigrants that they may be reported to the government. Thus, some immigrants turn to “black market” sources of health care, such as unlicensed health care providers (e.g., immigrant doctors not licensed to practice in the United States), and may purchase prescription drugs that have been smuggled into the United States and are sold without prescriptions.¹⁹

Because so many lack insurance and rely on safety net clinics and hospitals, the unauthorized place a greater burden of the costs of uncompensated health care in areas with high concentrations of immigrants. One study estimated that the cost of uncompensated hospital emergency care for unauthorized immigrants in southwestern border counties was about \$190 million in 2000.²⁰ The total cost of uncompensated health care for uninsured immigrants — lawful and unauthorized — provided by hospitals, clinics, and other health care providers

16 D. Villarejo et al., “Suffering in Silence: A Report on the Health of California’s Agricultural Workers” (Woodland Hills, CA: California Endowment, 2000).

17 A. Valenzuela et al., “On the Corner: Day Labor in the United States” (University of California at Los Angeles and University of Illinois at Chicago, January 2006).

18 Ku and Matani, “Left Out” (see n. 14).

19 L. Ku and A. Freilich, “Caring for Immigrants: Health Care Safety Nets in Los Angeles, New York, Miami and Houston” (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, February 2001).

20 US-Mexico Border Counties Coalition, “Medical Emergency: Who Pays the Price for Uncompensated Emergency Medical Care Along the Southwest Border?” 2002.

across the nation is substantially higher. A large share of the costs is borne by state and local governments or charitable or religious organizations that operate the facilities. Some costs are also indirectly transferred to those with private insurance, who bear somewhat higher health care costs when hospitals or other facilities cross-subsidize their losses from uncompensated care for uninsured people by charging private health insurers more (cost-shifting).²¹

MYTHS THAT MAKE REFORMS MORE DIFFICULT

Like many topics relating to immigrants and immigration, persistent rhetoric and myths about immigrants and health abound, making informed policy choices more difficult. This section addresses three of the more common myths.

MYTH: IMMIGRANTS ARE THE MAIN REASON THE NUMBER OF UNINSURED IS GROWING

Trends reported by the Census Bureau show that the number of people who are uninsured grew by about six million between 2000 and 2004.²² One common myth is that immigration is the main reason that the number of uninsured people is rising. A recent report, for example, stated that immigrants and their children are responsible for three-quarters of the growth in the number of uninsured.²³

More careful analyses, however, indicate that immigrants play a much smaller role in the growth in the number of uninsured, although the relative role of immigrants depends partly on broader economic changes.²⁴ The analyses, summarized in Figure 3, examine changes in the number of uninsured people between 1994 and 2003, partitioning them into three periods: 1994-1998, 1998-2000, and 2000-2003. In each period, the number of uninsured non-citizen immigrants and naturalized citizens grew slightly. However, during the 1994-1998 and 2000-2003 periods, there were broad increases in the number of uninsured and the overwhelming majority of growth in the ranks of the uninsured occurred among native citizens. In the period between 1998 and 2000,

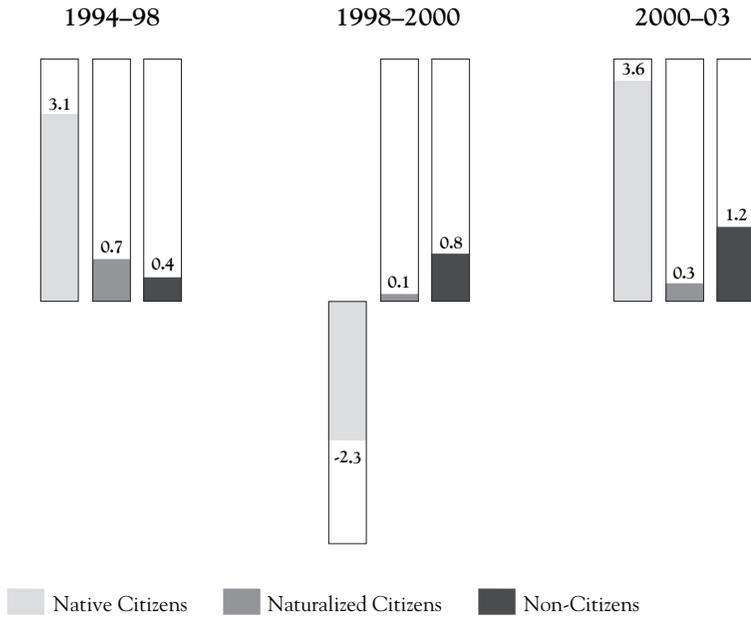
21 A. Dobson et al., "The Cost-Shift Payment Hydraulic: Foundation, History and Implications," *Health Affairs* 25, no. 1 (Jan/Feb 2006): 22-33.

22 US Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2004," August 30, 2005.

23 S. Camarota, "Immigrants at Mid-Decade: A Snapshot of America's Foreign-Born Population in 2005" (Washington, DC: Center for Immigration Studies, December 2005).

24 J. Holahan and A. Cook, "Are Immigrants Responsible for Most of the Growth of the Uninsured?" (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, October 2005).

FIGURE 3. CHANGES IN THE NUMBER OF NON-ELDERLY UNINSURED BY CITIZENSHIP STATUS, 1994 TO 2003 (IN MILLIONS OF PEOPLE)



Source: Holahan and Cook, Analyses of Census data, 2005

the number of native citizens who were uninsured fell, so the increases in that period occurred among immigrants.

Immigrants, particularly recent immigrants, are more often uninsured than native citizens. Thus, growth in the number of immigrants in the United States contributes incrementally to growth in the overall number of those uninsured. Most health care analysts agree, however, that the recent growth in the number of uninsured people is primarily attributable to the erosion of employer-sponsored health insurance, which is, in turn, primarily due to the rising costs of health care. These factors affect immigrants and non-immigrants alike, but there are far more native citizens in the United States than immigrants, so changes in the status of native citizens dominate the overall insurance profile of the nation. Moreover, the disparity in changes in insurance coverage that occurred in 1998-2000 suggests that even a rising tide of increased insurance coverage may not lift immigrants' boats because they are less likely to be offered either private or public insurance coverage.

MYTH: THE HEALTH CARE COSTS OF IMMIGRANTS ARE BANKRUPTING THE SYSTEM

Persistent stories about uncompensated health care costs for immigrants have led to a perception on the part of the general public that immigrants have extraordinarily high health care costs, in part because they use emergency rooms too much.

Research demonstrates that medical expenditures for immigrants are *much lower* than for native citizens and that immigrants are *less* likely to use emergency rooms than native citizens. Figure 4 summarizes a recent national study that found per capita medical expenditures for immigrants — whether paid by insurance or out-of-pocket — were *less than half* those of native-born citizens.²⁵ Another study found that non-citizen immigrants were much less likely to use emergency rooms than native citizens.²⁶

Both studies indicate that immigrants use less health care than native citizens, even after statistically controlling for the effects of factors like insurance coverage, race/ethnicity, income, age, gender, education, and health status.²⁷ Insurance coverage promotes better access to care for immigrants, just as it does for native citizens, but additional factors impede health access and utilization for immigrants, such as language barriers and perhaps a lack of familiarity with the American health care system. The health care utilization of naturalized citizens is closer to that of native citizens, suggesting that these discrepancies ease as immigrants reside in the United States for a longer period.

How can we resolve the apparent disparity between stories about high medical costs and studies showing that immigrants have low costs? The key is that, even though immigrants have relatively low per capita medical costs, immigrants are often uninsured and many of their costs are incurred as uncompensated care received at safety net facilities. Thus, in locales where immigrants are concentrated and numerous, a large share of the additional government costs for uncompensated care would be incurred for immigrants. In these locales, uncompensated care costs for uninsured immigrants can impose additional costs and burdens on safety net health care providers.

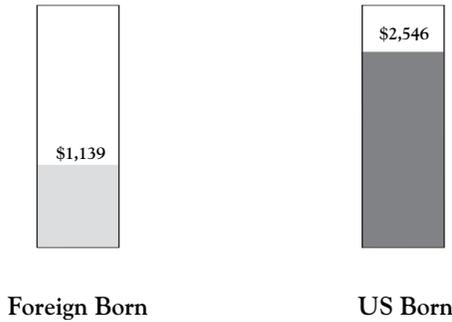
The costs of uncompensated care for uninsured immigrants may be affected in part by state policies, however. Some states, like California or New York, are

25 S. Mohanty et al., “Health Care Expenditures of Immigrants: A Nationally Representative Analysis,” *American Journal of Public Health* 95, no. 8 (Aug 2005): 1431-1438.

26 Ku and Matani, “Left Out” (see n. 14).

27 Ibid.

FIGURE 4. AVERAGE PER CAPITA ANNUAL MEDICAL EXPENDITURES



Source: Mohanty et al., 2005, based on Medical Expenditure Panel Survey. Estimates are adjusted for differences in race, insurance, income, etc.

more generous in providing state-funded Medicaid coverage to legal immigrants than other states, like Arizona or Texas. Because of this, a greater share of the health care provided to immigrants in more restrictive states is likely to be uncompensated care for immigrants who are uninsured, while care for immigrants in more generous states is more likely to be covered by insurance.

MYTH: OFFERING HEALTH BENEFITS CREATES AN IMMIGRANT MAGNET

One factor that has discouraged some states from offering better health care to immigrants is the fear that more generous benefits will serve as a “magnet,” attracting more poor and uninsured immigrants to their states.

Such a view is not supported by the research, however, which finds that people migrate for better economic prospects (i.e., a better job), to be reunited with family members, or to flee persecution in their home country, not because of perceived advantages in health benefits or social services.²⁸ For example, in a survey of unauthorized immigrants in California and Texas, less than half of 1 percent said they came to the United States for social services; most came for employment or family reunification.²⁹ Recent trends in the residential patterns of immigrants also dispel this myth. The number of immigrants has grown the

28 Fix and Passel, “The Scope and Impact of Welfare Reform” (see n. 10).

29 M. Berk et al., “Health Care Use Among Undocumented Latino Immigrants,” *Health Affairs* 19, no. 4 (Jul/Aug 2000): 51-64.

most rapidly in states, such as southern or Rocky Mountain states, that offer less than generous Medicaid or welfare benefits, and away from more traditional immigrant strongholds, like California and New York, which have more generous immigrant benefits.³⁰ Immigrants moved to the non-traditional states because they found new employment opportunities, such as work in the poultry and food processing industries.

WHAT ARE POTENTIAL SOLUTIONS?

Immigration reform offers the opportunity to improve immigrants' access to health care, both because it would change the legal status of large numbers of immigrants and because it offers a window for Congress, advocates, and analysts to review other policies concerning the status of immigrants in the United States.

Some recent immigration reform proposals have included provisions to increase the number of immigrants admitted as lawful permanent residents, created new categories of temporary workers, and developed more stringent immigration enforcement mechanisms.³¹ Even so, many unauthorized immigrants will remain in the United States. This section describes policy options to improve health coverage and access for immigrants falling into three categories: (1) lawful permanent residents; (2) temporary workers authorized by immigration reform; and (3) the remaining unauthorized immigrants.

Of course, we do not know what direction immigration reform will take. It is conceivable that an eventual immigration reform policy could make health access more difficult for many immigrants, for example, by making it more difficult for immigrants to gain access to public benefits, receive care at safety net facilities, or by making it illegal for health or social service providers to offer assistance to unauthorized immigrants.

Lawful Permanent Residents. As noted above, immigration reform could increase the number of lawful permanent residents admitted to the United States each year. It might also adjust immigration categories or eligibility criteria and change the proportions admitted under different categories. Three areas for reform for lawful permanent residents can be considered:

30 R. Capps et al., "The Dispersal of Immigrants in the 1990s" (Washington, DC: The Urban Institute, November 2002).

31 M. Rosenblum, "Comprehensive Legislation vs. Fundamental Reform: The Limits of Current Immigration Proposals," Task Force on Immigration and America's Future Policy Brief No. 13 (Washington, DC: Migration Policy Institute, January 2006).

PRIVATE HEALTH INSURANCE

To the extent that more immigrants have legal residency, they may find it easier to get better jobs. This could lead to increased offers of employer-sponsored health insurance and increased private insurance coverage.

However, as discussed above, immigrants encounter roadblocks to job-based coverage. The main reason immigrants are less insured is that fewer are offered employer-sponsored health insurance than citizen workers as they often hold low-wage, low-benefit jobs. Reducing these gaps in the availability of employer-sponsored coverage would require broad efforts to improve the job skills of immigrants (e.g., better education and training, better English skills) or to reduce health insurance costs. Both of these are laudable objectives, but would require relatively sweeping changes, which are beyond the scope of this chapter.

More specifically, the federal government and employers could more carefully investigate the reasons that offers of job-based health insurance are so low among immigrant workers and identify possible remedies to the problem. Developing remedies could require a closer look at whether employers are more likely to classify immigrants as contract, temporary, or part-time workers in order to avoid offering them health and other benefits, as well as whether immigrants are offered insurance on the same terms as citizen workers performing similar duties. The results could lead to better monitoring and enforcement of current employment and civil rights laws.

PUBLIC INSURANCE

In 1996, Congress prohibited providing Medicaid and SCHIP (and other public benefits) to recent legal immigrants. The rationale for this change was that the government should not be responsible for recent immigrants and that their needs should be met by their sponsors or by private employment. The 1996 policies have had the unfortunate effect of denying health insurance coverage to legal immigrants during their initial years in the United States when they are least likely to get jobs that offer private insurance coverage or are able to afford private coverage. The belief that immigrants' sponsors will be responsible for providing health care coverage for those they sponsor remains unproven. As noted above, the percentage of immigrants who have private insurance — whether through employment or through sponsors — has fallen since 1996. Immigrants' health insurance coverage, and thus their health care access, fell even more, in part because legal immigrants lost access to Medicaid and SCHIP. Restoring federal Medicaid and SCHIP coverage for legal immigrants could improve their ability to secure health care during their initial years in the United States.

IMPROVING LANGUAGE ACCESS IN HEALTH CARE

Language barriers make it harder for immigrants to obtain health care, even if they have insurance, and increase the risk of errors or misunderstanding because the patient and physician cannot communicate. Language barriers affect a broad spectrum of individuals who are not English proficient, including both legal immigrants and naturalized citizens. Existing federal civil rights policies require that health care providers who receive federal funds (which include the great majority of providers including virtually all hospitals and clinics) bear the responsibility of overcoming language barriers by providing bilingual services or language assistance to patients with limited English proficiency.³² Unfortunately, these policies are not closely monitored and the lack of financial reimbursement for interpretation and language services means that health care providers have few incentives to arrange these services. Thus, language barriers remain a common and serious problem. Insurers, including federal, state, and private insurers, could reduce language barriers by paying for interpretation and taking steps needed to improve language access.³³

Many believe that immigrants should learn English and that the acquisition of English skills is a critical part of immigrant integration and ultimately improves immigrants' economic and social opportunities. While most immigrants eventually learn English, many run into problems because of limitations in the availability in English as a Second Language classes. However, there is no reason to believe that offering language assistance in health care will discourage immigrants from learning English. The importance, complexity, and sensitivity of medical problems mean that people should be able to communicate with their doctors and other health care providers in the language with which they are most familiar.

Temporary Workers. Discussing options for the health coverage of temporary workers is thorny because there is no clear consensus on whether health care should be an important component of immigration reform. Even if people agreed that it was important, there is no consensus on the respective responsibilities of employers, employees, and governments to help finance health care for temporary workers.

Immigration reform may create a new category (or categories) of legal temporary workers, who may have fewer legal rights than lawful permanent residents, but more than those who are undocumented. Some immigration reform propos-

32 Presidential Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," *Federal Register* 65:50121, 2000.

33 L. Ku and G. Flores, "Pay Now or Pay Later: Providing Interpreter Services in Health Care," *Health Affairs* 24, no. 2 (Mar/Apr 2005): 435-444.

als offer a path to upgrade status to lawful permanent residency, while others do not; this chapter makes no assumptions about eventual legal status. Because immigration reform offers new ways for immigrants to obtain legal employment, it could help bolster their opportunities to get job-based health insurance. However, such opportunities rely on two assumptions: (1) legal status helps temporary workers secure better jobs and (2) employers offer them health benefits. If employers do not offer health insurance to these workers or if they classify them into job categories that are ineligible for health insurance (e.g., as temporary employees or contract workers), then the immigrants will not gain private insurance coverage.

Some earlier proposals for immigration reform exclude temporary workers from eligibility for public insurance, like Medicaid or SCHIP, even though, as discussed below, some government subsidy of health insurance is inevitable. If they are excluded from public coverage and are still unable to secure private coverage, then the majority of temporary workers and their families will be uninsured and experience serious problems getting care. Much of the costs of their care will inevitably be incurred as uncompensated care costs borne by state, local, and charitable organizations.

One potential policy goal could be to assure that temporary workers are treated in an even-handed fashion with respect to citizen employees and receive similar offers of private health benefits as citizen workers. The costs of such coverage would primarily be borne by employers and employees. In crafting such a policy, it will be important to ensure that employers do not classify temporary workers in job categories that make them ineligible for coverage.

Would employers and employees be willing to shoulder such costs? This would depend in large measure on how much they are expected to contribute and under what terms. Fortunately, since medical expenses for immigrants are much lower than for native-born citizens, insurance for immigrants ought to be less expensive than insurance for citizen workers.

Research shows that most immigrants take up employer-sponsored insurance if it is offered. The findings suggest that most would be willing to contribute something toward their insurance coverage if it was offered. In addition, some immigration reform proposals require that immigrants pay substantial fees for legal entry; a portion of these fees could be applied to help finance their insurance costs.

Employers will gain from an enhanced supply of legal workers, particularly as the labor market tightens due to the aging and retirement of baby boomers

and, thus, may be willing to contribute payments in order to gain access to a legal supply of labor. However, if it is entirely voluntary for employers to offer health insurance and for employees to take it, current trends suggest that very low rates of coverage will result. A stronger set of requirements for employers to offer health benefits and for employees to take them may be needed to see meaningful improvement.

Mandating health benefits has advantages and disadvantages. On the one hand, it will improve immigrants' access to health care, reduce reliance on safety net providers and spare state and local governments costs that they now bear for uncompensated care. It would reduce the incentives that employers may now have to hire immigrants over citizen workers because they may not feel it necessary to offer health benefits to immigrant employees. On the other hand, such a policy would increase the cost of employing these temporary workers, which may discourage employers from hiring them. In addition, it would be challenging to monitor the implementation of new federal requirements for parity in insurance offers.

The costs could be partially mitigated by government subsidies. Some degree of government subsidy for immigrants' health coverage is inevitable. When any employer offers health insurance — whether to citizen or immigrant employees — the costs are deductible from the employer's federal and state income taxes and constitute a substantial government subsidy of private health insurance. One study estimated that the total value of federal health insurance tax deductions in 2004 equaled \$189 billion, an amount greater than the federal cost of Medicaid.³⁴

In the case of temporary workers, additional government subsidies for health insurance might be available from other sources. Employers and employees pay payroll taxes to support Social Security and Medicare benefits for retirement. These payroll taxes add up to a substantial amount, about 15 percent of wages. (The Social Security payroll tax is equal to 12.4 percent of an employee's wages, half withdrawn from employee pay and half matched by the employer, up to a maximum amount that is revised annually. The Medicare payroll tax is 2.9 percent of wages, half withdrawn from employee wages and half matched by the employer; there is no cap on contributions.) But if the new workers are temporary and will not collect these benefits because they are not eligible, a portion of the funds could be used to help subsidize health benefits while they

34 J. Sheils and R. Haught, "The Cost of Tax-Exempt Health Benefits in 2004," *Health Affairs web exclusive*, February 22, 2004.

are in the United States. (If they become permanent residents, the subsequent funds could be channeled back to the Social Security and Medicare trust funds when the legal status adjustment occurs.) The federal government could redirect a portion of the Social Security and Medicare payments from temporary workers to establish health insurance subsidies.

One idea that could make health insurance costs a little less expensive for some firms is to develop new insurance pools or products that can be offered to the temporary workers. Small companies are typically charged higher insurance premiums than larger firms because their health insurance and administrative costs are not spread over as many people (i.e., they cannot pool risks as efficiently) and because larger firms can “self-insure” and thereby avoid certain insurance costs that apply to smaller firms. To ease this problem, the federal government could help make it easier for companies to obtain lower insurance costs by pooling risks. For example, the Western Growers Association offers health insurance products for farm workers in California and Arizona. (While they provide insurance for a large number of farm workers, the great majority of farm workers are nonetheless uninsured.) Alternatively, employers could be allowed to “buy into” state employee health insurance plans or into state Medicaid or SCHIP coverage. The development of new products or pools could slightly reduce the costs of health insurance, but would not, by itself, greatly improve access unless employers and employees are willing to bear the remaining costs.

For immigrants who live close to the Mexican border, binational or cross-border health insurance may be a lower cost option. Some insurers in California (e.g., Blue Shield and the Western Growers Association) offer cross-border insurance policies through which members living in the United States receive care at lower cost facilities across the border in Mexico, but can receive emergency care in the United States or care that is not available across the border.³⁵ The Mexican government also arranges health insurance to let Mexican citizens or their dependents living abroad receive medical care at Mexican facilities through the Mexican Social Security Institute (IMSS) and Seguro Popular for Migrant Families.³⁶

Another approach might be to expand the availability of free or reduced price primary care and preventive health services at safety net primary care clinics for temporary workers, rather than provide health insurance coverage. There

35 S. Skidmore, “Cross-border Health Insurance Is a Hit with Employers and Workers,” *San Diego Union-Tribune*, October 16, 2005.

36 California Healthcare Foundation and California-Mexico Health Initiative, “Guide to Health Programs,” Fall 2005.

are various ways to expand the availability of safety net primary care clinics. One possibility is to expand the current system of community (and migrant) health centers, targeting areas that are known to have high concentrations of temporary workers. The administration and Congress have supported expanding the community health center system and the number of sites and patients seen has grown in recent years. Of course, community health centers serve a broad range of patients and in most locales only a fraction of the new patients seen are immigrants.

Another possibility is to develop bilateral agreements for sending nations (e.g., Mexico) to support these clinics in areas where their nationals reside, whether through direct staffing or funding. It would be challenging to permit direct staffing (e.g., sending Mexican health care personnel to the United States) because foreign health care professionals are not licensed to practice in the United States and licensing requirements vary across the states. Unless they are licensed, it would be illegal for them to practice medicine in the United States. Using funds from a sending nation to pay for clinics makes this more feasible, if the sending nation is willing to provide those funds. If a new system of clinics is established, it may also be possible to give them access to lower prices for prescription drugs by letting them participate in the federal discount drug pricing program (called Section 340B). As discussed above, for workers living near the border, a cross-border or binational health coverage plan may be feasible.

Expanding the capacity of safety net clinics could improve immigrants' access to care, but would leave other needs unmet. The range of services provided at clinics varies: Some offer mental health or dental services, but many do not. Certain services are beyond the capacity of primary care clinics. For example, a clinic may be able to provide prenatal care, but not labor and delivery services, for which a hospital is normally required. Clinics can provide primary care for heart problems, but may not be able to perform more sophisticated diagnostic testing or treatment, including surgery.

Targeting of resources will also be a problem. Many temporary workers live outside the areas where these facilities are located and may continue to have problems getting care without health insurance. For example, a study of California agricultural workers found that only 7 percent of the medical care they received came from migrant health clinics.³⁷ It is also questionable whether new facilities will be

37 T. Hernandez, "The California Farm Labor Force: Findings from the National Agricultural Workers Survey, 2003-2004," report for California Program on Access to Care, University of California, November 2005.

able to limit their practices to immigrants or to temporary workers; so much of their services may go to help other needy patients. Certainly, federal community health centers cannot offer services only to immigrants and deny care to citizens.

It would also be appropriate to clarify that temporary workers count, for the period that they are authorized to be in the United States, as lawful residents. Some states impose their own residency requirements for Medicaid. Thus, immigrants with temporary visas sometimes do not count as residents, even though they legally reside in the state for several years. Additionally, because they are not “residents,” they do not even qualify for emergency Medicaid coverage. Because of this, temporary workers can be at a disadvantage compared to undocumented immigrants. A simple remedy would be to clarify that temporary workers should be considered residents during their authorized period.

A final issue is that immigrants are often employed in strenuous, risky jobs. Under all states’ laws, workers injured on the job — including acute injuries like a broken arm and longer-term injuries such as back strain or illnesses caused by exposure to toxic chemicals — are covered under workers’ compensation for their medical testing and treatment. (Depending on the state, some workers such as independent contractors or casual workers may be excluded from workers’ compensation requirements.) But data cited earlier suggests that many of these injuries go untreated. At a minimum, temporary workers authorized under the new categories should be protected by workers’ compensation laws.

Unauthorized Immigrants. In spite of immigration reform efforts or changes in border security, a substantial number of unauthorized immigrants will undoubtedly remain in the United States. The system that now responds to their health care needs is at best a rudimentary patchwork. In many areas, poor unauthorized immigrants may be able to get free or reduced price health care at certain public or nonprofit clinics or hospitals, just as poor citizens or legal immigrants can get free or reduced price care. Most of the health costs are borne by state, local, and charitable safety net health care providers. The federal government subsidizes a portion of these costs through federal funding for community health centers and migrant health centers. Unauthorized immigrants may obtain Medicaid coverage for emergency medical care, including labor and delivery, but not prenatal care, if they meet other Medicaid eligibility criteria. Thus, while low-income children and parents may get Medicaid coverage for emergencies, adults without dependent children do not.

Recent legislation provided a limited amount of federal funding to help reimburse hospitals and physicians for a portion of the uncompensated health care costs of emergency care provided to unauthorized and certain other immi-

grants.³⁸ The legislation allocates \$1 billion over four years for this purpose, but it is too early to know how much will be spent and whether the initiative will be effective in meeting the needs of immigrants or health care providers.

One option to consider is increasing funding to support safety net health care providers who offer services to unauthorized immigrants, perhaps through a combination of federal funds and payments from businesses that are most likely to employ the unauthorized. It would be a challenge, however, to design a simple allocation and reporting system that does not deter unauthorized immigrants from getting health care. For example, many objected to a plan to allocate \$1 billion in additional funds that required determining and documenting which emergency patients were undocumented because it might intimidate some immigrants and push them away from care, rather than facilitating care.

A final issue to consider is whether legal status should be a factor in offering insurance coverage for certain groups, such as children or pregnant women. Because of the public health interest in improving their health care, some policymakers, analysts, and advocates support offering universal coverage to all low-income children or pregnant women, regardless of whether they are immigrants or citizens. Children born of pregnant immigrants will be native-born citizens and undocumented children generally did not enter the United States of their own volition and may remain here for the balance of their lives. Thus, it may be appropriate to offer children and pregnant women access to health insurance and health care on the same terms as native-born citizens. The state of Illinois and a number of counties in California have developed universal health plans for children that offer publicly funded health insurance for all low-income children, regardless of immigration status.

CONCLUSIONS

For myriad reasons, about half of all immigrants lack health insurance coverage and many experience great difficulty obtaining medical care. Because so many immigrants are uninsured, these gaps lead to human costs associated with unmet medical needs and poor health, as well as to costs for uncompensated care that end up being borne by state, local, and charitable health care providers and by cost-shifting to the privately insured. Immigration reform could improve immigrants' health access, particularly if it increases the likelihood that immigrants

38 Center on Medicare and Medicaid Services, "Services Furnished to Undocumented Aliens," at www.cms.hhs.gov/UndocAliens/.

are offered private employer-sponsored health insurance. To do so would require a commitment to ensure that such efforts are an integral issue in immigration reform. It is not clear if that commitment exists, however. Providing health benefits to temporary workers would create additional costs for employers, employees, and/or governments. Some may believe that adding concerns about health benefits would further complicate discussions and decisions about a number of other controversial issues in immigration reform.

If there was a consensus that the effort is worthwhile, it should be possible to design approaches that spread the costs of immigrants' health benefits across employers, employees, and governments. This would help assure that the jobs temporary workers obtain are good jobs that offer health benefits.

Immigration reform also affords policy officials the opportunity to examine health access for other immigrants, including lawful permanent residents and unauthorized immigrants. Modest changes, such as restoring access to Medicaid and SCHIP for legal immigrants and reducing language barriers to health services, could help improve the health care for those already in the United States.

As it stands, health care coverage and access for immigrants in the United States is deplorable. The debate about immigration reform presents an opportunity to ask whether we can do better.

CHAPTER 8

IMPROVING IMMIGRANT WORKERS' ECONOMIC PROSPECTS: A REVIEW OF THE LITERATURE

AMY BEELER AND JULIE MURRAY

INTRODUCTION

Today's US economy is highly dependent on immigration, authorized and unauthorized, temporary and permanent. Immigrants contributed more than 50 percent to the nation's civilian labor force growth in the 1990s and currently comprise over 14 percent of the US labor force. They are expected to be a critical driver of labor force growth when the first wave of baby boomers starts retiring in 2008. And without the contribution of immigrant labor, the output of goods and services in the United States would be at least \$1 trillion smaller than it is today and the civilian labor force would have only grown 5 percent (versus 11.5 percent) between 1990 and 2001.¹

Nevertheless, immigrants face challenges to full incorporation in the US workforce. Many arrive with few skills and little education, requiring basic education, language training, and technical skill training. Many others come with advanced skills and require certifications and training that tap them. Still others seek to start businesses in their new communities and need assistance to fulfill that goal.

This chapter provides an overview of the literature on workforce development, skill transfer, and entrepreneurship among immigrants in the United States. It highlights key academic studies that test the effectiveness of different strategies to address these issues. Since the scientific literature in these areas is far from

1 National Immigration Law Center (NILC), "Facts about Immigrant Workers" (Los Angeles, CA: NILC, 2003). A. Sum, N. Fogg, I. Khatiwada, S. Palma, "Foreign Immigration and the Labor Force of the U.S.: The Contributions of New Foreign Immigration to the Growth of the Nation's Labor Force and Its Employed Population, 2000 to 2004," July 2004. Available online at http://www.nupr.neu.edu/7-04/immigrant_04.pdf#search=%22contribution%20of%20immigration%20to%20the%20labor%20force%22.

complete, it also relies on descriptions of promising practices that have emerged in recent years.

THE IMMIGRANT WORKFORCE

In 2004, there were 21.4 million employed foreign-born workers in the United States.² These workers are very diverse in terms of country and region of origin. Over half are from Latin America and the Caribbean, while another quarter are from Asia. Unlike the last great wave of immigration at the turn of the 20th century, when Europeans comprised the largest regional immigrant group, workers born in Europe account for just 12 percent of today's foreign-born workers.

While immigrants are found across the employment spectrum, they are disproportionately low-wage workers, comprising 20 percent of this population. Immigrants' hourly wages are lower on average than those of natives: nearly half earn less than 200 percent of the minimum wage — as compared to one-third of native workers.³

An increasingly large segment of the immigrant workforce is unauthorized. Following several years of rapid growth, the number of unauthorized migrants reached an estimated 11.1 million in 2005. The unauthorized are very likely to be part of the workforce: Ninety-six percent of undocumented men were employed in the labor force — a rate higher than that for legal immigrants and native-born workers.⁴

Low wages and low educational levels are common among the unauthorized. Two-thirds of unauthorized immigrants earn less than twice the minimum wage, compared to one-third of all workers. And despite the fact that 15 percent of the unauthorized have at least a college degree and another 10 percent have some college education, they are considerably more likely than natives to have very low levels of education.⁵ Unauthorized immigrants are also more likely than other immigrants to lack English proficiency.⁶

2 US Department of Labor Bureau of Labor Statistics, "Labor Force Characteristics of Foreign Born Workers in 2004" (Washington, DC: BLS, 2004), <http://www.bls.gov/cps/>.

3 R. Capps, M. Fix, J. S. Passel, J. Ost, and D. Perez-Lopez, "A Profile of the Low-Wage Immigrant Workforce," *Immigrant Families and Workers Facts and Perspectives*, Brief No. 4 (Washington, DC: The Urban Institute, 2003).

4 University of Illinois at Chicago, Center for Urban Economic Development study, 2002. J. Passel, "Unauthorized Migrants: Numbers and Characteristics," Background Briefing Prepared for the Migration Policy Institute's Independent Task Force on Immigration and America's Future, Pew Hispanic Center, June 14, 2005. Available online at pewhispanic.org/files/reports/46.pdf.

5 Passel, "Unauthorized Migrants," Background Briefing Prepared for the Migration Policy Institute's Independent Task Force on Immigration and America's Future (Washington, DC: Pew Hispanic Center, 2005).

6 R. Capps, L. Ku, M. Fix, et al., "How Are Immigrants Faring after Welfare Reform? Preliminary Evidence from Los Angeles and New York City" (Washington, DC: The Urban Institute, 2002).

BUILDING IMMIGRANTS' ENGLISH AND JOB SKILLS

WORKERS WITH LIMITED ENGLISH PROFICIENCY

Due to high rates of immigration, limited English proficient (LEP) individuals have become a large and growing segment of the US workforce.⁷ According to the 2000 Census, approximately 14 million, or nearly 9.5 percent, of all working-age adults in the United States either did not speak English at all or spoke it less than “very well,” and 89 percent of the adult LEP population was foreign born.⁸

LEP immigrant adults tend to be relatively recent immigrants with low levels of formal education. Nearly 60 percent of LEP immigrant adults arrived in the United States in the last ten years.⁹ Fifty percent report having nine or fewer years of education, and 64 percent have less than a high school degree. Only 18 percent have any post-secondary education.¹⁰

Limited English proficiency is associated with numerous risk factors among immigrant families. Research conducted in New York City and Los Angeles found that limited English proficient immigrant families are more likely to earn significantly lower wages, experience higher rates of unemployment, be food insecure, and live in poverty than English proficient immigrant families.¹¹

Surveys and studies of this population indicate that the overwhelming majority of LEP immigrants are motivated to learn English, but due in part to limited government funding, demand far exceeds the supply of English classes.¹² Immigrants' growing numbers and their pivotal role in the economy create a compelling demographic, social, and economic imperative for providing them more opportunities to improve their English skills.

7 A person is “limited English proficient” if he/she reports *speaking* a language other than English at home and does not *speak* English “very well.” R. Capps, M. Fix, J. S. Passel, J. Ost, and D. Perez-Lopez, “A Profile of the Low-Wage Immigrant Workforce,” Immigrant Families and Workers Facts and Perspectives, Brief No. 4 (Washington, DC: The Urban Institute, 2003).

8 US Census Bureau, 2000 Supplementary Survey Summary Tables, <http://factfinder.census.gov>.

9 T. E. Martinez and T. Wang, “Supporting English Language Acquisition: Opportunities for Foundations to Strengthen the Social and Economic Well-Being of Immigrant Families,” The Annie E. Casey Foundation and Grantmakers Concerned with Immigrants and Refugees, 2005.

10 Ibid.

11 Capps, et al., “How Are Immigrants Faring after Welfare Reform? Preliminary Evidence from Los Angeles and New York City.” (see n. 6).

12 Martinez and Wang, “Supporting English Language Acquisition” (see n. 9). See also <http://www.education.umn.edu/nceo/OnlinePubs/MnReport8.html>.

THE FINANCIAL IMPACT OF LIMITED ENGLISH

English language proficiency plays an important role in increasing immigrant earnings, employment, and opportunities for advancement. After adjusting for other socioeconomic factors including education and work experience, one study found that English-speaking immigrants earned 17 percent more than non-English speaking immigrants.¹³ Another study found that immigrants and refugees who are fluent in oral and written English earn about 24 percent more than those who lack fluency, regardless of their qualifications.¹⁴ As Fremstad notes, “as much as half of the relative wage growth experienced by immigrants in the first 20 years after arrival may be attributed to gains from learning the English language.”¹⁵

However, the extent to which improved English skills leads to better paying jobs depends in large part on one’s level of education. Research shows that learning to speak English fluently results in a 76 percent jump in earnings for immigrants with more than 12 years of education, compared to only a 4 percent increase for workers with fewer than eight years of education.¹⁶

Thus, while learning English is important, it will not necessarily increase the earnings of less-educated immigrants, who make up the majority of the limited English-speaking adult population, if they still lack the basic literacy and math skills needed to succeed in the US workplace.¹⁷

BASIC JOB SKILLS FOR IMMIGRANT WORKERS

While a segment of the immigrant workforce has high levels of education, immigrant workers are more likely than natives to have lower education levels. Thirty percent of foreign-born workers have less than a high school education,

13 B. Chiswick and P. W. Miller, “Language in the Immigrant Labor Market,” in *Immigration, Language and Ethnicity: Canada and the United States*, ed. B. R. Chiswick (Washington, DC: American Enterprise Institute, 1992).

14 A. Gonzalez, “The Acquisition and Labor Market Value of Four English Skills: New Evidence from NALS,” *Contemporary Economic Policy* 18, no. 3 (2000): 259-269.

15 S. Fremstad, “Immigrants, Persons with Limited Proficiency in English, and the TANF Program: What Do We Know?” (Washington, DC: Center on Budget and Policy Priorities, 2003).

16 M. Mora, “An Overview of the Economics of Language in the U.S. Labor Market,” Presentation Notes (Denver, CO: American Economic Association Summer Minority Program, 2003), <http://www.workandeconomy.org/The%20Integration%20of%20Immigrants%20in%20the%20Workplace%20Pre-publication%20Release%207-31-06.pdf#search=%22%22An%20Overview%20of%20the%20Economics%20of%20Language%20in%20the%20U.S.%20Labor%20Market%22%22>.

17 Martinez and Wang, “Supporting English Language Acquisition” (see n. 9).

and 18 percent have less than a ninth-grade education. These shares compare to 8 percent and 1 percent, respectively, among US-born workers.

FINDING THE BEST APPROACH TO ENGLISH-LANGUAGE ACQUISITION AND JOB TRAINING

There seems to be wide agreement that a comprehensive workforce development approach, which integrates job training (both hard and soft skills), English-language acquisition, and cultural orientation, is the most effective approach for immigrant workers in need of new skills.¹⁸ However, despite knowledge that English-language and job-training services can make a difference for labor market success, little scientific research has been conducted on the most effective ways to deliver English-language, literacy, and job-training services to the immigrant population.¹⁹

One random assignment evaluation in the early 1990s measured the effectiveness of a program that served primarily Hispanic workers, many of whom were LEP. The program, the Center for Employment and Training (CET), was a six- to seven-month, full-time, comprehensive job training program that employed staff familiar with local labor markets.²⁰ Individuals entered job training immediately (regardless of their educational levels) and received English-language, literacy, and math instruction, which was integrated directly into training for a specific job. Importantly, the initially positive effects of participating in the CET program faded after five years for those with less than a high school diploma, signaling the need for ongoing support in English-language and literacy services.²¹

According to another 2001 survey of 11 job training programs — none of which specifically targeted LEP or immigrant workers — the most successful approach blended short-term education and training with a job search program that emphasized good jobs. For immigrants, such a “mixed approach” could include intensive English as a Second Language (ESL) courses for

18 Fremstad, “Immigrants, Persons with Limited Proficiency in English, and the TANF Program” (see n. 15); H. S. Wrigley, E. Richer, K. Martinson, H. Kubo, and J. Straw, “The Language of Opportunity: Expanding Employment Prospects for Adults with Limited English Skills” (Washington, DC: Center for Law and Social Policy, 2003); J. Lewis and R. Paral, “Policy Implications of Immigrant Workers and Entrepreneurs: Directions for State Policymakers” (Chicago, IL: Roosevelt University Institute for Metropolitan Affairs, 2001).

19 Wrigley et al., “The Language of Opportunity” (see n. 18).

20 Ibid.

21 Ibid.

persons with very low literacy levels, ESL in combination with employment for other LEP adults, job placement services that help immigrants find good jobs with opportunities for advancement, and job training to increase skill levels.²²

CONSIDERING TIME CONSTRAINTS

In addition to determining a curriculum for skills education, service providers must also take into account time constraints facing immigrant workers. Less-educated LEP adults must typically go through a long, sequential educational process to improve their vocational skills. First they need to enroll in ESL courses and improve their English skills sufficiently before enrolling in GED, higher education, or job training programs. Given the financial need to work, most LEP adults do not have the time to complete this lengthy process.²³ Lewis and Paral argue that English language and vocational training need to be integrated into work, or at least accomplished at the same time.²⁴

CONSIDERING NATIVE-LANGUAGE LITERACY

While traditional language acquisition programs emphasize English immersion, emerging research suggests that helping LEP individuals develop native language literacy and other related skills may facilitate English acquisition.²⁵ An estimated 32 percent of adults enrolled in ESL programs lack literacy skills in their native language, and research suggests that these adults are slower in learning a second language than their literate counterparts.²⁶ One study found that Haitian participants who received native language literacy instruction while learning English developed stronger literacy skills in English than those who only received English instruction, even though the total number of instructional hours for the two groups were equal. Another study found that immigrant adults with minimal literacy in Hmong acquired English reading skills more rapidly than those who had no Hmong literacy.²⁷

22 Fremstad, "Immigrants, Persons with Limited Proficiency in English" (see n. 15).

23 Martinez and Wang, "Supporting English Language Acquisition" (see n. 9).

24 Lewis and Paral, "Policy Implications of Immigrant Workers" (see n. 18).

25 Wrigley et al., "The Language of Opportunity" (see n. 18).

26 Martinez and Wang, "Supporting English Language Acquisition" (see n. 9).

27 M. Burtoff, "The Haitian Creole Literacy Evaluation Study Final Report" (New York: Ford Foundation, 1985); and B. Robson, "Hmong Literacy, Formal Education, and Their Effects on Performance in an ESL Class," in *The Hmong in the West: Observations and Reports*, ed. B. T. Downing and D. P. Olney, 201-225, 1982, as cited in Martinez and Wang, "Supporting English Language Acquisition" (see n. 23).

VOCATIONAL ENGLISH AS A SECOND LANGUAGE (VESL)

Programs that teach both English and workplace skills are collectively known as Vocational English as a Second Language (VESL) courses. To make this approach work for immigrants who speak little English, language instruction is tied to training in particular occupations and incorporates workplace communication skills as well as job-specific language needed for training, certification, and testing like the CET program. Successful initiatives included staff with extensive knowledge of the local labor market.²⁸

Many VESL programs teach participants about job search and interview skills, customs and norms in the US workplace, and ways to communicate effectively with co-workers. These programs provide orientation and training; some offer instruction in basic computer software programs.

In recent years, a growing number of community colleges, unions, and community-based organizations have begun to offer occupation-specific VESL courses. The goals of instruction have varied from teaching English vocabulary commonly used in construction, nursing, or childcare jobs to training for entrance examinations or certification in specific occupations.²⁹

While some employers balk at offering ESL training to immigrant workers, citing scheduling issues, cost, a perceived lack of benefit to companies, and a sense that teaching employees English is not their responsibility,³⁰ others clearly see this kind of training as valuable for employees and have implemented programs. For example, one recent survey of manufacturing employers found that a majority of survey respondents provided specialized on-the-job resources for their immigrant workers, including job-related training material, ESL classes, bilingual training, and job-specific English instruction.³¹

The benefits of improved language skills are felt by both the employer and learner. The final report to the Department of Education on the National

28 Ibid.

29 AFL-CIO Working for America Institute, "Getting to Work: A Report on How Workers with Limited English Skills Can Prepare for Good Jobs" (Washington, DC: AFL-CIO, 2004).

30 M. Burt, "Issues with Outcomes in Workplace ESL Programs, National Center for ESL Literacy Education," Submitted to US Department of Education, Office of Adult and Vocational Education and The Institute for Work and the Economy, January 6, 2004.

31 National Association of Manufacturers and the Center for Workforce Success, "Closing the Immigrant Skills Gap: A Report on Challenges and Opportunities Facing the Manufacturing Sector" (Washington, DC: Center for Workforce Success, 2004). It should be noted, though, that the survey had a low response rate, calling into question the generalizability of its results.

Workplace Literacy Program — a now-defunct federal program that integrated job training with language acquisition — found that after employees participated, employers reported fewer attendance problems, better production, increased job retention, and increased quality control. Employees reported improvements in job security and more opportunities for job advancement.³²

FEDERAL POLICIES REGARDING IMMIGRANTS' WORKFORCE DEVELOPMENT

THE WORKFORCE INVESTMENT ACT (WIA)

The Workforce Investment Act (WIA), which replaced the Job Training Partnership Act (JTPA) in 1998, provides federal funding for workforce development and adult education, including ESL, nationwide.

WIA'S JOB TRAINING AND PLACEMENT: ACCESSIBILITY TO IMMIGRANTS

The act's Title I provides for a variety of services, such as résumé preparation, career counseling, and job readiness training and placement for low-skilled, poor, or unemployed workers. Despite low educational levels on average, LEP workers are arguably under-represented among recipients of Title I services, comprising only 7 percent of participants in 2000 while being over-represented among low-wage workers overall.³³ One reason for this under-representation is that 40 percent of low-wage immigrant workers are undocumented and hence ineligible for WIA job training services.³⁴

While many other immigrants and LEP individuals are eligible for WIA job training services, these populations often encounter barriers to participation. According to one study, many job training and placement programs are not accessible to, or do not meet the unique needs of, immigrant and other limited-English workers. One-stop centers — sites that provide job search services and avenues to job training and education — and other publicly funded programs often have difficulty providing basic language access and culturally differentiated services.³⁵ LEP individuals face challenges due to a short sup-

32 NILC, "Facts About Immigrant Workers" (see n. 1).

33 Regarding the share of WIA Title I participants who are LEP, see Wrigley et al., "The Language of Opportunity" (see n. 18).

34 Capps et al., "A Profile of the Low-Wage Immigrant Workforce" (see n. 3).

35 T. Moran and D. Petsod, "Newcomers in the American Workplace: Improving Employment Outcomes for Low-Wage Immigrants and Refugees" (Sepastopol, CA: Grantmakers Concerned with Immigrants and Refugees and Neighborhood Funders Groups, 2004).

ply of translators at service centers.³⁶ Training providers who want to offer programs that integrate vocational training and language acquisition also face obstacles due to the lack of coordination between the workforce development system and the adult education system.³⁷

In some cases, programs' minimum standards may also effectively exclude immigrants with limited English proficiency. For example, some one-stop centers provide training services to the individuals most likely to get a job, thereby overlooking the most hard-to-serve populations, including LEP workers. Similarly, some training providers exclude LEP persons by imposing minimum participation requirements (an eighth-grade reading level, e.g.) that many LEP workers cannot meet.³⁸

ESL CLASSES FUNDED UNDER WIA'S ADULT BASIC EDUCATION PROVISION

In addition to job training services, through its Title II, WIA also provides the central federal funding stream for adult education and family literacy services for adults lacking basic skills, including English proficiency. Nearly 1.1 million adults were served in ESL classes in 2000 funded under Title II — or approximately 13 percent of the nation's LEP adults.³⁹

There is some evidence, though, that ESL classes provided through WIA, in addition to those funded by the states, are oversubscribed. In light of limited state and federal funding, the demand for such classes outstrips the supply.⁴⁰ For example, in 2005, the Massachusetts Department of Education reported that more than 18,000 residents were on waiting lists for ESL classes; the average wait is six months to two years.⁴¹ Unfortunately, federal and state funding for English acquisition programs has not kept pace with the growth of the LEP population. Many of these programs continue to teach immigrants only basic skills, or what some have characterized as “survival English,” often with the goal of quickly pushing participants into — if not preparing them for — the workforce.

36 AFL-CIO, “Getting to Work” (see n. 29).

37 NILC, “Facts about Immigrant Workers” (see n. 1).

38 *Ibid.*

39 Wrigley et al., “The Language of Opportunity” (see n. 18).

40 *Ibid.*

41 Martinez and Wang, “Supporting English Language Acquisition” (see n. 9).

MAKING SKILLS AND CREDENTIALS COUNT IN THE UNITED STATES

THE CHALLENGES OF TRANSFERRING SKILLS AND CREDENTIALS

Some new immigrant workers do not need basic English instruction or job training. They enter the United States with substantial skills — education, experience, and credentials — from their home countries and may just have difficulty transferring these skills to the US workforce. For example, data from 2001 indicate that 42 percent of current immigrants enter the United States with 12 or more years of formal education.⁴²

Evidence in the United States and abroad indicates that immigrants pay a penalty when their skills do not transfer to their new home countries. Recent US research found that 50 percent of legal immigrants experienced occupational downgrading in their first year in the country, meaning that they worked in jobs requiring lower skills than those they had abroad.⁴³

There are various reasons why immigrants cannot easily transfer their skills after migration. Anecdotal evidence indicates that immigrants lack networks through which they may be made aware of openings for jobs that require substantial skills; they may be unfamiliar with US job search techniques; and they may need to update existing skills or certify, re-certify, or gain licensure or credentials.⁴⁴ Indeed, attaining accreditation in certain states can be so arduous that immigrants travel to neighboring states to acquire accreditation.⁴⁵

A Canadian study leads to similar conclusions, finding that immigrants lack information about how to access a profession or trade, meet licensing standards and requirements, and obtain recognition of foreign academic credentials and work experience.⁴⁶ In order to make an accurate assessment of an individual's prior training, employers and regulatory bodies need considerable expertise in comparative education and a familiarity with international educational sys-

42 I. Light, "Immigrant Neighborhoods as Centers of Commerce," Presented to the Illinois Immigration Policy Project (Chicago: Roosevelt University Institute for Metropolitan Affairs, 2001).

43 I. R. Akresh, "Occupational Mobility among Legal Immigrants to the United States," *International Migration Review* 40, no. 4, publication forthcoming.

44 Available at Upwardly Global Web site, <http://www.upwardlyglobal.org/about/faqs.php>.

45 A. Morse, Program Director for the Immigrant Policy Project at the National Conference of State Legislatures, presentation at Institute for Work and the Economy conference, Chicago, April 17, 2006.

46 A. Brouwer, "Immigrants Need Not Apply" (Ottawa: Caledon Institute of Social Policy, 1999).

tems. Shortcomings in each area are frequently cited by Canadian licensing bodies as reasons for not evaluating prior learning.⁴⁷

CREDENTIALING PROGRAMS IN THE UNITED STATES

There is no formal public system in the United States for employers or educational bodies for converting prior learning or foreign credentials. Some non-governmental programs do exist in the United States that assist immigrants seeking accreditation. For example, World Education Services (WES) — a nonprofit established in 1974 — maintains a comprehensive database of world universities. For a fee of \$100 to \$200, WES will evaluate a degree from any country in the world and convert it to its US or Canadian equivalent. In 2004, WES reported processing more than 50,000 evaluations from more than 150 countries, providing this information to 2,300 higher education institutions in the United States and Canada.⁴⁸

There are no organizations that focus on re-licensing issues in a similarly comprehensive way, although some do focus on specific fields. For example, the Education Commission for Foreign Medical Graduates assesses the readiness of foreign-trained medical graduates to enter the medical field in the United States.⁴⁹

THE CANADIAN FOREIGN CREDENTIAL PROGRAM: A MODEL

An ongoing effort in Canada to create a national system for helping immigrants transfer skills or credentials may provide a model for US policymakers. Facing a situation where virtually all net labor force growth will come from immigration by the middle of the next decade, the Canadian government is taking a proactive approach toward ensuring internationally trained workers can fully participate in the labor market. The government of Canada is working with provincial/territorial governments, licensing and regulatory bodies, sector councils, employers, and many other groups to accelerate the integration of internationally trained workers into the workforce and society. The government has instituted a new Foreign Credential Recognition (FCR) program and is providing \$68 million over six years to implement it.⁵⁰

47 Ibid.

48 Available online at <http://www.wes.org>.

49 Available online at <http://www.ecfmg.org>.

50 Human Resources and Skills Development Canada, http://www.hrsdc.gc.ca/en/ws/programs/fcr/background_under_fcr.pdf.

SUPPORTING IMMIGRANT ENTREPRENEURS

THE SELF-EMPLOYED IMMIGRANT ENTREPRENEUR

In addition to being traditional employees, immigrants comprise a disproportionate share of the self-employed in the United States. In every US census from 1880 to 1990, immigrants have been more likely to be self-employed than natives.⁵¹ As entrepreneurs, immigrants may make important contributions to the economy while ensuring their own self-sufficiency. In the case of Illinois, a traditional immigrant receiving state, Lewis and Paral found that entrepreneurship was a key factor in the economic development of immigrants and their communities. The number of Asian-owned businesses in Illinois grew by 353 percent between 1982 and 1997, and the number of Latino-owned businesses increased by 528 percent. By 1997, there were approximately 37,000 Asian-owned and 31,000 Latino-owned businesses in the state.⁵²

There is great variation in self-employment rates of different immigrant and ethnic groups. Researchers disagree about the reason for this variation, with some contending that it is the result of human or financial capital of individual immigrants, and others suggesting that immigrant communities are themselves differential sources of entrepreneurial energy.⁵³ Entrepreneurship may be difficult to measure as some ethnic groups are more likely to begin and sustain their businesses in the informal sector.

HOW IMMIGRANT BUSINESSES PROMOTE INTEGRATION

Immigrant-owned businesses present a variety of potential benefits to immigrant entrepreneurs themselves and to their employees. Immigrant business owners may find that self-employment is a more profitable endeavor than other forms of work. Evidence in the 1990s, for example, indicated that self-employed immigrants had incomes that were substantially higher than all other groups of immigrant workers and equal to incomes of US-born entrepreneurs.⁵⁴

In addition, immigrant entrepreneurs can create employment opportunities for vulnerable immigrants seeking work. Light claims that the income derived

51 D. Aronson, "Immigrant Entrepreneurs," *Research Perspectives on Migration* 1, no. 2 (Washington, DC: Carnegie Endowment for International Peace, 1997).

52 Lewis and Paral, "Policy Implications of Immigrant Workers" (see n. 18).

53 Aronson, "Immigrant Entrepreneurs" (see n. 54).

54 M. Fix and J. S. Passel, *Immigration and Immigrants: Setting the Record Straight* (Washington, DC: The Urban Institute, 1994).

SPOTLIGHT ON EMPLOYING SKILLED IMMIGRANTS: UPWARDLY GLOBAL

Upwardly Global is a nonprofit organization based in San Francisco that works with skilled legal immigrants and employers. It offers services to job-seekers that include help with writing résumés, sharpening interviewing skills, and developing professional networks. Upwardly Global also works with employers to match positions with skilled immigrants and evaluate foreign credentials.

According to Upwardly Global, employers may lack the resources and knowledge to hire immigrants. Examples of barriers in the path of qualified immigrants seeking work include:

- Employers who overemphasize the importance of English (e.g., requiring flawless grammar for an accounting position);
- Recruiters who pass over a résumé because of a foreign sounding name;
- Interviewers who insist on conducting a phone screening (which could handicap non-native English speakers);
- Employers who consider foreign universities and degrees to be invalid or inferior;
- Employers who do not have the capacity to verify foreign credentials;
- Employers who will not hire someone who does not have US work experience; and
- Companies that advertise that only permanent residents or US citizens need apply (there are many immigrants or refugees who are work-authorized, but not technically permanent residents).

Source: Upwardly Global Web site, available at www.upwardlyglobal.org

from “ethnic economies” — in which ethnic entrepreneurs hire co-ethnics — is “especially valuable for those otherwise most disadvantaged in the general labor market by dint of low education, poor health, lack of English-language skill, lack of child care, exclusion from mainstream social networks, ethno-religious discrimination, or racism.”⁵⁵

Ethnic economies strengthen the human capital of immigrants and low-income ethnic minorities in two ways. First, they have the capacity to educate future ethnic entrepreneurs,⁵⁶ teaching them their trade and how to start and run a business. Second, ethnic economies offer a second-tier labor market in which co-ethnics disadvantaged in the general labor market can acquire employment skills. Once these skills are acquired, immigrant workers can find employment in the mainstream economy, presumably at higher wages.

ENTREPRENEURS, ETHNIC ECONOMIES, AND INTEGRATION CONCERNS

Some researchers have suggested that ethnic economies may be a sign of underlying discrimination in the work force. Immigrants who anticipate discrimination in the labor market may turn to their own businesses as an alternate form of work.⁵⁷ One study found that a substantial number of Korean, Middle Eastern, or South Asian business owners in Chicago started their own businesses, at least in part, because they felt disadvantaged in the US labor market.⁵⁸

Ethnic economies can potentially have negative effects on the mobility of immigrant workers within them. Martinez and Wang argue that wages paid in immigrant neighborhoods were relatively low, reflecting the constant stream of newcomers competing for entry-level or low-skill jobs. One study of Mexican entrepreneurs in the United States found that a concentration of self-employed Mexican immigrants had a negative effect on the earnings of Mexican immigrants overall in small ethnic labor markets.⁵⁹

English skills are in less demand by employers whose businesses either serve a non-English speaking population or are in industries that rely on low-wage labor (e.g., janitorial, food service, gardening, or residential construction).

55 Light, “Immigrant Neighborhoods” (see n. 45).

56 R. Raijman and M. Tienda, “Immigrants’ Pathways to Business Ownership: A Comparative Ethnic Perspective,” *International Migration Review* 34, no. 3 (2000): 682-706.

57 I. Light, *Ethnic Enterprise in America* (Berkeley, University of California Press, 1972).

58 Raijman and Tienda, “Immigrants’ Pathways to Business Ownership” (see n. 59).

59 D. Spencer and F. D. Bean, “Self-Employment Concentration and Earnings among Mexican Immigrants in the U.S.,” *Social Forces* 77 (1999): 1021-1047.

Lower demand reduces the need to learn English, which could affect immigrants' economic mobility and social integration outside of the enclave. In sum, under some scenarios, immigrant entrepreneurship and ethnic enclaves signal negative, not positive integration.

FINANCIAL SUPPORT FOR IMMIGRANT ENTREPRENEURS

If we concede that on balance entrepreneurship promotes integration and mobility, what public policies advance business formation?

Federal agencies provide a wide range of benefits to many immigrant business owners through technical assistance, microenterprise loans, and the award of government contracts. Nearly every federal department or agency has some form of assistance for minority or other historically disadvantaged business owners, which would often include immigrant groups. For example, the Minority Business Development Agency, part of the Department of Commerce, provides personalized assistance — such as help in writing business plans, marketing, management and technical matters, and financial planning — to socially and economically disadvantaged groups.

However, there is some evidence that standards for non-citizen access to these services are not consistent across the federal government. For example, the Small Business Administration's (SBA) designation of minority-owned businesses, needed to obtain SBA benefits, is not available to legal non-citizen business owners.⁶⁰ By way of contrast, a designation as a minority business by the Department of Transportation is available to both citizens and legal permanent residents.⁶¹

Beyond government benefits, immigrant communities themselves have historically been sources of capital for entrepreneurship. One strategy has been to rely on informal mechanisms, commonly known as Rotating Savings and Credit Associations (ROSCAs), to finance business undertaking. With minimal documentation, a small group of investors agrees to pool financial resources, loan them to a member of the group, collect the loan with interest, and then share it with another member, so that use of the capital rotates among the membership.⁶² These systems can be an effective means of providing capital for small business projects. However, they often do not generate

60 See Small Business Administration Web site: <http://www.sba.gov/sdb/sbadot.html>.

61 See, e.g., Department of Transportation application for designation: <http://osdbuweb.dot.gov/documents/doc/dbe/Final%20Application.DOC>.

62 Lewis and Paral, "Policy Implications of Immigrant Workers" (see n. 18).

the kind of records needed to document credit history for larger, longer-term loans from formal financial institutions.⁶³

Lewis and Paral propose that a review should be undertaken of ROSCAs' place within American banking laws to determine whether they should be legally enforceable and insurable, whether licensure could be helpful, and how and whether they should be taxed. Additionally, they argue for developing ways to document ROSCA transactions so the loans can be used to establish credit history.⁶⁴

Due to the often informal nature of immigrant businesses, further outreach could be undertaken to provide additional information about how to establish a business, how to obtain necessary financing, and how to arrange for legal transactions.⁶⁵ States can work further to provide additional technical assistance to immigrant-owned businesses, in, for example, zoning, licensing, marketing, and financing.⁶⁶

CONCLUSION

US policymakers have an opportunity to invest more in immigrant workers in coming years. Potential changes to WIA could have large impacts on immigrant workers. One proposed WIA bill encourages services for hard-to-serve groups, provides new incentives to serve LEPs, and explicitly authorizes training programs that integrate vocational skills and English-language learning. It provides at least ten grants for demonstrations of integrated occupational and language acquisition programs.

In addition to skill-building, policymakers could also opt to take up the issue of credentialing among more highly skilled workers. Examples from the Canadian government and US nongovernmental actors may offer lessons regarding a larger role for the public sector in either the regulation or standardization of credentialing.

In the area of entrepreneurship, the process for determining recipient eligibility accompanies the seemingly wide array of government services for business own-

63 Ibid.

64 Ibid.

65 M. Tienda, "Comparative Perspectives on Ethnic and Immigrant Entrepreneurship and Business Development in Chicago" (Chicago: Roosevelt University Institute for Metropolitan Affairs, 2001).

66 Lewis and Paral, "Policy Implications of Immigrant Workers" (see n. 18).

ers and varies in illogical ways across agencies. Differences in non-citizen eligibility may decrease access to capital, technical assistance, and the like for many immigrant entrepreneurs, suggesting that legal non-citizen firms be more broadly eligible for federal contracts and assistance.

One clear implication of this literature review is that more quality research is needed to determine how best to train immigrant workers. In particular, more could be done to study *employers'* role in building immigrants' skills, why employers do or do not offer ESL or job-training services, and the costs and benefits that accrue to employers that offer worker development programs. The field also needs a more systematic understanding of the approaches that promote language acquisition among workers.

A final point is that workforce development for immigrants — whether it includes basic English or job skills, credentialing, or services for entrepreneurs — will not automatically lead to workforce integration. Many factors will likely have more far-reaching effects on incorporation than training or skills. The large population of unauthorized and temporary workers already in the United States raises questions about whether and how these workers should become a permanent part of the workforce. Proposals for a new, large-scale temporary worker program lend even greater importance to these questions. And the anticipation of disproportionate growth in low-wage, low-skilled work in the US economy in coming years calls into question whether English skills and vocational training for the least skilled immigrant workers will be sufficient to promote future economic mobility.

CHAPTER 9

EDUCATING THE CHILDREN OF IMMIGRANTS

JULIE MURRAY, JEANNE BATALOVA,
AND MICHAEL FIX*

INTRODUCTION

The demographics of US elementary and secondary schools are changing rapidly as a result of record-high immigration, increasing diversity in terms of immigrants' origins and native languages, and immigrants' expanding geographic dispersal throughout the United States. Sustained high levels of immigration have also led to a rapid increase in the number of children with immigrant parents. By 2000, immigrants represented one in nine of all US residents, but their children represented one in five of all children under age 18. Many of these children do not speak English well, have low-educated parents, and live in poor families. Meeting their linguistic and academic needs presents a challenge to educators nationwide.

This chapter begins with a description of the demographic challenges that US schools face when serving children of immigrants, particularly those who do not speak English very well, whom we refer to here as limited English proficient (LEP) students (see Box 1). It also provides a description of the academic achievements of children of immigrants and LEP students and a brief history of education mechanisms developed to foster the integration of immigrant families. Finally, this chapter describes five persistent policy and practice issues relating to the children of immigrants in US schools, with special attention devoted to the federal education legislation, the No Child Left Behind (NCLB) Act, and other policies that may significantly impact this population.

* The authors would like to thank Mary Helen Ybarra Johnson for her helpful assistance on this project.

DEMOGRAPHIC CHALLENGES OF NEW IMMIGRATION

ABSOLUTE AND RELATIVE GROWTH OF CHILDREN OF IMMIGRANTS

The 1990s was a decade of record-high immigration: Between 14 and 16 million immigrants entered the United States, up from 10 million in the 1980s and 7 million in the 1970s. By 2005, the US foreign-born population had reached 35 million, or 12.1 percent of the total population.¹ Following overall immigration patterns, the share of children of immigrants among the school-age population increased rapidly, from 6 percent in 1970 to 19 percent in 2000.²

BOX I. DEFINITIONS OF CHILDREN OF IMMIGRANTS AND LIMITED ENGLISH PROFICIENT CHILDREN

DEFINING THE POPULATION OF INTEREST

Children of immigrants or *children in immigrant families* are defined as those with at least one parent born outside the United States. The children may have been born abroad (in which case we refer to them as first generation) or in the United States (which we term second generation).*

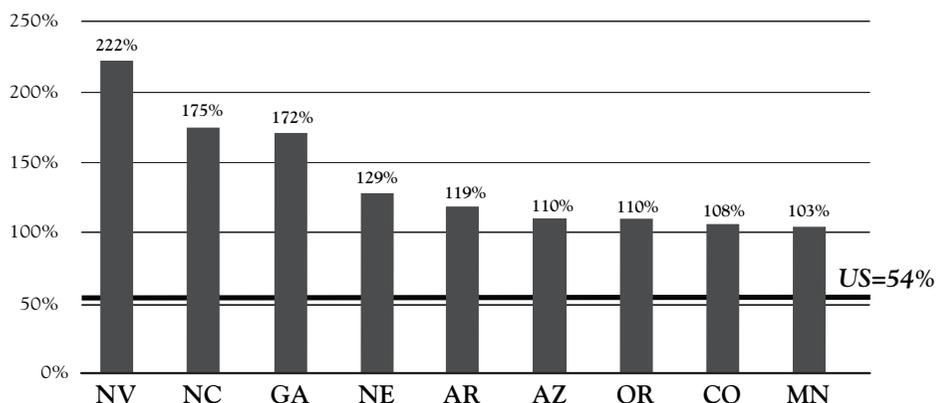
Limited English Proficient (LEP). In all households where a language other than English is spoken, the US Census Bureau asks if members of the household speak English “very well,” “well,” “not well,” or “not at all.” The Census Bureau measures only spoken English proficiency. Using the census’s definition, we consider all persons speaking English less than “very well” as limited English proficient.

* Following the definition used by the US Census Bureau, we do not consider children with parents born in Puerto Rico or other US territories to be the children of immigrants.

1 Current Population Survey 2005 estimates.

2 Our profile of demographic and socioeconomic characteristics of the children of immigrants and LEP children draws on analysis from the Urban Institute, as well as our own calculations. The data come from the US Census 2000, 1 percent Public Use Microdata Samples (PUMS). The sample is limited to children aged 3 to 21 (and 5 to 21 for LEP children). The information about grade-level completion and enrollment figures from the census is used to categorize the children into two groups: pre-kindergarten through 5th grade and 6th through 12th grade.

FIGURE 1. STATES WITH MORE THAN 100 PERCENT INCREASE IN THE NUMBER OF CHILDREN OF IMMIGRANTS IN PRE-KINDERGARTEN TO 12TH GRADE BETWEEN 1990 AND 2000



Source: Authors' calculations of Urban Institute data; R. Capps, et al. *The New Demography of America's Schools: Immigration and the No Child Left Behind Act* (Washington, DC: The Urban Institute, 2005).

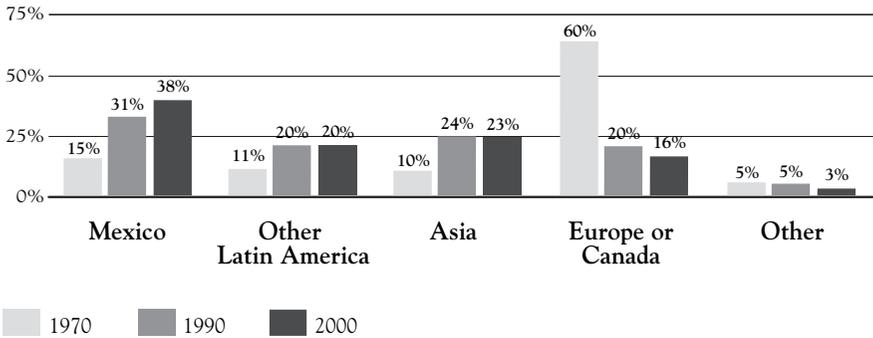
INCREASING GEOGRAPHIC DISPERSAL

The 1990s also witnessed increasing geographic dispersal of immigrants. Unlike immigrants before them, post-1990 immigrants passed by traditional gateway states and cities in favor of other destinations. For example, North Carolina, Georgia, and Nevada experienced more than a 200 percent increase in their foreign-born population between 1990 and 2000. And while it is true that the absolute numbers of children of immigrants in the so-called new growth states are still small compared to those in more traditional receiving states (California, Texas, New York, New Jersey, Florida, and Illinois), the growth is quite rapid (see Figure 1). Fast growth raises important questions about whether these states have the resources and infrastructure to accommodate the children of immigrants and to ensure that the children have adequate academic and language instruction.

THE FOREIGN-BORN CHILDREN OF IMMIGRANTS

Overall, 75 percent of school-age children of immigrants were born in the United States. The remaining share of the children of immigrants who are foreign born is lowest in pre-kindergarten (one in eight) and highest in grades 6 through 12 (one in three). The reason for this pattern is straightforward: Older

FIGURE 2. PERCENT OF THE CHILDREN OF IMMIGRANTS BY COUNTRY/REGION OF BIRTH, 1970, 1990, AND 2000



Source: 1 percent Integration Public Use Microdata Series (IPUMS), 1970, 1990, and 2000. Urban Institute tabulations.

children have lived longer and therefore had more opportunity to enter the United States. Secondary schools may find this group of students especially challenging since many immigrant children arrive with limited English proficiency and little formal schooling from their countries of origin. In addition, these late entrants will have fewer years to learn English in US schools than the children of immigrants who enter the schools at earlier ages.

THE DIVERSE ORIGIN OF IMMIGRANT CHILDREN

One of the most salient characteristics of post-1965 immigration is the dramatic shift away from Europe toward Asia and Latin America as major sources of new immigrants. Therefore, it is not surprising that today's immigrant children are more likely to be from Mexico and other Latin American and Asian countries than they were in 1970. In contrast, the proportion of children from Europe and Canada has declined (see Figure 2).

THE CHILDREN OF UNDOCUMENTED MIGRANTS

According to Urban Institute estimates using 2003 data, almost 4.6 million children have one or more undocumented parents. They constitute about 27 percent of all children of immigrants and 5 percent of all children in the United States. An overwhelming majority of these children (3 million) are US citizens, although a sizable minority are themselves undocumented. The Urban

Institute estimates that approximately 65,000 undocumented adolescents graduate each year from US high schools.³

LIMITED ENGLISH PROFICIENT CHILDREN

LEP CHILDREN: NUMBERS, GROWTH, AND CONCENTRATION

According to the Department of Education, about 49.6 million K-12 students were enrolled in American schools in the 2003-2004 academic year. Ten percent of these students were identified as LEP students.⁴

California, with its 1.6 million LEP students, accounted for almost a third of all LEP students in the nation. The states with the next-largest LEP student populations were other traditional immigrant-receiving states such as Texas, Florida, New York, and Illinois.

Figure 3 demonstrates the impressive growth of LEP enrollment between 1993-1994 and 2003-2004 that occurred alongside a modest increase in the total K-12 enrollment. As the figure shows, the total K-12 enrollment in the United States grew 9 percent from 45.4 million to 49.6 million during that time. In contrast, the LEP enrollment increased by 65 percent from 3 million to 5 million students.

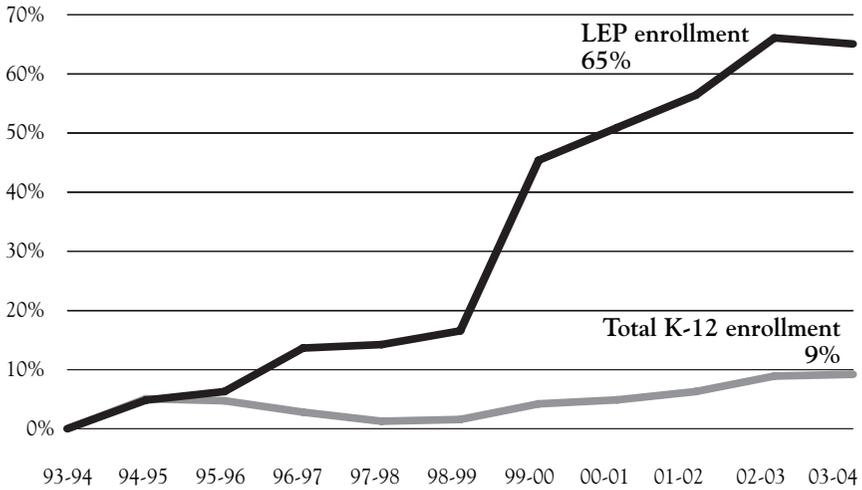
As in the case of the children of immigrants, states with the fastest-growing LEP populations are not the same states that have the largest absolute numbers of LEP students. For example, between 1993-1994 and 2003-2004, LEP enrollment grew more than 400 percent in South Carolina, North Carolina, Tennessee, and Indiana, which only recently experienced an increase in their immigrant populations (see Figure 4). In contrast, traditional immigrant receiving states experienced either much lower growth (California and New Jersey, e.g.) or declines (New York, e.g.) in their LEP populations.

LEP students are highly concentrated in relatively few school districts. In the 2003-2004 school year, 29 school districts, each with at least 10,000 LEP students, accounted for 25 percent of the nation's total LEP population. Thirteen

3 J. S. Passel, "Further Demographic Information Relating to the DREAM Act," Memorandum from the Urban Institute to the National Immigration Law Center, 2003. Available online at http://www.nilc.org/immlawpolicy/DREAM/DREAM_Demographics.pdf.

4 Note that the Department of Education compiles LEP data received from state and local educational agencies. Many states and districts rely on their own definitions of this population using assessment results from reading, writing, listening, and speaking tests.

FIGURE 3. RATE OF TOTAL K-12 AND LEP ENROLLMENT GROWTH: UNITED STATES, 1993-1994 TO 2003-2004



Source: US Department of Education, National Clearinghouse for English Language Acquisition & Language Instruction Educational Programs (NCELA), National and Regional Numbers and Statistics

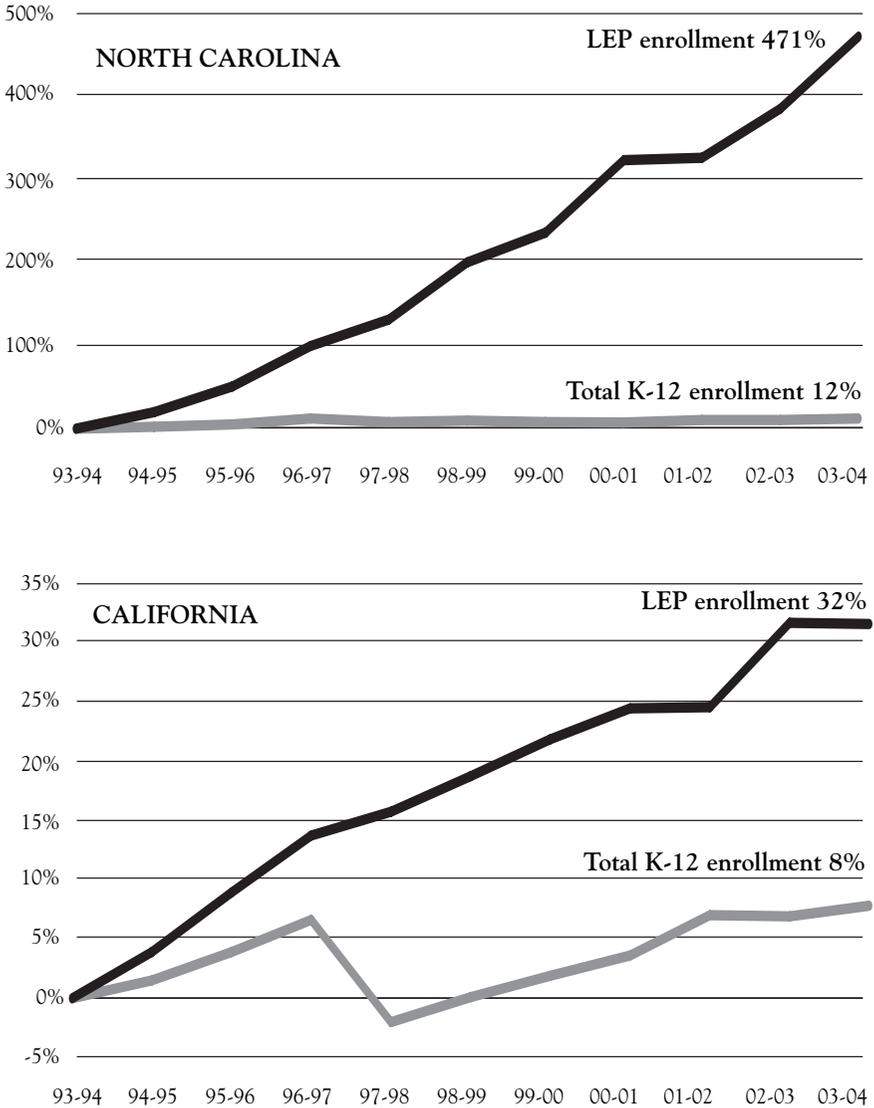
of these districts were in California. The top five school districts in terms of number of LEP students were Los Angeles, New York City, Chicago, Houston, and Miami-Dade County.⁵

Within school districts, LEP students are also largely concentrated in a small number of schools. An Urban Institute study, which examined the 1999-2000 Schools and Staffing Survey data on elementary schools, found that almost 70 percent of the LEP elementary-level students were enrolled in 10 percent of elementary schools.⁶ The study also reported that high-LEP schools, defined as those in which LEP students made up a quarter or more of all enrolled students, tended to have large student populations, to be located in urban areas, and to have difficulties filling teacher vacancies. The students in the high-LEP schools tended to be from minority and economically disadvantaged families.

5 See NCELA data on school districts, available at <http://www.ncele.gwu.edu/expert/faq/02districts.htm>.

6 C. Cosentino de Cohen, B. Chu Clewell, and N. Deterding, *Who's Left Behind?: Immigrant Children in High and Low LEP Schools* (Washington, DC: The Urban Institute, 2005).

FIGURE 4. RATE OF TOTAL K-12 AND LEP ENROLLMENT GROWTH: NORTH CAROLINA AND CALIFORNIA, 1993-1994 TO 2003-2004



Note: ELL refers to English Language Learners, a term preferred by many researchers over LEP. In this chapter, we primarily used the term LEP, to follow the language in NCLB.

Source: US Department of Education, National Clearinghouse for English Language Acquisition & Language Instruction Educational Programs (NCELA), National and Regional Numbers and Statistics.

The report maintains that the high concentration and segregation of LEP children at the state, district, and school level has both positive and negative implications for students' learning of English and academic subjects:

On the positive side, the density of LEP enrollment makes the provision of specialized services more cost-effective and a higher priority. It is often easier to justify expenditures for special programs when a large proportion of the student body will benefit. On the negative side, the segregation of LEP students results in their isolation from the educational mainstream and the loss of the benefits of interacting with English-speaking classmates.⁷

THE NATIVE LANGUAGES OF LEP STUDENTS

LEP students speak over 100 native languages. However, the lion's share of LEP students — 79 percent — speak Spanish as their native language. The next most commonly reported native languages are Vietnamese and Hmong, accounting for only approximately 2 percent of LEP students each.⁸

LEP STUDENTS: DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS⁹

Populations of the children of immigrants and LEP children are neither identical nor mutually exclusive (see Figure 5). Of 54 million total children in the United States, children who are both LEP and born to immigrant parents constitute about 4.9 percent. Children of immigrants who are not LEP make up an additional 13.8 percent of the child population, whereas LEP children with US-born parents represent another 1.5 percent.

GENERATION

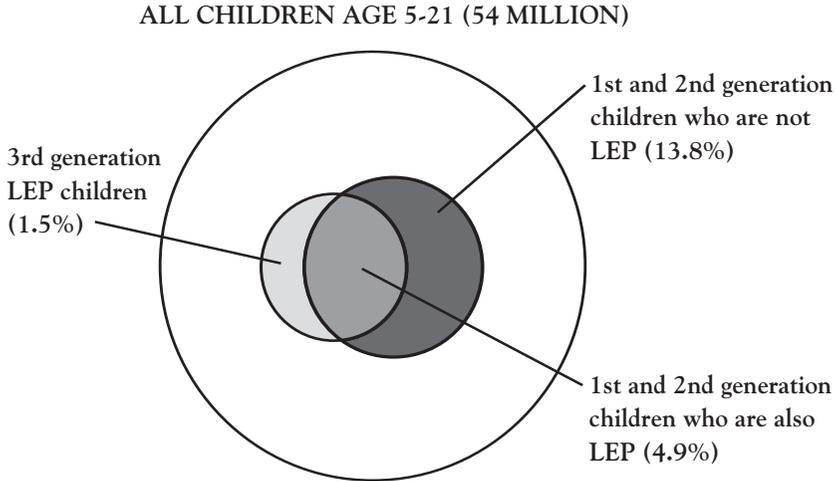
LEP children represent about 6.4 percent of all children, and most LEP students are not foreign born (see Figure 6). In fact, three-quarters of LEP elementary school students and over one-half of LEP secondary school students were

7 Ibid.

8 See NCELA 2001 data on the most common languages for LEP students, available at <http://www.ncela.gwu.edu/expert/faq/05toplans.htm>.

9 Since the US Department of Education data provide neither a distinction between children of immigrants and LEP children nor information on the characteristics of these populations, we turn to the Census data to describe demographic and socioeconomic profile of LEP children. Note that due to the differences in data collection and years for which the data are reported, the absolute numbers of LEP children reported by the US Department of Education and Census are not the same.

FIGURE 5. CHILDREN OF IMMIGRANTS AND LEP CHILDREN AS A PERCENT OF THE TOTAL NUMBER OF CHILDREN, 2000



Notes: 1st generation = children born abroad; 2nd generation = US-born children with at least one foreign-born parent; 3rd generation plus = US-born children with US-born parents

Source: Authors' calculations based on the 2000 Census data

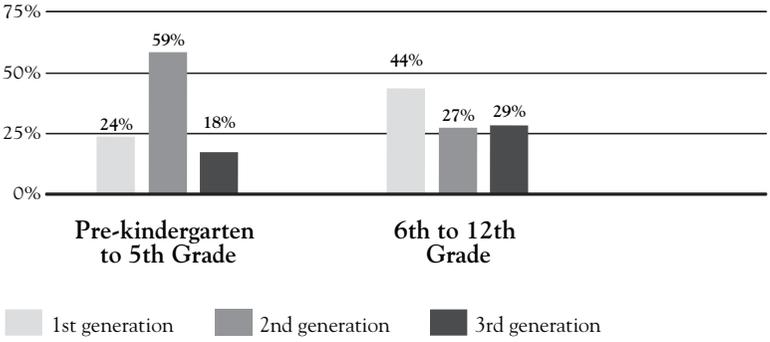
born and likely raised in the United States. Many have US-born parents. The large share of secondary school LEP students who are US-born is surprising; clearly, many LEP children are still not proficient in English even after seven or more years in US schools.

Nevertheless, over time children are learning English as illustrated by the decline in the proportion of LEP students from 10 percent in kindergarten to 6 percent in the 6th to 12th grade group (see Figure 7).

LINGUISTIC ISOLATION AT HOME

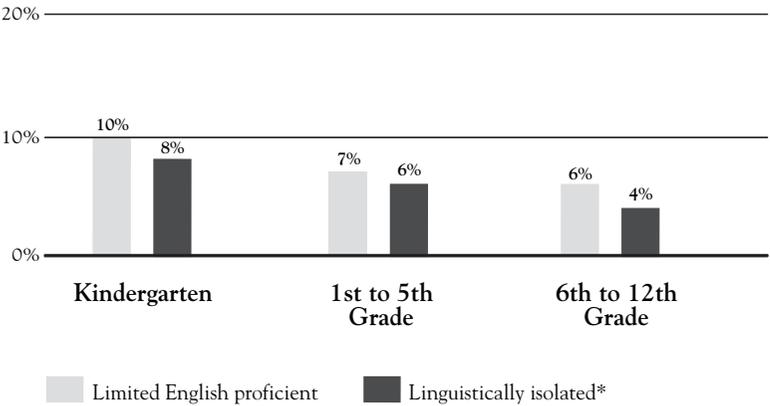
In 2000, about six in seven LEP students at the elementary level lived in linguistically isolated households (those in which everyone over age 14 is also LEP) (see Figure 7). The share of linguistically isolated children was highest in kindergarten (8 percent) and substantially lower in secondary school (4 percent), following the pattern for children's English proficiency. High levels of linguistic isolation present a challenge to involving limited-English speaking families in their children's education.

FIGURE 6. SHARE OF LEP STUDENTS BY GENERATION, 2000: GRADES PRE-KINDERGARTEN TO 5 AND 6 TO 12



Source: Urban Institute tabulations, 2000

FIGURE 7. LIMITED ENGLISH PROFICIENT AND LINGUISTICALLY ISOLATED CHILDREN BY GRADE LEVEL, 2000 (PERCENT)



* Students living in households in which all persons age 14 and older are LEP.

Source: 1 percent PUMS, 2000. Urban Institute tabulations; Randy Capps, et al. *The New Demography of America's Schools: Immigration and the No Child Left Behind Act*. (Washington, DC: The Urban Institute, 2005).

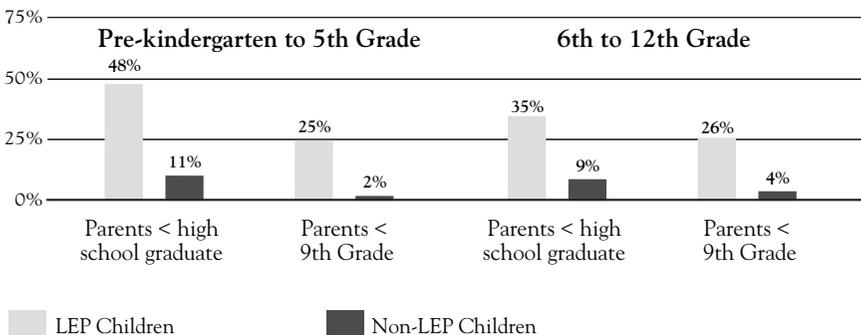
PARENTAL INCOME AND EDUCATION

There is a considerable overlap among low-income students and limited English proficient students. In 2000, about two-thirds of LEP children were low-income, compared to only about one-third of English proficient children. This finding is consistent with previous research showing a high correlation between limited English proficiency and poverty along with other hardship measures.¹⁰

In terms of parental education, in 2000, almost half of LEP children in elementary school had parents with less than a high school degree, and a quarter had parents with less than a 9th grade education (see Figure 8). Only 11 percent of English proficient children had parents without a high school degree, and just 2 percent had parents who had not completed the 9th grade. In secondary school, a lower share of LEP children had parents without a high school degree (35 percent), but this was still several times the share for children of natives.

As this section shows, LEP students, many of whom are children of immigrants, are likely to live in poor families and have parents with little education, which are known risk factors for students' academic achievement.

FIGURE 8. PERCENT OF ENGLISH PROFICIENT (NON-LEP) AND LEP STUDENTS BY PARENTAL EDUCATION AND GRADE LEVEL, 2000



Source: 1 percent PUMS, 2000. Urban Institute tabulations; R. Capps, et al. *The New Demography of America's Schools: Immigration and the No Child Left Behind Act*. (Washington, DC: The Urban Institute, 2005).

10 R. Capps, L. Ku, M. Fix, C. Furgieue, J. S. Passel, R. Ramchand, S. McNiven, and D. Perez-Lopez, *How Are Immigrants Faring after Welfare Reform? Preliminary Evidence from Los Angeles and New York City—Final Report* (Washington, DC: The Urban Institute, 2002).

ACADEMIC ACHIEVEMENT OF CHILDREN OF IMMIGRANTS

Clearly, the children of immigrants, particularly those who are LEP, face many barriers to academic success in US schools. Despite these challenges, though, the existing literature suggests that children of immigrants overall are adapting well to the US educational system, often outperforming even children with US-born parents.¹¹

The academic achievement of children of immigrants — as measured by grade point averages (GPAs), test scores, and school enrollment rates — varies by time spent in the United States. In one study, US-born children of immigrants outperformed their foreign-born peers, particularly those who had been in the United States nine years or less, on reading and math tests. However, the foreign-born students' GPAs in this study fell as time spent in the United States increased, suggesting that acculturation actually exerted downward pressure on grades.¹² Another recent study reported that US-born children of immigrants demonstrate significant intergenerational progress in terms of enrollment in high school and college.¹³

There are also major variations among immigrant groups in terms of how well students are doing in school. Studies find that, on average, students of Asian and European-descent (especially recent arrivals) are doing as well or often better than their native-born peers. In contrast, children of immigrants from Latin America and the Caribbean are more likely to have lower GPAs and higher dropout rates.

Further consideration of national origin diversity among immigrant groups allows for a more refined picture of group differences in student achievement. For example, in their study of US- and foreign-born children of immigrants in Miami and San Diego, Portes and Rumbaut found that students of Chinese and Korean origin were among the top-performing groups on math and reading tests. In contrast, Laotian and Cambodian students lagged behind all other

11 A. Portes and R. Rumbaut, *Legacies: The Story of Immigrant Second Generation* (Berkeley, CA: University of California Press, 2001); See also C. Suarez and M. Suarez-Orozco, *Children of Immigrants* (Cambridge, MA: Harvard University Press, 2001); N. Foner, *From Ellis Island to JFK: New York's Two Great Waves of Immigration*, Chapter 7 (New Haven: Yale University Press, 2000).

12 Portes and Rumbaut, *Legacies*.

13 R. Waldinger and R. Reichl, "Today's Second Generation: Getting Ahead or Falling Behind?" in *Securing the Future: US Immigrant Integration Policy*, ed. Michael Fix. Note that school enrollment, which is highlighted here, is only one of several different commonly used academic achievement measures; others include dropout rates and school completion rates. Importantly, if young immigrants come to the United States to work and never enroll in school, they would not be captured in traditional dropout rates.

children of immigrants except for those of Mexican origin. The authors found that parents' social and economic capital played a role in these populations' trailing scores.

PERSISTING GAPS IN LEP ACADEMIC ACHIEVEMENT

While the children of immigrants, on the whole, are doing well given the challenges they face, LEP students persistently lag behind their non-LEP peers. One indicator of LEP student achievement is students' progress in reading and math when analyzed over time and in comparison to non-LEP students. The most recent data on LEP achievement are provided by results from the 2005 National Assessment of Educational Progress (NAEP). Often called "The Nation's Report Card," NAEP is the only nationally representative and continuing assessment of what students in US schools should know and can do in various subject areas.¹⁴

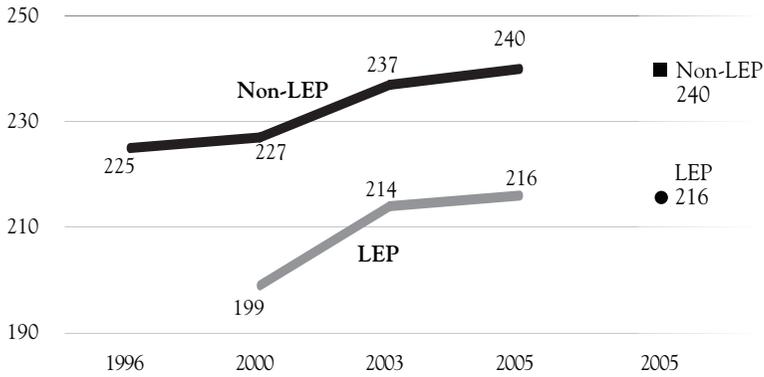
ACHIEVEMENT RESULTS FROM NAEP DATA

Figures 9 and 10 indicate that although 4th and 8th grade LEP students had higher average scores on math tests in 2005 than in any previous year, the historical achievement gap between LEP and non-LEP students persisted. For the first time, the 2005 NAEP distinguished between current and former LEP students (those who completed language instruction programs) and found that former LEP students were doing much better than their LEP peers and in some cases received the same score as non-LEP students (4th grade). NAEP data also indicate that whereas only 6 percent of LEP 8th graders scored at proficient or above level on math, 24 percent of former LEP students did so (compared to 31 percent of non-LEP students). These findings of remarkable progress of former LEP students at the national level (NAEP) dovetails with earlier research findings of adolescents' test scores on state achievement tests in California and Colorado.¹⁵ In both states, 8th grade students who have reached English

14 NCLB requires states that receive Title I funding to take part in the NAEP (Title I is a federal funding stream used by all states that is directed at low-income children and the schools that serve them.) States must participate in the NAEP math and reading evaluation of 4th and 8th graders. The closely monitored and standardized administration of the same tests with the same proficiency thresholds make cross-state comparisons of students' educational outcomes possible. Instead, the results are only suggestive of achievement patterns of LEP students.

15 J. Batalova, M. Fix, and J. Murray, *Adolescent English Language Learners: Their Demographic Profile and Literacy Achievements*. A Report to the Carnegie Corporation of New York (Washington, DC: Migration Policy Institute, forthcoming).

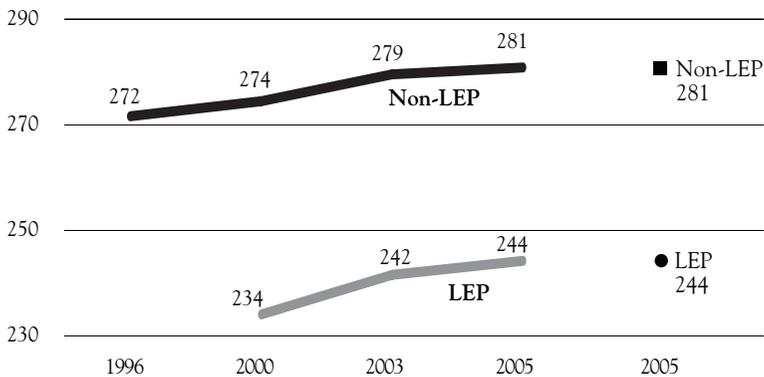
FIGURE 9. AVERAGE SCORES OF 4TH GRADERS IN MATH BY ENGLISH LANGUAGE PROFICIENCY: NAEP, 1996 TO 2005



Notes: The average scores in 2005 are significantly higher than those in 1996, 2000, and 2003 for both non-LEP and LEP subgroups.

Source: US Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2005 Mathematics Assessment, 4th grade.

FIGURE 10. AVERAGE SCORES OF 8TH GRADERS IN MATH BY ENGLISH LANGUAGE PROFICIENCY: NAEP, 1996 TO 2005



Notes: The average scores in 2005 are significantly higher than those in 1996, 2000, and 2003 for both non-LEP and LEP subgroups.

Source: US Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2005 Mathematics Assessment, 8th grade.

proficiency after receiving language development services scored much better on state math tests than their LEP counterparts. Moreover, in California, the gap between former LEP students and non-LEP students was very small.

NAEP data allow for similar comparisons on the reading assessment. Although the data also demonstrate a gap in reading test scores between LEP and non-LEP students, we find this comparison less indicative of purely academic achievement because LEP students, by definition, are not proficient in English.

THE EVOLUTION OF THE EDUCATION OF THE CHILDREN OF IMMIGRANTS

Education in the United States has not only been a mechanism for but a marker of immigrant integration.¹⁶ In the last 100 years, the United States has absorbed two great waves of immigration: one at the turn of the 20th century, comprised mainly of Europeans, and another since 1965, comprised increasingly of Asians and Latin Americans.

There are striking similarities between the contexts in which children of today's immigrants and children of the early 20th-century immigrants encountered the American educational system. As now, education at the turn of the 20th century was linked to social and economic mobility; a significant portion of arriving immigrants did not speak English; and many schools, especially those in urban areas, were overcrowded and lacked resources and qualified staff.

However, there are substantial differences between the two periods that underline the critical importance of schooling for the social and economic mobility of children of contemporary immigrants.

EDUCATION IS NO LONGER A LUXURY, BUT A NECESSITY

One important difference is that the US economy now requires higher levels of education from workers. In the early 20th century, having a high school diploma was a luxury: children's income contributions toward family expenses were a norm and necessity. Until the 1970s, there were well-paid manufacturing jobs that immigrants could take and thus join the ranks of blue-collar workers who achieved a middle-class lifestyle without significant formal education.

16 B. Weiss, *American Education and the European Immigrant, 1840-1940*, Introduction (Chicago, IL: University of Illinois Press, 1982).

Today, the knowledge-based American economy is predicted to generate jobs that rely on a skilled and educated workforce.¹⁷ As numerous studies show, the average premium on high-level education paid by the labor market has grown dramatically. Regardless of one's gender, full-time workers with a Bachelor's or higher degree are paid almost twice as much as those with a high school diploma.¹⁸ And, of course, the corollary of this wage premium is the penalty imposed on those who fail to complete high school.

THE CHANGING ROLE OF THE FEDERAL GOVERNMENT IN THE EDUCATION OF CHILDREN OF IMMIGRANTS

At the time of the previous wave of immigration, there was no legal recognition that children of immigrants had a "right" to an education. Since the 1960s, the ways in which children of immigrants are instructed and welcomed into US schools have changed dramatically. Until the 1960s, the most popular method of language instruction was English immersion or a "sink-or-swim" approach. Moreover, students were not allowed to move to the next grade until their English was sufficient to advance in academic subjects. With passage of the Bilingual Education Act in 1968 Congress established a federal policy of bilingual education for economically disadvantaged language LEP students; allocated funds for innovative programs; and recognized the unique educational disadvantages faced by non-English speaking students. In 1974, the US Supreme Court ruled that "school districts must take 'affirmative steps' to overcome educational barriers faced by non-English speakers."¹⁹ Congress eventually voted to expand eligibility for bilingual programs from students of "limited English speaking ability" to those of "limited English proficiency" (1978); and support family English literacy programs.

As a result of these and other federal and state efforts, today's educational system offers a wide range of programs to accommodate different levels of academic preparation and knowledge of English among the children of immigrants.²⁰

17 Bureau of Labor Statistics, "Table 3b. The 10 fastest growing occupations, 2002-12." US Department of Labor, 2004, <http://www.bls.gov/news.release/ecopro.toc.htm>.

18 M. W. Horrigan, "Employment Projections to 2012: Concepts and Context," *Monthly Labor Review* 127, no. 2 (Feb 2004): 80-105.

19 For a brief review of federal policies and laws with regard to language minority students refer to NCELA, FAQ#3 History available at <http://www.ncela.gwu.edu/expert/faq/03history.htm>. See also G. Stewner-Manzanares, *The Bilingual Education Act: Twenty Years Later*, NCBE, Number 6, 1988, <http://www.ncela.gwu.edu/pubs/classics/focus/06bea.htm>.

20 Ibid.

NO CHILD LEFT BEHIND: LANDMARK EDUCATION LEGISLATION

The No Child Left Behind (NCLB) Act, signed into law in early 2002, is the subject of the most recent chapter in the story of US education and children of immigrants. The act reauthorizes a long-standing federal education law and funding stream targeted to low-income students and the schools that serve them (Title I). NCLB holds all states, districts, and schools responsible for improving student academic achievement, as measured by regular state standardized tests in reading and math. Most notably, student improvement must occur among historically vulnerable subgroups: major racial and ethnic minority groups, disabled students, and students with limited English proficiency, categories that include many children of immigrants. Schools and districts that do not show sufficient progress toward meeting these standards face tough federal sanctions. After several years they may be forced to fire staff, reorganize curricula, or even close. By 2014, NCLB requires that all students be proficient in reading and math. For the first time, the law also requires that districts demonstrate that they are teaching English to LEP students by administering annual English proficiency tests.

Within NCLB's text lay the most sweeping changes to federal education policy — and arguably federal immigrant integration policy — in decades.

CURRENT POLICY AND ITS IMPACT ON CHILDREN OF IMMIGRANTS AND LEP STUDENTS

NCLB made the integration of historically marginalized groups, including the children of immigrants, a priority. However, many challenges remain for serving the children of immigrants and LEP students, not just in the implementation of NCLB but also in other areas of education policy and practice. We describe below five important policy issues: 1) assessing the academic progress of LEP students; 2) closing the linguistic gap; 3) expanding immigrant parent involvement; 4) attracting qualified bilingual or English as a Second Language (ESL) teachers; 5) and meeting the needs of immigrant adolescents. We also highlight three local practices developed in response to some national policy concerns surrounding the education of children of immigrants.

ASSESSING THE ACADEMIC PROGRESS OF LEP STUDENTS

Prior to NCLB, LEP students were often excluded from the standardized state tests used to spur schools' accountability.²¹ NCLB clearly changed this pattern

21 See, for example, Council of the Great City Schools (CGCS), "Educating English Language Learners in the Nation's Urban Schools," 2001. This study, done prior to the introduction of NCLB, found that only half of the nation's largest urban districts, where most LEPs are concentrated, included the results of LEP students on statewide assessments in district results.

of exclusion by requiring that schools and districts assess and report LEP progress annually in reading and math.²² Now the LEP students as a group must make adequate yearly progress, working toward the law's controversial goal of attaining 100 percent student proficiency in reading and math by 2014.

Implementing these new requirements is tough. First, current LEP students will eventually learn English and exit LEP status, while new LEP students will come to the United States and enroll. In this sense, the LEP subgroup is expected to change over time, distinguishing it from the other "protected" groups under NCLB, which are based on race or physical disability, for example. While NCLB holds schools responsible for LEP students as a group, the group consistently loses higher-performing students as they learn English while absorbing new members who are not proficient in English.

The US Department of Education has recognized the problem and now permits school districts to include former LEP students in the LEP subgroup for two years after they attain English proficiency.²³ Theoretically, these former LEP students will do better on standardized academic assessments, raising the overall performance of the LEP subgroup as a whole, allowing the schools they attend to avoid sanctions.

However, this temporary "fix" fails to sidestep a much larger policy challenge: having a group defined by its very lack of skills attain full proficiency. Some have suggested that assessing and rewarding the longitudinal progress of individual students rather than entire groups like LEP students would be a better measure of progress under NCLB. This approach to assessment could also mitigate the impact of the evaluation problems associated with the LEP subgroup's ever-changing composition, since it bases progress on an individual child's performance. In 2005 Education Secretary Margaret Spellings authorized pilot programs using longitudinal assessments of individual students. Nonetheless, the goal of 100 percent academic proficiency by 2014 for all students, including LEP students, has been maintained.²⁴

Additionally, it is difficult to disentangle a LEP student's academic knowledge from his or her language skills when academic assessments are written in

22 NCLB's predecessor, the Improving America's Schools Act of 1994, also required states to include LEP students in assessments and report their results separately as a subgroup. However, it lacked the tough accountability mechanisms of NCLB, and many states never complied with this earlier law. See Citizens Commission on Civil Rights, *Closing the Deal: A Preliminary Report on State Compliance with Final Assessment & Accountability Requirements Under the Improving America's Schools Act of 1994*, March 1, 2001.

23 See US Department of Education, Letters from Secretary Rod Paige, June 24, 2004.

24 US Department of Education, *No Child Left Behind: A Road Map for State Implementation*, 2005.

English. NCLB directs states, to the extent practicable, to test LEP students in a language and form that are most likely to yield valid and reliable results of what the student knows and can do. Thus, LEP students could receive the same tests in English as their peers, tests with simplified English or other accommodations (such as extra time or a dictionary), or tests in their native languages. Currently ten states use some native language testing to assess LEP students under NCLB.²⁵ The types of other accommodations available to LEP students vary widely by state.²⁶

The research base, however, is thin on approaches that yield valid and reliable results among LEP students. Research indicates that children do best when tests use the language in which the students are taught.²⁷ Nationwide, well over half of all LEP students receive either no services targeted to LEP students or services that are almost entirely in English, suggesting that native-language testing would not be appropriate for the vast majority of LEP students.²⁸ However, with states now responsible for the progress of LEP students, state evaluations of the effectiveness of their other testing accommodations for tests in English and whether they give LEP students an unfair advantage over native English-speaking peers are crucial.²⁹

CLOSING THE LINGUISTIC GAP

Many approaches to teaching English exist, ranging from English-only instruction in mainstream classrooms to programs that emphasize building both a child's native language and English skills simultaneously. These approaches may even vary for different age groups and depend on the number of students in a given school who speak a shared language. For example, elementary schools with large numbers of Spanish-speaking students may opt for bilingual programs, while high schools, where LEP students are comparatively fewer, may use traditional English as a Second Language pull-out instruction with students

25 M. A. Zehr, "Wary Districts Shift or Forgo Federal Funds," *Education Week*, September 14, 2004.

26 US Department of Education, *Biennial Evaluation Report to Congress on the Implementation of the State Formula Grant Program 2002-2004*, English Language Acquisition, Language Enhancement and Academic Achievement Act (ESEA, Title III, Pt. A) Washington, DC, 2005.

27 See J. Abedi, C. Lord, and C. Hofstetter, "Impact of Selected Background Variables on Students' NAEP Math Performance," *Center for the Study of Evaluation Technical Report 478* (Los Angeles, CA: UCLA National Center for Research on Evaluation, Standards, and Student Testing, 1998).

28 Data on LEP services from A. M. Zehler, H. L. Fleishman, P. J. Hopstock, T. G. Stephenson, M. L. Pendzick, and S. Sapru, *Descriptive Study of Services to LEP Students and LEP Students with Disabilities, Research Report Volume 1* (Arlington, VA: Development Associates, Inc., 2003).

29 J. Abedi and R. Dietel, *Challenges in the No Child Left Behind Act for English Language Learners*, National Center for Research on Evaluation, Standards, and Student Testing (CRESST)/UCLA, 2004.

BOX 2. INSTRUCTIONAL APPROACHES FOR LEP STUDENTS IN THE NATION'S URBAN DISTRICTS

Program names	Languages of Instruction	Languages of content instruction	Languages Arts instruction
Dual Language, Two way, Bilingual immersion	English and the native language	English and the native language	English and the native language
Developmental, Late exit	English and the native language	English and the native language; instruction through English increases as students gain proficiency	English and the native language
Transitional, Early exit	English only	English and the native language; quick progression to all or most instruction through English	English, native language used to assist transition to English
Sheltered, SDAIE, Content-based ESL	English only	English adapted to students' proficiency level	English in a classroom with native English speakers and ELLs
Pullout ESL, Self Contained ESL	English only	English adapted to students' proficiency level	English in a classroom with all ELLs
English Only (no language support)	English only	English	English

Note: ELL refers to English Language Learners, a term preferred by many researchers over LEP. In this paper we primarily use the term LEP to follow the language in NCLB.

Chart reprinted with permission: Beth Antuñez, "English Language Learners in the Great City Schools: Survey Results on Students, Languages, and Programs" (Washington, DC: Council of the Great City Schools 2003), 12.

who speak less common languages, such as Urdu or Portuguese (see Box 2 for an overview of programs for LEP students in urban districts).³⁰ As detailed early in this paper, children of immigrants speak more than 100 languages, creating a need for a variety of instructional approaches.

Pre-kindergarten programs, which many states have expanded in recent years, may provide a promising avenue for early English acquisition among young children of immigrants. Research indicates that there are some effective pre-kindergarten models with positive impacts on child academic outcomes, including bilingual pre-kindergarten targeted to LEP children.³¹ One recent study in Oklahoma found that Hispanic children had the largest gains of any group in the state's universal pre-kindergarten program.³² Children of immigrants are currently underrepresented in the nation's pre-kindergarten programs though, suggesting a need for greater outreach.³³

Schools now face tougher challenges when students enter kindergarten or later grades without English proficiency. In an unprecedented move, NCLB requires states to develop English language proficiency standards, assessments, and measurable objectives by which they can gauge LEP progress.³⁴ States must demonstrate an annual increase in the number or percentage of children *who make progress in learning English* and an annual increase in the number or percentage of children *who attain English proficiency* by the end of each school year. Spoken English proficiency takes an average of three to five years to develop, while academic English proficiency, which is needed for academic content tests under NCLB, typically takes five to seven years.³⁵

30 Data on LEP students in secondary schools from R. Capps, M. Fix, J. Murray, et al., *The New Demography of America's Schools: Immigration and the No Child Left Behind Act* (Washington, DC: The Urban Institute, 2005).

31 See, e.g., W. S. Barnett, "Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes," *The Future of Children* 5, no. 3 (1995) for information on the long-term effects of some early childhood programs; see J. L. Rodríguez, R. M. Díaz, D. Duran, and L. Espinosa, "The Impact of Bilingual Preschool Education on the Language Development of Spanish-Speaking Children," *Early Childhood Research Quarterly* 10 (1995): 475-490 and A. Winsler, R. M. Díaz, L. Espinosa, and J. L. Rodríguez, "When Learning a Second Language Does Not Mean Losing the First: Bilingual Language Development in Low-Income, Spanish-Speaking Children Attending Bilingual Preschool," *Child Development* 70, no. 2 (1999): 349-362 for descriptions of small-scale evaluations of bilingual pre-kindergarten programs.

32 W. Gormley and D. Phillips, "The Effects of Universal Pre-K in Oklahoma: Research Highlights and Policy Implications" (Washington, DC: Georgetown Public Policy Institute, 2003).

33 Capps et al., *The New Demography of America's Schools* (see n. 30).

34 US Department of Education, *Biennial Evaluation Report to Congress*, 2005 (see n. 26).

35 K. Hakuta, Y. G. Butler, and D. Witt, *How Long Does It Take English Learners to Attain Proficiency?* Policy Report 2000-1. The University of California Linguistic Minority Research Institute, 2000.

States are making some progress in attaining these goals. In its recent report to Congress, the Department of Education found that 33 of 42 states reporting results met their targets for English acquisition *progress*, while 41 of 45 reporting met at least some targets for students' *attainment* of English proficiency.³⁶

NCLB's accountability provisions for English-language proficiency are not as stringent as those for meeting academic content standards in reading and math. They do not establish any national proficiency goals like NCLB's controversial mandate that schools meet 100 percent student proficiency in reading and math by 2014. Accountability provisions for English proficiency also apply primarily at the district rather than school level, and they do not trigger interventions such as school restructuring, school choice, or supplemental services.³⁷

EXPANDING IMMIGRANT PARENT INVOLVEMENT

A long line of research has established positive academic benefits to children when their parents are involved in their educations, either in the home or school setting.³⁸ Nevertheless, researchers have identified a variety of barriers to involving immigrant and LEP parents, including language barriers, limited understanding of the US school system, or culturally reinforced deference to school administrators.³⁹

Under NCLB, parents of LEP students must be notified that their child is LEP, of the options for instruction and instructional goals, the requirements to exit LEP status, the expected rate of English mastery, and of their right to refuse language instruction. NCLB also emphasizes that schools and districts should, "to the extent practicable," communicate with all parents in a language that they can understand and involve them in plans for school improvement if needed.

36 US Department of Education, *Biennial Evaluation Report to Congress on the Implementation of the State Formula Grant Program 2002-2004*, English Language Acquisition, Language Enhancement and Academic Achievement Act (ESEA, Title III, Pt. A) Washington, DC, 2005.

37 Center on Education Policy, *From the Capital to the Classroom: Year 3 of the No Child Left Behind Act*, 2005. Application of English-proficiency accountability mechanisms at the district level is due in large part to the funding stream of Title III, which is directed toward LEP students. Title III, unlike Title I, goes to states and is then given to districts or district consortia; individual schools are not direct recipients of the funding. However, if one or a small number of schools in a district cause the district to fall short of its English-proficiency goals, a district may specify changes in select schools in the improvement plan it creates as required by NCLB.

38 S. Carter, *The Impact of Parent/Family Involvement on Student Outcomes: An Annotated Bibliography of Research from the Past Decade* (Eugene, OR: Consortium for Appropriate Dispute Resolution in Special Education, 2002).

39 See A. B. Bermúdez and J. A. Márquez, "An Examination of a Four-Way Collaborative to Increase Parental Involvement in the Schools," *The Journal of Educational Issues of Language Minority Students* 16 (Summer 1996) for a short review of this literature.

Interacting with parents forces schools to contend with many parents' low educational levels, linguistic isolation, and irregular or heavy work hours. Finding translators for parents may be particularly difficult in new gateway immigrant communities going through rapid demographic change or in schools where many different languages are spoken. In response to these challenges, some districts and schools have created innovative partnerships with immigrant or other community-based organizations to expand outreach to parents and prepare them to take an active role in their child's learning.

ATTRACTING QUALIFIED BILINGUAL OR ESL TEACHERS

NCLB responded to a concern that teachers in our nation's schools were not adequately prepared to teach the classes to which they were assigned. High-

BOX 3. SPOTLIGHT ON MEANINGFUL PARENTAL INVOLVEMENT: THE PARENT INSTITUTE FOR QUALITY EDUCATION, STATE OF CALIFORNIA

The Parent Institute for Quality Education (PIQE) has worked with over 1,200 California schools to engage immigrant parents more fully in their children's education. The Institute offers a nine-week training course for low-income or immigrant parents on parental involvement in schools. The course has been offered in 14 languages thus far and covers navigation of the school system, ways to support learning at home, and college preparation. Since 1987, more than 335,000 parents have successfully graduated from the ten PIQE program sites in California. A study analyzing long-term outcomes for children whose parents attended the San Diego program found that PIQE children had a dropout rate of just 7 percent, compared to the county average of 41 percent. Students whose parents participated in the program also had a higher level of college attendance. Overall, the number of students attending college exceeded the county average (79 to 52 percent, respectively). While these findings may be influenced by selection bias — i.e., parents who enroll in the program may be more likely to send their children to college or keep them in high school — they provide at least a suggestion that the program may have a positive impact on students.

Sources: Garza and Osterling, "Strengthening Latino Parental Involvement, Forming Community Based Organizations/School Partnership," *National Association of Bilingual Educators (NABE) Journal of Research and Practice* 2, no. 1 (Winter 2004): 270-284; Sahafi and Vidano, "Parent Institute for Quality Education," *Organization Special Report on PIQE's Performance Evaluation*, December 2004; PIQE Website: <http://www.piqe.org/>.

BOX 4. SPOTLIGHT ON TEACHER RECRUITMENT: THE PAR²A CENTER, UNIVERSITY OF COLORADO AT DENVER

The PAR²A Center was created in 1994 to serve as a resource and research center for the training of paraeducators wishing to become teachers. The Center has worked in collaboration with area community colleges and school districts to create effective training programs for paraeducators specializing in bilingual and special education. Currently, the Center offers several projects in its Career Ladders program that help transition paraeducators into professional teaching positions. The Collaborative Bilingual Education Teacher Training project (C-BETT II), for example, supports a cohort of 32 participants who are pursuing their Bachelor's degree and teaching license in elementary or secondary bilingual education. Participants wishing to pursue graduate study in the field also have the option of enrolling in the Master's program at the University of Colorado at Denver. The Center has created a mentoring program for participants in the C-BETT II program that lasts through their first years as new teachers.

Source: The PAR²A Center Web site: <http://www.paracenter.org>

LEP schools in particular are more likely to have trouble filling teaching vacancies and to have teachers with provisional credentials. One 2001 study found that one of five teachers of LEP students in the nation's urban school districts held provisional or emergency teaching credentials.⁴⁰ In Texas, 48 percent of elementary and 40 percent of secondary bilingual/ESL teachers hired in 2000-2001 did not hold full certification.⁴¹

In 2002, NCLB required that all teachers, including bilingual and ESL teachers, have full state certification, hold at least a Bachelor's degree, and show mastery of the subjects they teach. Teachers can demonstrate mastery through an academic major, graduate degree, additional coursework, or passage of state subject tests.

Even before NCLB, research indicated a shortage of bilingual and ESL teachers in critical high-immigrant areas; new evidence suggests that this problem con-

40 Council of the Great City Schools, *Educating English Language Learners in the Nation's Urban Schools* (Washington, DC: CGCS, 2001).

41 Institute for School-University Partnerships, "Teacher Demand Study 2000-2001," Texas A&M University System, 2001.

tinues. More than 60 percent of the nation's urban districts, where most children of immigrants reside, reported a shortage of LEP teachers in 2001, roughly coinciding with NCLB's introduction.⁴² Several years later, in a study assessing NCLB's third year of implementation, districts cited finding qualified teachers as their greatest challenge in serving the LEP population.⁴³

The need for teachers of the LEP population is not likely to decline any time soon. Estimates indicate that children of immigrants will comprise 30 percent of all students in our nation's schools by 2015.⁴⁴ Schools, districts, and states must continue to search for ways to grow the number of highly qualified bilingual and ESL teachers — encouraging the promotion of promising bilingual paraprofessionals, for example.⁴⁵

MEETING THE NEEDS OF IMMIGRANT ADOLESCENTS

About one-third of the adolescent children of immigrants were born abroad, and immigrant adolescents are uniquely at-risk in the educational system.⁴⁶ Many may not have arrived in the United States until secondary school, where fewer instructional options exist for students who do not speak English. Others may not have received sufficient academic preparation in their home countries to prepare them for middle and high school classes in the United States. And, as detailed earlier in this chapter, immigrant adolescents are also more likely than US-born students to drop out of high school.⁴⁷

In response to these risks, schools, districts, and states have experimented with new ways to educate and engage immigrant adolescents. Two types of initiatives in particular have received particular attention.

First, some districts have chosen to create what are called “newcomer schools,” schools that exclusively serve recently arrived immigrant students. In addition to

42 CGCS, *Educating English Language Learners* (see n. 40).

43 Center on Education Policy, *From the Capital to the Classroom: Year 3 of the No Child Left Behind Act*, 2005.

44 M. Fix and J. S. Passel, *US Immigration: Trends and Implications for Schools*, National Association of Bilingual Education (NABE) Presentation, 2003.

45 See B. C. Clewell and A. M. Villegas, *Evaluation of the DeWitt Wallace-Reader's Digest Fund's Pathways to Teaching Careers Program* (Washington, DC: The Urban Institute, 2001) for an example of a program that was successful in recruiting new racial and ethnic minority teachers among the paraprofessional / teacher aide population.

46 Capps et al., *The New Demography of America's Schools* (see n. 30), with regard to the share of adolescent children of immigrants who are themselves foreign born.

47 J. R. de Velasco, M. Fix, and B. C. Clewell, *Overlooked and Underserved: Immigrant Students in US Secondary Schools* (Washington, DC: The Urban Institute, 2000).

BOX 5. SPOTLIGHT ON IMMIGRANT ADOLESCENTS: BELMONT NEWCOMER CENTER, LOS ANGELES, CALIFORNIA

The Belmont Newcomer Center opened in 1989 to serve newly arrived immigrant students at Belmont High School and those from surrounding Los Angeles area schools. The Center aims to smooth the transition of these students into American culture while preparing them academically for mainstream high schools. There are two different models utilized at the Center, and students are assigned to one on the basis of their native language. The first is an Alternative Bilingual Program that offers 9th to 11th grade coursework in Spanish or Mandarin in addition to English. The second option (for speakers of languages other than Spanish or Mandarin) is the Structured English Immersion program, which offers English instruction to classes of all LEP students for the full high school curriculum. Approximately 450 students are enrolled at a time, with an average of 180 students graduating each year. By working with community organizations, the Belmont Center has also been able to provide students with better access to student and family services, such as counseling. Belmont retains a high number of bilingual and multi-lingual staff, many of whom previously attended the school.

Source: Spaulding et al., *Immigrant Students and Secondary School Reform: Compendium of Best Practices*, Council of Chief State School Officers, January 2004; Center for Applied Linguistics, Newcomer Database, <http://www.cal.org/newcomerdb>.

language instruction and academic courses targeted to LEP students, newcomer schools offer a unique and sheltered transition to the US school system. Most educate adolescents and their families about US schools, and they may provide follow-up evaluations once a student moves to a regular instructional school.⁴⁸

Second, in recent years immigrant leaders have advocated for fee changes in higher education that might encourage undocumented immigrant adolescents to stay in school and pursue a university degree. Because undocumented immigrants are not legally present, most states consider them “out-of-state residents” when assigning their university tuition fees, even if the students have been residents for many years. Currently ten states grant undocumented youth in-state tuition rates.⁴⁹ Proposed federal legislation (called the DREAM Act) would

48 D. Short, *Secondary Newcomer Programs: Helping Recent Immigrants Prepare for School Success*. CAL Digest — March 1998 (Washington, DC: Center for Applied Linguistics, 1998).

49 National Immigration Law Center, “Basic Facts about In-State Tuition for Undocumented Immigrant Students,” 2006, www.nilc.org/immlawpolicy/DREAM/in-state_tuition_basicfacts_041706_rev.pdf.

make legal resident status available nationwide to undocumented youth who arrived in the United States before age 16, have been in the United States for at least five years, have graduated from high school, and are of good moral character. The bill, which has been pending before Congress since 2001, was incorporated into the comprehensive migration reform bill known as the McCain – Kennedy bill. MPI estimates that as of 2006, 360,000 undocumented students would become eligible for legal status if the law were passed.⁵⁰

CONCLUSION

Several factors — the changing demographics of US schools, NCLB’s motivating force, and innovative practices at the local level — all make today’s educational environment one of unusual opportunity for the integration of the children of immigrants. The sheer number of children of immigrants and their expanding reach to new-growth destinations are bringing this population into the US mainstream.

But while some children of immigrants do very well in US schools, research also indicates that many are struggling, particularly those who do not speak English well. The spirit, if not the precise text, of No Child Left Behind recognizes that there is room for improvement in the education of the children of immigrants and demands more from schools and districts serving LEP and minority students.

The law is due for reauthorization in 2007, and policymakers are already proposing a variety of changes, including changes in the state testing and accountability mechanisms for LEP students.⁵¹ The process will likely pit those who think the current law’s requirements are unworkable in practice and that the law will undermine public schools against advocates who fear changes will weaken NCLB’s high expectations for students who have been historically overlooked. Any attempts to weaken the accountability provisions will be met with resistance. Several civil rights groups recently sided with the federal government in a lawsuit it faces from the State of Connecticut. In the suit, Connecticut asserts that NCLB is an unfunded mandate and therefore is not enforceable.⁵²

50 J. Batalova and M. Fix, “New Estimates of Unauthorized Youth Eligible for Legal Status under the DREAM Act,” Backgrounder (Washington, DC: Migration Policy Institute, 2006), available online at: http://www.migrationpolicy.org/pubs/Backgrounder1_Dream_Act.pdf.

51 M. R. Davis, “Political Shifts Cloud Outlook for Renewal of Federal Education Law,” *Education Week* 25, no. 15 (December 2005): S4-S5.

52 A. Salzman, “NAACP Challenges Education Lawsuit in Connecticut,” *The New York Times*, January 31, 2006, Section B3.

In addition to upcoming policy decisions on NCLB, comprehensive reform of immigration policy could have far-reaching effects on US schools. Take, for example, legislative proposals for a new temporary worker program that would also allow immigrant workers to bring their families with them. The resulting flow of students could place a new burden on schools and districts in places where temporary workers are concentrated. It is unclear how willing US taxpayers would be to provide for the education of many children they see as “temporary” residents. Other proposals would clear backlogs of immediate family members of legal permanent residents or dramatically expand the numbers of green cards granted for employment-related purposes.

CHAPTER 10

DESIGNING AN IMPACT AID PROGRAM FOR IMMIGRANT SETTLEMENT

DEBORAH L. GARVEY*

INTRODUCTION

As debate over immigration policy has evolved, two legislative paths have emerged. One calls for “enforcement only” strategies — including expanded border and workplace regulation. A second path embodied in the popularly known McCain – Kennedy bill (S2611) would create, alongside expanded enforcement, an earned legalization program leading to citizenship, a limited guest worker program, and a substantial increase in the number of green cards issued to both low- and high-skilled workers.

The reform debate has focused little attention on the potentially negative short-term fiscal impacts faced by state and local governments that receive the nation’s newcomers, and provide little, if any, funding for programs to foster immigrants’ successful integration into the social fabric.

This chapter assesses the likely fiscal impacts of immigration reform proposals on state and local governments, provides a rationale for federal intergovernmental aid in the context of immigration reform, outlines past federal reimbursement programs designed to offset state and local costs, and provides recommendations for policymakers on the design and implementation of a federal “impact aid” program to mitigate costs incurred by communities that receive the nation’s newcomers.

* I gratefully acknowledge the invaluable assistance of Julia Gelatt and Mark Litchman in identifying and gathering background research for this chapter.

THE FISCAL IMPACTS OF IMMIGRANTS

The foreign born are not evenly distributed nationwide, but rather, are concentrated in the traditional gateway states of California, New York, Texas, Illinois, and Florida, and are a rapidly growing presence in the new immigrant gateways such as North Carolina, Georgia, and Nevada. Both immigrants and nonimmigrants tend to be highly concentrated even within these states, as they cluster in select employment-rich urban or rural areas.¹ Those arriving under the immigration reform proposals are likely to follow in the footsteps of other recent arrivals and replicate recent geographical settlement patterns. Thus, the “fiscal impact” of these new arrivals will very much be a local phenomenon, felt by receiving states and more acutely, by particular local communities.

Fiscal impacts can be viewed as the difference between an individual’s receipt of government expenditures on public goods, public services, and transfer payments, and his or her tax payments to government entities at each jurisdictional level. If fiscal costs exceed revenues, the individual is a net fiscal burden to other taxpayers. Conversely, if fiscal costs are less than revenues, the individual is a net fiscal asset to other taxpayers. Fiscal impacts can be measured using an individual’s lifetime perspective or a short-run, annual budgetary perspective. Since immigrant settlement is a local phenomenon, and state and local governments are legally bound to balance their annual budgets while facing constraints in their ability to raise revenues, a short-run measure of fiscal impacts may be more relevant for informing federal immigration policy.

In 1997, The National Research Council (NRC) estimated that the net annual fiscal impacts of foreign-headed households varied substantially by state.² As shown in Table 1, immigrants in New Jersey imposed a modest negative fiscal burden of \$1,850 (or \$290 in additional taxes required per native household to offset immigrants’ fiscal costs), but a substantially higher fiscal deficit of \$4,311 in California (\$1,466 additional taxes per native household). Local fiscal burdens are proportionately higher in states like New Jersey where public education is primarily locally funded; local burdens are lower in California since

1 R. Capps, M. Fix, and J. S. Passel, 2002, *The Dispersal of Immigrants in the 1990s*, Washington, DC: The Urban Institute.

2 J. P. Smith and B. Edmonston, eds., 1997, *The New Americans: Economic, Demographic, and Fiscal Effects of Immigration*, Panel on the Demographic and Economic Impacts of Immigration, The National Research Council, Washington, DC: National Academy Press. Immigrants tend to be net fiscal assets to the federal government, as discussed in the NRC report and in A. L. Gustman and T. L. Stenmeier, 2000, “Social Security Benefits of Immigrants and U.S. Born,” in *Issues in the Economics of Immigration*, G. J. Borjas, ed., pp. 309-351, Chicago: University of Chicago Press for the National Bureau of Economic Research.

public schools are primarily funded by the state. Garvey et al. (2002)³ show that fiscal impacts are determined by the education level of the householder, family size, and household location. The different levels of expenditures for native born and immigrant residents are principally driven by immigrant families' higher education costs (owing in part to their larger families) and by lower local property and state income taxes paid by less-educated, lower income immigrant householders. In short, less-skilled foreign born generally impose higher short-term fiscal burdens on state and local governments than their higher-skilled native or immigrant counterparts.

While many state and local policies have changed since the 1990s when the NRC estimates were calculated (one example is welfare reform's bars on legal immigrants' use of public benefits), these figures do provide a rough idea of the range and magnitude of annual fiscal costs of state and locally provided education and public goods and services made available to new arrivals under most "comprehensive" immigration reform proposals. If the number of less-skilled, legally present immigrants were to rise significantly, then the net fiscal burdens of the newly arriving households would likely move closer to the extreme case of California, with a high proportion of unauthorized migrants and less-skilled immigrants.

TABLE I. NET ANNUAL LOCAL AND STATE FISCAL BURDENS, SELECTED STATES (2005 DOLLARS)

State	Average Fiscal Deficit of an Immigrant Household	Taxes Required per Native Household to Offset Immigrant Fiscal Deficit
California		
Local	\$1,034	\$352
State	3,276	1,114
Total	4,311	1,466
New Jersey		
Local	\$1,148	\$179
State	700	110
Total	1,847	289

Note: Totals may not sum exactly due to rounding.

Source: Smith and Edmonston (1997).

3 D. L. Garvey, T. J. Espenshade, and J. M. Scully, 2002, "Are Immigrants a Drain on the Public Fiscal State and Local Impacts in New Jersey?", *Social Science Quarterly* 83(2):537-553.

The potential state and local fiscal burden may exceed the NRC estimates in one important area: public assistance receipt. In the current era of welfare reform, nonimmigrants and even LPRs, particularly working-age adults, face restricted access to federally funded public welfare benefits such as Temporary Assistance for Needy Families (TANF), food stamps, the State Child Health Insurance Program (SCHIP), and Medicaid. By shifting the burden of providing a safety net to state and local governments, welfare reform's bars may increase outlays of communities that choose to extend benefits to recently arrived legal immigrants.⁴

RATIONALE FOR FEDERAL INTERGOVERNMENTAL AID

Since immigrants and nonimmigrants cluster in certain states and localities, areas of new foreign-born settlement may experience disproportionately adverse fiscal impacts, at least in the short run, arising from the need to provide education, emergency health, and selected state-funded health and social services to their new temporary workers and LPRs in the face of limited policy levers to increase tax revenues. Local governments are particularly constrained in the short run from raising taxes. The single most important local tax, the property tax, has a relatively fixed tax base in the short run, and most local governments are legally prohibited from imposing sales taxes. State governments frequently face intense political pressure or constitutional tax limitations that restrict their ability to increase broad-based sales and income taxes. Despite these potentially significant fiscal needs and binding tax constraints facing state and local governments, the state and local fiscal impacts of changes to the LPR and nonimmigrant visa admissions systems have not been subject to much legislative attention or debate.⁵

Beyond state and local government needs, there is also a revenue rationale for increasing federal intergovernmental aid: the windfall the federal tax system

4 For a description of state-level immigrant welfare policies, see W. N. Zimmermann and K. C. Tumlin, 1999, *Patchwork Policies: State Assistance for Immigrants under Welfare Reform*, Washington, DC: The Urban Institute.

5 Take, for example, a 2006 document issued by the National Conference of State Legislatures. It reads: "State governments also fund and provide critical English-language instruction and public education to newcomers that is essential for promoting public safety, reducing community tensions, and integrating newcomers into our communities, including those who might be here on a temporary basis. Most immigration reform proposals in Congress would impose significant cost-shifts to state and local government. NCSL urges Congress to include in immigration reform a funding stream to address the entire fiscal impacts on state governments of any guestworker program, earned legalization, and/or increases in the number of immigrants." NCSL, "Immigration," 2006.

obtains from the new immigration. Accumulating research suggests that immigrants and temporary or nonimmigrant workers are net contributors to the federal tax system. These individuals have relatively high labor force participation rates and thus pay federal income and social security taxes. In particular, new arrivals are net fiscal assets in relation to the social security system: Immigrants' social security taxes subsidize native-born social security benefit receipt, since estimates suggest at least a third of the foreign born return to their countries of origin and never claim social security benefits.⁶

THE USE OF FEDERAL IMPACT AID IN OTHER POLICY AREAS

There are policy precedents outside of the immigration field for intergovernmental aid programs that reimburse states and localities for fiscal burdens imposed by federal government policies. The most important, in terms of expenditures, longevity, and individuals affected, is the Federal Impact Aid program administered by the Department of Education.⁷ (The much smaller Department of Defense Supplement to Impact Aid is not discussed here.) For over 50 years, the Impact Aid program has provided federal funds to reimburse local public school districts that educate federally connected students (military or civilian federal employees, Native Americans, and residents of federal public housing). Funds are distributed to compensate districts for the additional fiscal burden imposed by the presence of federally connected children in the school district and reduced property tax base arising from the tax-exempt status of federal property. Over \$1.2 billion in Impact Aid was distributed in FY 2004 to over 1,400 school districts that enroll 1.2 million eligible children (see the first three columns of Table 2). Only Title I compensatory education and special education receive a larger share of federal spending on elementary and secondary education.

While this impact aid program provides an important precedent for federal reimbursement, the complex funding formula it adopts creates several perverse incentives and funding inequities that make it a poor model for an immigrant intergovernmental aid program. Because Congress does not usually allocate sufficient funding to cover reimbursement for all eligible school districts, a special formula is triggered that provides higher per-pupil reimbursement to districts with larger percentages of federally connected students and to districts in states

6 R. Lee and T. Miller, 2000, "Immigration, Social Security, and Broader Fiscal Impacts," *American Economic Review* 90 (2):350-54.

7 R. Buddin, B. Gill, and R. W. Zimmer, 2004, "Examining Federal Impact Aid's Reimbursement for Local School Districts," *Contemporary Economic Policy* 22(4): 534-43.

with above-average per-pupil expenditures — irrespective of local expenditure effort. Federal reimbursement falls when districts increase local spending, all else being equal.

Under the program's odd funding formula, the amount of Impact Aid a district receives is disconnected from the costs of educating federally connected students.⁸ Districts with the same number of eligible pupils receive widely differing reimbursements depending on their size, state expenditure levels, and locally financed education spending. Impact Aid's incentives cause two kinds of distortions at the district level that lead to inefficiencies. First, small districts receive higher per-pupil reimbursement than larger districts with the same number of eligible students. As a consequence, small districts with large proportions of federally connected children have no incentive to consolidate into a larger district to achieve economies of scale, since their Impact Aid payments will fall. Second, districts with large proportions of military students are discouraged by the Impact Aid formula from increasing locally financed education spending.

IMPACT AID PROGRAMS IN THE CONTEXT OF IMMIGRATION POLICY

There are several precedents for federal intergovernmental impact aid to help offset state and local costs associated with immigration. Specifically, intergovernmental aid has focused in the past on compensating states and localities for the costs of educating foreign-born children, providing emergency health care to unauthorized migrants, and incarcerating unauthorized criminal migrants.

THE STATE LEGALIZATION IMPACT ASSISTANCE GRANTS (SLIAG)

The SLIAG program was the largest federal impact aid program.⁹ The \$4 billion program, one of the provisions of the 1986 Immigrant Reform and Control Act (IRCA), compensated states and localities for the costs of providing public welfare benefits, public health, and education services to the roughly 2.8 million formerly undocumented migrants who legalized under IRCA. Newly authorized aliens were denied access to federal welfare benefits during a five-year exclusion period. SLIAG thus compensated states and localities for the

8 R. W. Zimmer, R. Buddin, and B. Gill, 2002, "Distribution Effects and Distorted Incentives; A Case Study of the Funding Formulas of the Federal Impact Aid Program," *Journal of Education Finance* 27(4), 939-963.

9 This description of the SLIAG program is derived from L. C. Liu, 1991, *IRCA's State Legalization Impact Assistance Grants (SLIAG): Early Implementation*, RAND Note N-3270-FF, Santa Monica, CA: The RAND Corporation.

welfare expenditures (cash benefits, health care, emergency medical care, and food stamps), public health costs (e.g., immunizations and preventive health screenings), and selected adult education costs (e.g., instruction in basic English, American history, civics, and citizenship preparation) provided during legalizing immigrants' five-year exclusion from federal benefits.

SLIAG represented the first comprehensive federal response to the short-run fiscal burden imposed on state and local governments by immigration policies that sharply increased the number of less-skilled LPRs by adjusting their status. SLIAG's appropriations were over \$1,500 (in 2005 dollars) per eligible authorized immigrant. Despite its good intentions, the program aroused bitter feelings among state and local officials who complained that program funds were insufficient. Reimbursement was delayed by the sheer magnitude of the program and breadth of covered services, slow issuance of regulations, complex program definition, and cost documentation requirements. Delays also arose from the need to coordinate across three levels of government and with community agencies. Indeed, nearly a quarter of the appropriated funds were still owed at the start of the seventh and final year of the program in FY 1994.

The SLIAG experience sounds a cautionary note regarding the design of complex intergovernmental aid programs. While state and local governments were reimbursed on the basis of the proven costs of providing services, agencies were burdened with strict requirements for attributing costs specifically to legalized immigrants, which substantially delayed reimbursements.¹⁰ In addition, SLIAG severely restricted reimbursement of administrative and facilities' costs uniquely associated with provision of citizenship and language education services to the new LPRs.

THE EMERGENCY IMMIGRANT EDUCATION PROGRAM (EIEP)

EIEP was first authorized in 1984 and is the only federal program that targets monies based on the number of immigrant students rather than the number of English language learners (ELLs). The EIEP was specifically designed to offset the additional state and local educational costs incurred in educating recent immigrant students, defined as those who have been in US schools fewer than three years. The program funds supplementary educational instructional expenditures, tutoring, family literacy, and parental outreach.¹¹ Funding for the EIEP can only be separately identified through 2001, since the EIEP program and

10 Liu, *IRCA's State Legalization Impact Assistance Grants (SLIAG)*.

11 For more information on the targeted nature of EIEP, see A. I. Gershberg, A. Danenberg, and P. Sanchez, 2004, *Beyond "Bilingual" Education: New Immigrants and Public School Policies in California*, Washington, DC: Urban Institute Press.

TABLE 2. EXPENDITURES ON FEDERAL IMPACT AID AND NO CHILD LEFT BEHIND LANGUAGE ACQUISITION STATE GRANTS

Year	Impact Aid			NCLB Title III
	Appropriations (millions of dollars)	Appropriations (millions of 2005 dollars)	Appropriations (millions of dollars)	Appropriations (millions of 2005 dollars)
2002	\$1,144	\$1,242	\$403	\$437
2003	1,188	1,261	685	727
2004	1,230	1,272	685	708
2005	1,230*	1,230*	683*	683

* estimates

Note: NCLB spending combines former Emergency Immigrant Education Program (EIEP) and Bilingual Education funding.

Sources: CRS Reports to Congress, “K-12 Education Programs: Appropriations and Summary,” September 30, 2004, and “Education of Limited English Proficient and Recent Immigrant Students: Provisions in the No Child Left Behind Act of 2001,” April 26, 2004.

bilingual education are now part of Title III (Language Instruction for Limited English Proficient and Immigrant Students) of the No Child Left Behind Act. Although EIEP funding more than tripled from 1996 to 2001, it does not appear to have risen beyond \$210 per eligible student, a small sum of average per-pupil spending.¹²

It is instructive to compare EIEP and bilingual education expenditures, the only two major federal impact aid programs directed to immigrant students and ELLs, respectively, with those of the Federal Impact Aid program. Recall that 2004 Impact Aid expenditures (Table 2) were approximately \$1,000 per eligible child. By contrast, English language acquisition expenditures under Title III of NCLB (rightmost column of Table 2) were approximately \$136 per English language learner (ELL), an order of magnitude lower. Per-pupil expenditures are likely to deteriorate in coming years, as the ELL population —

12 M. Fix, W. Zimmermann, and J. S. Passel, 2001, *The Integration of Immigrant Families in the United States*, Washington, DC: The Urban Institute

which has more than doubled since 1991 — continues to experience large growth.

COMPENSATING FOR HEALTH CARE PROVIDED TO THE UNAUTHORIZED

A third source of federal impact aid to offset fiscal costs of immigrants is a set of federal programs that compensates hospitals and other medical service providers for emergency medical services delivered to unauthorized migrants and certain other nonimmigrants.¹³ The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 provides \$250 million per year for FY 2005 to 2008. The design of the reimbursement scheme targets states and local communities with the largest unauthorized populations: Two-thirds of the aid is divided among states based on their relative share of the unauthorized population, while the remaining third is allocated among the six states with the largest number of unauthorized migrant apprehensions. Since apprehensions disproportionately occur at the US-Mexico border, border states will get a higher share of reimbursement for emergency care, even if unauthorized migrants disperse away from traditional receiving states.

THE STATE CRIMINAL ALIEN ASSISTANCE PROGRAM (SCAAP)
SCAAP is another example of intergovernmental impact aid to offset immigration-related burdens on state and local coffers. SCAAP was created in 1995 as a political response to state lawsuits demanding reimbursement for the costs of incarcerating migrants. Program spending quadrupled from \$165 million in FY 1995 to \$686 million in FY 1999 before declining by over half to \$305 million in FY 2005 (all figures are in 2005 dollars). To put this figure in context, federal reimbursements to offset state and local incarceration costs under SCAAP were over \$2,300 per prisoner in FY 1998, nearly ten times the rate of federal per-pupil spending on EIEP and bilingual education programs (\$246 in FY 1999). Although President Bush eliminated SCAAP from his FY 2007 budget proposal, the House has approved a bill calling for appropriations of \$405 million for the program for FY 2007, and the Senate Appropriations Committee has called for \$100 million.¹⁴

13 For more information on federal spending programs targeted to immigrants, see J. Gelatt and M. Fix, 2006, *Targeted Federal Spending on the Integration of Immigrant Families*, Background Paper Prepared for the Independent Task Force on Immigration and America's Future, Washington, DC: Migration Policy Institute. See, also, chapter 6 of this volume, pp. 61-80.

14 United States House of Representatives, "Science, State, Justice, Commerce, and Related Agencies Appropriations Act, 2007," H.R. 5672, 109th Cong. 2nd Sess. (2006); United States Senate, "Science, State, Justice, Commerce, and Related Agencies Appropriations Act, 2007," H.R. 5672, 109th Cong. 2nd Sess. (2006).

POLICY RECOMMENDATIONS FOR DESIGNING AN IMMIGRANT “IMPACT AID” POLICY

Three economic questions must be carefully considered when designing an immigrant “impact aid” policy: First, what is the program’s proper scope? Second, given scarce federal resources, how should an impact aid program be targeted? Finally, given the stated goals of impact aid, which funding mechanisms will efficiently transfer federal reimbursements to state and local coffers while minimizing distorting incentives to state and local governments, and the new arrivals themselves?

The types of state and local expenditures immigrant impact aid should address is a normative question that positive economic arguments alone cannot satisfactorily answer. However, if federal policymakers want to reduce the likely short-run fiscal distress on states and localities caused by the arrival of new less-skilled LPRs and guest workers with immigration reform, then compensating lower levels of government for the additional expenditures they incur as a result of federal policies is a sound fiscal policy goal.

From a fiscal balance perspective, it is useful to first consider compensating education service costs, since these are the single largest category of local and state spending on immigrants.¹⁵ Investment in children’s educational attainment not only increases their human capital, but promotes their successful integration into American society. Basic adult education programs will boost the human capital of the lowest-skilled adult immigrants, which will in turn raise wages for immigrants and their families, generate higher tax revenues for all levels of government, and reduce public welfare expenditures.

Federal impact aid should also be directed to community institutions providing basic, preventive health care to low-income, uninsured foreign born and their families. Lower income immigrants have the highest rates of noninsurance, less access to basic health care services, worse health outcomes, and are more likely to seek relatively expensive emergency care only when seriously ill.¹⁶ Evidence strongly suggests that access to preventive care is not only a cost-effective use

15 For a demographic and socioeconomic profile of the increasing numbers of immigrant youth in US schools and their educational needs, see R. Capps, M. Fix, J. Murray, J. Ost, J. S. Passel, and S. Herwanto, 2005, *The New Demography of America’s Schools: Immigration and the No Child Left Behind Act*, Washington, DC: The Urban Institute.

16 E. A. Marcelli, 2003. “Access to Health Insurance and Medical Care among Unauthorized Mexican Immigrants to California,” presented at the 25th Annual Research Conference of the Association of Public Policy and Management, November 6-8, in Washington, DC.

of scarce health-care dollars, but also improves individual and family well-being and labor market attachment of adults.

The final Gordian knot to be cut is to decide how to devise a reimbursement mechanism that compensates state and local governments for the actual cost of providing services without encouraging government entities to “game the system” by misclassifying individuals as in need of compensated services or relabeling expenditures so they fall into a compensated category. In the case of ELLs, for example, these incentives are minimized by rewarding schools for their students’ growth in English language proficiency. Education economists who specialize in cost analysis have developed tools to assess the benchmark cost of achieving a particular desired educational outcome, given student characteristics. Such information can be combined with information on overall school district costs to determine an adequate level of funding. If federal aid is insufficient to reimburse all costs for a particular program, a pro-rata allocation is a simple way to avoid the perverse incentives and inequitable distribution of federal funds that appear to occur under the Federal Impact Aid program.

CONCLUDING OBSERVATIONS

An important lesson to be drawn from the SLIAG program is that the success of a comprehensive federal impact aid policy is not simply a matter of properly designing a reimbursement scheme to compensate state and local governments for the education, health, and other fiscal costs associated with immigration or legalization. Understanding how bureaucracies operate and promoting interagency communication between all levels of government and with community service providers are critical prerequisites to ensuring effective implementation of a complex aid scheme.

The immigrant impact aid policies discussed here do not, for the most part, reach the funding of active settlement programs that encourage immigrants’ successful integration into the fabric of American society. Citizenship preparation, civic engagement, and “newcomer” orientation programs that foster immigrant settlement, political engagement, knowledge of American social institutions, and social integration tend to be funded by state and local governments on an ad hoc basis and provided by local nonprofit agencies.

Current federal policy provides little funding for such activities, and state and local governments will be fiscally constrained from increasing their funding of seemingly optional programs. Policymakers would be well-advised to consider federal funding of active integration programs, and not just simply compensate

state and local governments for the fiscal costs associated with new arrivals under immigration reform. American society would be better off knowing which newcomer programs are cost-effective and fund those with the greatest impact in order to promote the integration of our many new, likely permanent, foreign-born residents.

APPENDIX I

MAJOR LEGISLATIVE MILESTONES IN US IMMIGRATION HISTORY

CHINESE EXCLUSION ACT OF 1882

- Suspends immigration of Chinese laborers for ten years.
- Bars Chinese naturalization.
- Provides for the deportation of Chinese illegally in the United States.

IMMIGRATION ACT OF 1891

- First comprehensive law for national control of immigration.
- Establishes Bureau of Immigration under Treasury.
- Directs deportation of aliens unlawfully in country.

IMMIGRATION AND NATURALIZATION ACT OF 1924

- Imposes first permanent numerical limit on immigration.
- Establishes the national origins quota system, which resulted in biased admissions favoring northern and western Europeans.

IMMIGRATION AND NATURALIZATION ACT OF JUNE 27, 1952

- Continues national origins quotas.
- Establishes quota for skilled aliens whose services are urgently needed.

IMMIGRATION AND NATIONALITY ACT AMENDMENTS OF OCTOBER 3, 1965

- Repeals national origins quotas.
- Establishes seven-category preference system based on family unification and skills.
- Sets 20,000 per country limit for immigration from the Eastern Hemisphere.
- Imposes ceiling on immigration from Western Hemisphere for first time.

IMMIGRATION AND NATIONALITY ACT AMENDMENTS OF 1976

- Extends 20,000 per country limits to immigration from the Western Hemisphere.

REFUGEE ACT OF 1980

- Sets up first permanent and systematic procedure for admitting refugees.
- Removes refugees as a category from preference system.
- Defines refugee according to international, versus ideological, standards.
- Establishes process of domestic resettlement.
- Codifies asylum status.

IMMIGRATION REFORM AND CONTROL ACT OF 1986

- Institutes employer sanctions for knowingly hiring illegal aliens.
- Creates legalization programs.
- Increases border enforcement.
- Creates \$4 Billion State Legalization Impact Assistance Grant Program.

IMMIGRATION ACT OF 1990

- Increases legal immigration ceilings by 40 percent and triples employment-based immigration.
- Creates diversity admissions category.
- Establishes temporary protected status for those in the United States jeopardized by armed conflict or natural disasters in their native countries.

ILLEGAL IMMIGRATION REFORM AND IMMIGRANT RESPONSIBILITY ACT OF 1996

- Increases penalties for alien smuggling and document fraud.
- Provides for expedited removal of inadmissible aliens.
- Bars unlawfully present immigrants from re-entry for longer periods of time.
- Sets income requirements for immigrant sponsors at 125 percent of federal poverty level.

This chart has been updated since its original publication in *Setting the Record Straight*, by M. E. Fix and J. S. Passel (Washington, DC: The Urban Institute, 1994). It is reprinted here with permission from The Urban Institute.

APPENDIX II

ACCESS TO HEALTH CARE AFTER IMMIGRATION REFORM: LESSONS FROM NEW YORK

ADAM GURVITCH

Immigration reform could affect millions of American workers, public and private health care providers, insurers, and public health. Among other things, reform could create new categories of temporary workers, increase the number of lawful permanent residents, and change the treatment of unauthorized residents. This appendix focuses on access to health care and presents the author's practical considerations for policymakers who must plan for the consequences of reforms at state and local levels. Examples from the state of New York are used to illustrate how options for immigrants' health care access might be implemented.

GUIDING PRINCIPLES

Whatever approach is chosen to provide health care access for participants in an immigration reform program, the following principles should guide reform:

- Do not add to the ranks of the uninsured.
- Favor the simplest, least costly administrative structures.
- Consider the interests of both healthy individuals and those who have medical needs.
- Do not weaken employer-based health insurance coverage.
- Strengthen the health care safety net for everyone in the community.

KEY DESIGN ELEMENTS

In thinking about how to structure access to health care at the local level for temporary workers and other individuals who participate in an immigration reform program, the following considerations are important:

STAKEHOLDER INVESTMENT

Employer and employee assessments or contributions are assumed to be the primary source of funding for access to health care when discussing policy options. Immigration reform that is designed to benefit employers and workers should come with the expectation that each will contribute to ensuring adequate access to health care. Employers that provide health insurance benefits to workers who benefit from immigration reform could be granted an offset or credit against the employer's assessed cost of participating in the immigration program (payment of fees, for example).

FAIRNESS IN TAXATION

Workers who reside in the United States and pay federal income taxes should be able to obtain federal means-tested public benefits on the same basis as any other American if they fall on hard times. This basic fairness is especially relevant when faced with urgently needed, expensive medical care.¹

ACCESS TO EMERGENCY CARE

Emergency medical transportation and emergency health care are generally extended to all persons in the United States experiencing an emergency medical condition, upholding our long-standing respect for basic human decency; immigration reform should retain this commitment to all US residents.²

STOP-LOSS PROTECTION FOR CATASTROPHIC CARE

Medical care is extremely expensive for the vast majority of Americans and is distinct in nature from other types of expenses and debts because medical care is often incurred involuntarily. US citizens gain access to Medicaid if they have limited income and exhaust their disposable resources.³ Migrants admitted

1 For a description of the restrictions currently imposed on legal immigrants' access to Medicaid and the State Children's Health Insurance Program (SCHIP), see the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Web site: http://www.cms.hhs.gov/MedicaidEligibility/05_Immigrants.asp#TopOfPage.

2 42 U.S.C. § 1395dd. US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Emergency Medical Treatment and Labor Act (EMTALA) Web site: <http://www.cms.hhs.gov/EMTALA>.

3 US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Web site: <http://www.cms.hhs.gov/home/medicaid.asp>. See also, "The Medicaid Program At a Glance" (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, Henry J. Kaiser Family Foundation, 2005), <http://www.kff.org/medicaid/upload/The-Medicaid-Program-at-a-Glance-Fact-Sheet.pdf>.

under immigration reform will need some form of stop-loss protection against catastrophic medical costs; options include Medicaid,⁴ Medicare, or restricted scope Medical Assistance for an emergency medical condition (“emergency Medicaid”).⁵ This protection will also ensure that safety net health providers are reimbursed, at least in part, for the costs of treating low-income patients.

RESIDENCY

Participants in immigration reform should be treated at least as favorably as H-1 visa holders for the purposes of participating in programs and services that currently impose a state or local residency requirement. Examples of programs that require proof of residency but not legal status include public health services, federally qualified health centers, hospital reimbursement for the treatment of an emergency medical condition through “emergency Medicaid,” and, in states such as New York, free or subsidized insurance for children, pregnant women, and individuals living with HIV and AIDS.⁶

PUBLIC NOTICE

The nation’s experience with the recent drug reimbursement or Medicare Part D program clearly demonstrates how important it will be for the government to provide clear instructions about health programs to participants in immigration reform. Clear communications will be vital to addressing concerns and misconceptions that lead many foreign-born individuals to avoid using health programs.⁷

POLICY OPTIONS

Access to health care is important to workers, employers, and communities alike. Public health is safeguarded only when all members of a community are willing to come forward for screening and treatment in the event of an epidemic or biological or chemical exposure. Employers experience workers’ illness,

4 The federal Medicaid program’s medically needy (MN) option allows states to extend Medicaid eligibility to persons whose income and/or resources are above the eligibility level set by their state. Persons may qualify immediately or may “spend down” by incurring medical expenses that reduce their income to or below their state’s MN income level. Thirty-five states have adopted the medically needy option, and the remaining states have Medicaid for people who are “near poor.” More information can be found at: http://www.cms.hhs.gov/MedicaidGenInfo/03_TechnicalSummary.asp#TopOfPage.

5 J. Perkins, “Medicaid Coverage of Emergency Medical Conditions,” *Clearinghouse Review Journal of Poverty Law and Policy* 384 (Sept/Oct 2004).

6 New York State, Department of Health — Medical Assistance Program: GIS 04 MA/003 Attachment 1, 2004.

7 T. Bauer, J. Bergman, C. Hill, J. Fuld, and L. Weiss, “Access to Health Insurance and Health Care for Children in Immigrant Families” (New York: The New York Academy of Medicine, publication forthcoming).

injury, and disability as lost productivity and increased training and recruitment costs. US residents who cannot afford health care avoid seeking it until faced with an emergency, resulting in a less healthy, less effective population.

This paper presents five alternatives for achieving varying levels of access to health care under immigration reform, with the goals of maintaining a healthy workforce and protecting public health and the financial soundness of the US health care system.

OPTION ONE: INSURANCE BUY-IN

Individuals who participate in an immigration reform program would be allowed or required to enroll in one of the following existing health coverage programs by paying a group-rated premium: employer-based insurance, state employee health insurance plans, Medicaid, or Medicare.

Under the health insurance buy-in option, both employers and participants in immigration reform would be assessed a fee or would pay a “premium,” with additional contributions required on behalf of any dependents. Employers’ contributions would receive the same favorable federal and state tax treatment currently in place, constituting a government subsidy of health benefits provided by private-sector employers.

An insurance buy-in is an attractive option for providing affordable access to a full range of health services, and can potentially strengthen the public and private insurance systems. Temporary workers and other participants in immigration reform will presumably be required to pass a medical screening prior to obtaining permission from the federal government to reside and work in the United States. By definition, this population will generally be in better health and less likely than US-born citizens to be disabled, chronically and persistently ill, impaired, unable to work, or elderly.⁸ It is axiomatic that 20 percent of the population generates 80 percent of all health care expenses in the United States. Adding a large number of healthy individuals to the existing population of an insurance pool would favorably distribute risks and contain the cost of insurance premiums, while promoting solvency.

New York State’s Child Health Plus program provides an example of a successful insurance buy-in model; the program provides coverage for preventive, primary, and emergency services to any uninsured New York State resident

8 T. Norgren, “Mexicans in New York City: Demographics and Health of the City’s Fastest Growing Hispanic Group” (New York: Medical and Health Research Association of New York City, publication forthcoming).

younger than 19.⁹ The program allows families that earn too much to qualify for children's Medicaid to purchase group-rated insurance coverage for uninsured children through the state's Child Health Plus program.

Monthly insurance premiums in the Child Health Plus program vary by family income, with the highest monthly premium set at roughly \$150 for a quality insurance plan with modest co-pays; a level more affordable than health plans with comparable benefits available for the same population through the private insurance market. Enrollment in the program has been high among low- and middle-income families that do not receive health coverage through their employers. The Child Health Plus buy-in program essentially provides universal health coverage to uninsured New Yorkers through age 18, regardless of immigration status. The program consistently receives bi-partisan political support throughout New York state.

While the United States spends more per capita on health care than any other country, many US residents are unable to access care, and for many who do, the financial consequences can be devastating: Medical debt is a leading cause of bankruptcy and homelessness in the United States.¹⁰ Many people who work find it difficult or impossible to receive adequate medical care without health insurance; this is true not only for life-saving treatments but also for the routine management of chronic conditions.

While immigrants are as likely to be employed as native-born citizens, immigrants are three times as likely to lack insurance, and immigrant workers are much less likely than native-born workers to receive health insurance coverage through their employers.¹¹ Immigrants work the most dangerous jobs, with the fewest workplace protections, for the lowest wages in the labor market.¹² Many immigrant New Yorkers become at-risk for health problems when they enter the workforce; immigrants account for nearly 40 percent of workplace deaths in New York state.¹³

9 Information about New York State's Child Health Plus program can be found at the New York City Web site: http://www.nyc.gov/html/hia/html/public_insurance/children.shtml.

10 The Access Project, "Home Sick," 2005, <http://www.accessproject.org/medical.html>.

11 R. Capps, M. Fix, J. Passel, J. Ost, and D. Perez-Lopez, "A Profile of the Low-Wage Immigrant Workforce" (Washington, DC: The Urban Institute, 2003); M. Fix and R. Capps, "Immigrant Well-Being in New York and Los Angeles" (Washington, DC: The Urban Institute, 2002).

12 S. Richardson, "Fatal Work Injuries Among Foreign-Born Hispanic Workers," US Department of Labor, Bureau of Labor Statistics, *Monthly Labor Review* (October 2005), <http://www.bls.gov/opub/mlr/2005/10/ressum.pdf>.

13 According to the US Bureau of Labor Statistics, 39 percent of fatal occupational injuries in New York State in 2000, and 67 percent of fatal occupational injuries in New York City were immigrant workers. See New York State Trial Lawyers Association, "New York's 'Scaffold Law': An Essential Protection for Immigrant Construction Workers," 2004.

Most legal immigrants arriving in the United States since August 22, 1996, are categorically barred for five years from receiving federal means-tested public benefits, including the Medicaid and SCHIP health programs.¹⁴ These bars remain in place despite the fact that these individuals — lawful permanent residents — are authorized to work and required to pay taxes that directly subsidize others' health benefits. Immigration reform, whether in the form of a temporary worker program, earned legalization program, or a broad expansion in permanent visas, will achieve greater legitimacy if it corrects the failure of earlier policies that prevent legal immigrants from accessing safety net supports during times of hardship.

Many New Yorkers, including hundreds of thousands of immigrants, earn too much to qualify for public coverage, too little to afford private coverage, and lack affordable coverage through their employers.¹⁵ Any proposal aimed at ensuring access to affordable health care for the participants in immigration reform must also take into account the situation facing other uninsured Americans, including the US-born. That said, foreign-born residents who are permitted to live and work in the United States must have access to affordable health care in order to avoid circumstances of extreme inequity and exploitation.

A basic assumption is that the immigration reform programs will be designed with the rights of all workers in mind and will not undermine working conditions for any segment of the workforce — newly minted or well-established. It is crucial to ensure that employers who already provide health insurance benefits maintain that effort.

ADVANTAGES OF THE INSURANCE BUY-IN

- The option would subsidize US-born individuals who are insured by adding significantly younger and healthier participants to existing insurance pools.
- It would utilize existing infrastructure and administrative mechanisms and achieve savings through economies of scale.
- Cost-effective preventive and primary care could be accessed, as well as emergency and specialty care. Access to comprehensive care would be possible, depending on the design of the insurance products.

14 US Department of Health and Human Services website, "Summary of Immigrant Eligibility Restrictions Under Current Law as of 10/04/2004": <http://aspe.hhs.gov/hsp/immigration/restrictions-sum.htm>.

15 E. Hubert, D. Holahan, and A. Cook, "Health Insurance Coverage in New York, 2002-2003" (New York: United Hospital Fund, 2005).

- Health providers could adapt their existing billing and claims systems, and new administrative and information technology requirements would be minimized.
- Participants could access care through outpatient and clinical settings, rather than relying on much more costly emergency care.
- Health coverage would be portable: Individuals could avoid becoming uninsured if they change jobs or move to a different community.
- The insurance buy-in option would build on programs that work well for people, including individuals who have high needs for health care.
- It would help shore up Medicaid, Medicare, employer-based, and private insurance pools.

CONCERNS

- Many current US citizens and lawful permanent residents (“green card” holders) are not provided with insurance buy-in options,¹⁶ therefore a tough political case would have to be made as to why employers of these new segments of the workforce are held to higher standards for subsidizing their employees’ health benefits.
- A significant proportion of immigrants have difficulty navigating managed care, and they consequently under-utilize health care that is delivered in this way.¹⁷

OPTION TWO: SAFETY NET “MEDICAL HOME”

Participants in immigration reform programs who do not receive insurance through their employers would be matched with safety net health care providers, and a paying relationship would be established according to the providers’ prevailing fees for uninsured patients. Participants would be encouraged or required to obtain a clinic card and receive an initial health screening.

16 A. Safir and H. Leibovitz, “State Profile of New York - Data from the 2002 National Survey of America’s Families” (Washington, DC: The Urban Institute, 2004).

17 New York Community Service Society, “Low Income Consumers’ Experiences: Results from a Citywide Survey of Managed Care Consumers in Medicaid, Child Health Plus, and Family Health Plus,” 2005.

The safety net provider would help to enroll participants into any public insurance programs for which the immigrant qualifies, and those who did not obtain coverage would be charged on the same discounted basis as any other current member of the community, including US citizens and lawful permanent residents.¹⁸ A mechanism would be established to bring employers into the finance system.

New York City's Health and Hospitals Corporation (HHC, the public health care system) represents a model for providing insurance screening and financial assistance based on patients' income, regardless of immigration status. The HHC Options program enables current and prospective patients who are uninsured to establish fee reductions from health safety net providers and to have pharmacies reduce or waive the cost of medications.¹⁹ The program enables New Yorkers to access care in the most cost-effective clinical settings, rather than delaying care out of fear of financial consequences and then relying on much more costly emergency care. HHC finds that its generous financial assistance program provides an incentive for patients to cooperate with the hospital's financial counselors, which enables the hospital system to optimize patients' enrollment in insurance programs and maximize reimbursements to the hospital.

Federally qualified community health centers (FQHCs), FQHC look-alikes, rural and migrant health centers, and public and private hospitals and clinics comprise a health care safety net in the communities where participants in immigration reform are likely to be concentrated.²⁰ The Bush Administration has expressed a strong commitment to increasing funding for FQHCs and to ensuring that one is open in most counties.

The immigration reform population (guest workers, legalizing immigrants, e.g.) would not have special rights, just the same rights all others currently share.

The rationale for putting uninsured participants into contact with safety net health care providers is the strong desirability of establishing a “medical home.”²¹ Making the match with a safety net provider and establishing a “med-

18 Participants in an immigration reform program who meet some definition of “high-income,” and whose employers do not provide health benefits, could be mandated to purchase private insurance or buy-in to group coverage as a condition of residing in the United States.

19 New York City Health and Hospitals Corporation — HHC Options Web site: http://www.nyc.gov/html/hhc/html/community/hhc_options.shtml.

20 US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) FQHC Web site: <http://www.cms.hhs.gov/center/fqhc.asp>.

21 For a description of the concept of “medical home,” see the American Academy of Pediatrics Web site: <http://www.medicalhomeinfo.org>.

ical home” would ensure that uninsured participants would not be deterred from seeking needed medical care due to fear of devastating medical debt or immigration-related concerns. Currently, too few immigrants in New York City understand the options for affordable care available through the health care safety net, and they delay care until their conditions become serious, resulting in poorer health and more costly care down the line.²²

The health care safety net is already burdened by the uncompensated and under-compensated care it provides — a burden that is partially explained by the system’s failure to proactively undertake patient education and outreach about the availability of reduced-cost care, outpatient services, and public coverage.²³ Uninsured US residents, and immigrants in particular, often receive the full bill for services, when in actuality there are reductions that could be applied, or coverage for which people are eligible but not enrolled. This confusion results in large numbers of uninsured residents who are unable or afraid to seek health care.

ADVANTAGES OF THE SAFETY NET “MEDICAL HOME”

- Establishing a “medical home” would greatly increase the likelihood that health care would be obtained in a timely and cost-effective way through preventive and primary care.
- Health providers could adapt their existing billing and claims systems.
- Participants could obtain care through outpatient and clinical settings, rather than relying on much more costly emergency care.
- This option would make it more likely that participants could receive culturally competent, linguistically accessible services regardless of their ability to pay, and further, that low-cost payment options would be available, such as sliding-scale fee reductions.
- It would provide access to comprehensive care in most regions in the United States.

22 M. Doty, J. Edwards, and A. Holmgren, “Seeing Red: Americans Driven into Debt by Medical Bills” (New York: The Commonwealth Fund, 2005).

23 E. Benjamin et al., “State Secret: How Government Fails to Ensure that Uninsured and Underinsured Patients Have Access to State Charity Care Funds” (New York: The Legal Aid Society — Health Law Unit, 2004). See also, “Hospital Free Care: Can New Yorkers Access Hospital Services Paid for by Our Tax Dollars?” (New York: Public Policy and Education Fund of New York, 2003).

- It would strategically utilize existing capacity in the health care system.

CONCERNS

- This option would require matching individuals with medical providers directly, which could involve additional administrative complexity and resources.
- FQHCs and rural and migrant health centers provide preventive and primary care services, but may not provide vision or dental care, and generally do not provide emergency or acute care. However, in many areas of the United States these clinics are the only available source of care to uninsured individuals. Some form of wrap-around coverage might be necessary to reimburse providers for catastrophic health care expenses; the federal government’s “emergency Medicaid” program currently serves this function.
- Patients’ advocates distrust proposals that appear to channel individuals into the public health care system, fearing a two-tiered system. However, the reality for most uninsured US residents is that private health care is unaffordable and inaccessible. This population ultimately ends up receiving care from public providers, if it receives care at all. Assignment to a “medical home” would not preclude the participation of private providers or limit participants’ freedom to seek care.
- It would lack portability — an individual who relocated would need to be financially screened again and establish a relationship with a new provider.
- The health care safety net in many areas of the country is over-burdened and could ill afford to take on large additional numbers of uninsured patients.²⁴

OPTION THREE: PRE-PAID MEDICAL CARE

Option Three would be the same as Option Two, with the addition of an annual assessment — for instance \$500 to \$1,000 — paid into a pool by employers and workers. The pool could allocate this money to the local FQHC or other comparable safety net health care provider. As above, participants would make contact with their “medical home” — an outpatient clinic — and receive a

²⁴ The reimbursement rates that hospitals and clinics receive from Medicaid and Medicare for providing many outpatient services have lagged behind medical inflation for decades, resulting in fundamental structural deficiencies.

medical exam and needed care. Payment would occur either by redeeming a coupon or through a pre-paid clinic card provided to participants in an immigration reform program.

The medical fees would be determined on a sliding-scale basis, as is currently the case for any other low- or moderate-income patient, and the provider would draw down from the pre-paid assessment. If a participant required more care during the period than the pre-paid assessment covered, he or she could then pay the provider's prevailing sliding-scale charges out of pocket, like anyone else. If, at the end of the year, the participant had not utilized care in the amount of the pre-paid assessment, the remainder could revert to the safety net provider or be rolled over into a future period.

Pre-paid medical care would not constitute insurance coverage; instead it would establish a financial relationship directly between the patient and the health provider. Under this option, the individual would be asked to pay a sliding-scale rate to the health provider for any medical care used in excess of the pre-paid amount. This option would allow decisions about what medical care was needed to be made by health care providers, rather than by managed care administrators, whose profit motives and duties to shareholders can be at odds with the fundamental aim of providing appropriate medical care to patients.

In addition to the advantages and concerns set out under Option Two, "Safety Net Medical Home," this option would require making direct transfers of employee and employer assessments to medical providers, which would involve additional administrative complexity.

OPTION FOUR: NEWLY CREATED INSURANCE PROGRAM

With government assistance, small businesses and other employers that do not currently provide employee health benefits could join together to form newly created health insurance programs for pooled employees. Participants in an immigration reform program could be encouraged or required to enroll, and group-rated premiums would be paid by assessments or contributions from employees and employers. These new insurance products could also be opened up to other uninsured US residents, including workers who are classified by employers as temporary, contingent, or part-time employees, who do not receive prevailing benefits, and who cannot afford to pay out-of-pocket for healthcare.

New York State offers small employers, sole proprietors, and uninsured working individuals the opportunity to purchase health insurance coverage through

the Healthy NY program. These health benefits are made more affordable through state subsidies. Healthy NY includes inpatient and outpatient hospital services, physician services, maternity care, preventative health services, diagnostic and X-ray services, and emergency services. Participants may choose a benefit package with a limited prescription drug benefit or a benefit package without a prescription drug benefit.²⁵ Participation in Healthy NY has lagged behind expectations, largely due to the high cost of the program's premiums.

The success of a newly created insurance program would depend on its ability to offer affordable group-rated premiums and a competitive benefits package. Such a program would be unlikely to attract many participants if it presented only small reductions in cost compared to individual insurance coverage on the private market, which is currently well out of reach for many US residents. However, very significant reductions in cost could be achieved if the government permitted small businesses, sole proprietors, and others to pool their employees and to purchase group-rated insurance. These pools would essentially replicate the conditions that have enabled large employers to successfully provide employee health benefits. This approach to creating a new insurance program would share many advantages and concerns with Option One, "New Insurance Buy-In."

OPTION FIVE: ANNUAL MEDICAL SCREENING

Temporary workers and other participants in an immigration reform program would receive an initial health screening and periodic screenings thereafter from a safety net health care provider such as a hospital, FQHC, FQHC look-alike, rural or migrant health clinic, or private provider that wishes to participate. Assuming that immigration reform will contain some sort of required screening for transmissible diseases, this could be accomplished along with a thorough check-up.

New York State's Bureau of Refugee and Immigrant Affairs subsidizes medical screenings for newly arrived refugees in the communities where they are resettled.²⁶ Through the Refugee Health Screening program, refugees receive free medical screening for contagious diseases during their first few months in the country from designated clinics. The limitation of this screening program is that if health conditions other than contagious diseases are detected there is

²⁵ New York State — Healthy NY Web site: <http://www.ins.state.ny.us/website2/hny/english/hny.htm>.

²⁶ New York State, Office of Temporary and Disability Assistance, Bureau of Refugee and Immigrant Affairs Web site: http://www.otda.state.ny.us/otda/bria/bria_prog_default.htm.

*no payment system in place and many providers refuse to treat uninsured patients, including those seen through the Refugee Health Screening program.*²⁷

The idea behind the medical screening option is to track “fitness to work” and make a linkage to an appropriate, affordable source of health care other than the emergency room.²⁸ Pre-paid clinic cards or some other payment mechanism would be used. If the individual needed ongoing care, for example to manage a chronic condition such as diabetes or asthma, he or she would work out a sliding-scale fee or payment plan with a safety net provider, like any other patient (as in Option Two).

ADVANTAGES OF THE ANNUAL MEDICAL SCREENING

- An annual medical screening would assure that participants’ basic health status was monitored.
- This option would establish a link between participants and primary care providers. However, some providers may not be willing to treat patients beyond administering the health screening.
- The screening could be paired with more comprehensive wrap-around health benefits, such as employer-sponsored insurance, buy-in options, or “emergency Medicaid.”
- The government’s Refugee Medical Screening program already exists, and that program’s clinic reimbursement system might provide a model.
- This option would enable public health surveillance and monitoring.

CONCERNS

- While the screenings could identify problems, this option would not provide for treatment, medication, or follow-up care. The participant would essentially remain uninsured, making this option limited in its usefulness, unless paired with other health access options.

27 Refugees are also eligible to enroll for eight months in the government’s Refugee Medical Assistance (RMA) program, which reimburses health providers for services received by participating refugees; however, some refugees themselves may be unaware of this program and, in practice, health providers sometimes fail to assist refugees in applying for the RMA benefits.

28 The Access Project, “Paying for Health Care When You’re Uninsured: How Much Support Does the Safety Net Offer?” 2003.

ADDRESSING OBSTACLES TO HEALTH CARE

The existing disparity in access to health care faced by immigrants in the United States is striking. Apart from the obvious consequences of being categorically barred from public insurance programs, having low rates of health insurance and low incomes, legal immigrants are confronted with a distinct set of concerns.²⁹ Immigration laws and policies are continually evolving, and the rules about immigrants' rights to government programs and services have changed significantly in recent years.³⁰

The foreign born in the United States under-utilize medical care in part as a result of the chilling effect of government policies aimed at legal immigrants (not those who are unauthorized), including public charge, sponsor liability, and immigration-related restrictions on eligibility for government programs.³¹ Legal immigrants receive conflicting messages about their rights to health care and their risks from using programs and services, with different perspectives and sometimes misleading advice being offered by government, lawyers, and health care providers.³² In this complex information environment where much is at stake, many legal immigrants avoid enrolling in public programs or accessing health care due to a belief that doing so will interfere with their ability to sponsor and reunite with close family members such as spouses, children, and parents who live abroad.³³ For low-income newcomers, the health care system is nearly impossible to navigate without orientation or assistance.

The financial hardship experienced by uninsured and underinsured immigrants who use the health care system feeds negative word-of-mouth and further contributes to under-utilization of health care and reliance on more costly emer-

29 Norgren, "Mexicans In New York City" (see n. 8); T. Broder, "Immigrant Eligibility for Public Benefits," in *Immigration and Nationality Law Handbook*, 759 (Washington, DC: American Immigration Lawyers Association, 2005-2006 edition, updated March 2005), <http://www.nilc.org/immspbs/index.htm#immelig>.

30 R. Capps, R. Koralek, K. Lotspeich, M. Fix, P. Holcomb, and J. Reardon-Anderson, "Assessing Implementation of the 2002 Farm Bill's Legal Immigrant Food Stamp Restorations: Final Report to the United States Department of Agriculture Food and Nutrition Science" (Washington, DC: The Urban Institute, 2004).

31 S. Mohanty et al., "Health Care Expenditures of Immigrants: A Nationally Representative Analysis," *American Journal of Public Health* 95, no. 8 (Aug 2005): 1431-1438; Bauer et al., "Access to Health Insurance and Health Care" (see n. 7).

32 An example of misleading information provided by the US government to immigrants was retrieved on February 11, 2006, from the Web site of the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS): "Your child may be eligible for coverage if he or she is a US citizen or a lawfully admitted immigrant, even if you are not (*however, there is a 5-year limit that applies to lawful permanent residents*)." [Emphasis added] There has never been a five-year limit on eligibility.

33 Children's Defense Fund, "Health Insurance in New York City: Is It Working for Immigrant Families?" 2003.

gency room care.³⁴ Linguistic isolation compounds the challenge.³⁵ Millions of newcomers are not able to explain their symptoms or understand a medical diagnosis using English. They are also unable to navigate the hospital registration and billing systems and health coverage enrollment processes in English. Government will face a tough challenge to explain the rights and process at all levels for obtaining health care and insurance, or payment options, under immigration reform.

34 Bauer et al., "Access to Health Insurance and Health Care" (see n. 7).

35 R. Capps, L. Ku, M. Fix, et al., "How Are Immigrants Faring after Welfare Reform? Preliminary Evidence from Los Angeles and New York City" (Washington, DC: The Urban Institute, 2002).

APPENDIX III

NEW AMERICANS: SELECTED FACTS ON NATURALIZATION AND BIRTHRIGHT CITIZENSHIP

MARY HELEN YBARRA JOHNSON,

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THE CITIZENSHIP TEST CIRCA 2006

The Immigration and Naturalization Act of 1952 requires the testing of individuals seeking US citizenship on English-language ability and knowledge and understanding of US history and government. The current test is given in a principally oral, rather than written, format. Applicants' language skills are evaluated during the course of the oral test on US history and government, to ensure that they have at least an elementary level of English, though no standardized measure exists to independently evaluate English language ability. A review of the testing process performed by Coopers and Lybrand in 1997 found no standard test content and that testing instruments and scoring systems often varied across testing sites.¹ Given the subjective nature of the test, immigration officials are allowed to exercise "due consideration," or make allowances in certain cases based on an individual's education, age, background, and length of time in the United States. The 1997 study also found the extent of due consideration granted to be highly variable across testing sites.

REVISITING THE SYSTEM

The United States is in the process of revising the content and purpose of its citizenship exam. It is not the only country considering a revision; there have

1 Department of Homeland Security, Office of the Inspector General, Letter Report: Citizenship Test Redesign, 2005.

been new initiatives in several European countries (Britain, the Netherlands, and Germany) to create citizenship exams that cover content beyond basic historical facts and that capture whether applicants share what are deemed to be core national values.²

NATURALIZATION TRENDS 1990 TO THE PRESENT

In 2004, approximately 38 percent of the foreign-born population (13.1 million persons) were naturalized citizens.³ The rate of naturalization among the foreign-born population has been steadily increasing since the early 1990s. Between 1994 and 2004, rates of naturalization increased by 232 percent over the previous decade.⁴ This trend has held steady even in the face of record increases in immigration levels during the past two decades. A portion of the rise in naturalizations since 1994 can be attributed to the 1986 Immigration Reform and Control Act (IRCA), which granted legal status to 2.7 million unauthorized immigrants, thereby increasing the number of eligible applicants.⁵ Other factors that played a role in rising naturalizations include the exclusion of non-citizens from certain public benefits by reforms introduced in 1996 and other heightened restrictions (expanding categories for deportable offenses, e.g.) for the non-naturalized population.

NATURALIZATION BACKLOGS

Between 1997 and 2001, the federal government reported that the average processing time for US naturalization applications decreased from two years to between six and nine months. Applications are processed regionally however, and there were still significant variations in processing times due to existing backlogs. As of January 2006, district offices in Orlando, FL, and Charlotte, NC, were processing naturalization applications that were submitted in December 2004, while offices in Providence, RI, and Cincinnati, OH, were processing applications submitted as recently as October 2005.⁶ US Citizenship and Immigration Services

2 Pilot tests have been introduced in the Netherlands and in Germany that attempt to test the values of applicants from certain countries or religious backgrounds against a set of "national values." As an example, the Baden-Württemberg region of Germany has begun asking Muslims from Islamic countries an additional set of questions to elicit their beliefs on a range of domestic issues including women's rights and religious freedom, to determine whether they should be granted citizenship. See E. Rothstein, "Refining the Tests that Confer Citizenship," *The New York Times*, January 23, 2006.

3 A. Erlich and D. Dixon, "Spotlight on Naturalization Trends," Migration Information Source (Washington, DC: Migration Policy Institute, November 1, 2005).

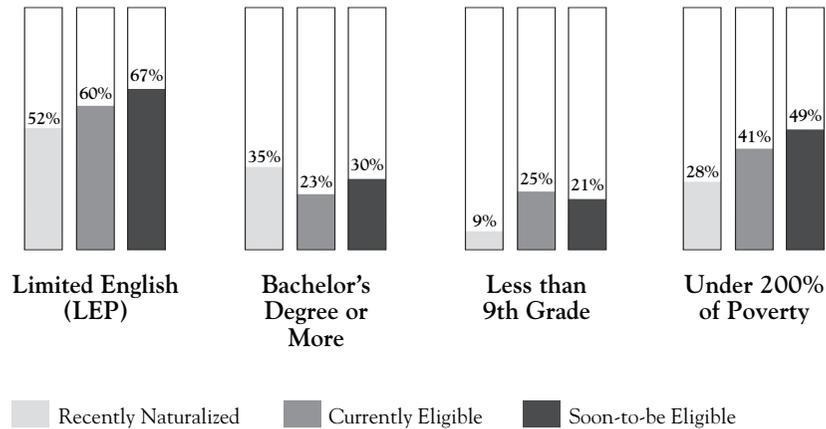
4 Ibid.

5 Ibid.

6 US Citizenship and Immigration Services Web site, <https://egov.immigration.gov/cris/jsps/ptimes.jsp>.

FIGURE I. THE NATURALIZED SPEAK BETTER ENGLISH, HAVE MORE EDUCATION, AND HIGHER INCOMES

PERCENT OF AGES 25 AND OVER



Source: Urban Institute estimates are based on Census and CPS data. M. Fix, J. Passel, and K. Sucher, "Trends in Naturalization," Immigrant Families and Workers, Brief No. 3 (Washington, DC: The Urban Institute, September 2003).

(USCIS) has been working to eliminate the backlog of applications to ensure a six-month processing time for all applications.

CHARACTERISTICS OF NATURALIZED AND "ELIGIBLE" POPULATIONS

Despite a high percentage of applicants who are granted citizenship (84 percent of all 2004 applicants received citizenship), there still remain a significant number of eligible persons who do not apply for naturalization. These include green card holders in the United States for five years or more or legal permanent residents married to US citizens in the United States for at least three years. This eligible population differs from the recently naturalized population in its English-language skills, education levels, countries of origin, income, immigration status, and settlement location in the United States. In many cases, its members face educational and linguistic barriers to naturalization.

- **A significant portion of the eligible population is limited English proficient.** Sixty percent of immigrants who were eligible to naturalize in 2000-

2001 were estimated to be limited English proficient (LEP). Additionally, 40 percent of the eligible population for this period indicated that they speak English either “not well” or “not at all.”

- **Individuals with low levels of education naturalize at lower rates.**⁷ In 2000-2001, the portions of the eligible population that possessed less than a ninth-grade education or possessed at least a bachelor’s degree were roughly equal (25 percent and 23 percent, respectively). Thirty-five percent of the recently naturalized population was made up of college graduates versus only 9 percent with a ninth-grade education or less.
- **Rates of naturalization vary according to national origin.** Although Mexican immigrants make up the largest portion of the population that is eligible to naturalize, as a group they have not naturalized at a proportional rate. In 2001, Mexican immigrants made up 28 percent of the total eligible population but only 9 percent of naturalized citizens.
- **The eligible population also has lower income levels than those who have recently naturalized.** In 2000-2001, 41 percent of eligible immigrants had incomes under 200 percent of the federal poverty level and 17 percent were under the federal poverty level. In contrast, only 28 percent of recently naturalized citizens had incomes below 200 percent of the poverty level and 11 percent had incomes under the federal poverty level for this period.⁸
- **Refugees are more likely to naturalize than the rest of the eligible population.** During 2000-2001, refugees made up 14 percent of the eligible population but made up a significantly higher portion — 24 percent — of the recently naturalized population. Thus, refugees are 1.5 times more likely to naturalize than the non-refugee eligible population. This phenomenon may be in part due to ongoing conflict in their home countries that precludes any possibility of future return and to the variety of immigration-related programs and services (both public and private) that are available exclusively to refugee communities.⁹

7 M. Fix, J. Passel, and K. Sucher, “Trends in Naturalization,” *Immigrant Families and Workers*, Brief No. 3 (Washington, DC: The Urban Institute, September 2003).

8 Ibid.

9 Ibid.

CURRENT FEDERAL POLICY ISSUES

REDESIGNING THE CITIZENSHIP TEST

Despite demonstrated governmental interest in reforming the citizenship test, the redesign and the form it will take are currently uncertain. In December 2000, the Immigration and Naturalization Service (INS) began a formal test redesign initiative. The redesign has been aimed at improving both the content and administration of the test. Its main goals have been to (1) ensure that the test is administered in a standardized way across sites; (2) make the test a better, more meaningful gauge of the applicant's understanding of US history and civics; and (3) be fair and reliable. But achieving these multiple goals creates three basic tensions:

One tension is using simple English to test abstract concepts and ideas from US history and civics. The new test will need to evaluate applicants' understanding of complex ideas and concepts while using only the basic level of English required by the Immigration and Naturalization Act.¹⁰ A second is balancing "due consideration" for individual cases with promoting standardization. A principal goal for the redesign process is the standardization of the exam across all testing centers. However, current regulations also dictate that test administrators should exercise "due consideration" and weigh test performance against an applicant's personal background.¹¹ A third is to create a meaningful test without affecting difficulty or increasing failure rates. USCIS has indicated that any changes that aim to make the citizenship exam a more meaningful tool will need to do so without affecting the current level of difficulty.¹²

In late 2006, the USCIS released new proposed questions for the citizenship test that will be pilot tested in selected sites. A new test is scheduled to be introduced in 2008.

10 Department of Homeland Security, "Letter Report" (see n. 1).

11 Ibid.

12 Ibid.

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ABOUT THE MIGRATION POLICY INSTITUTE (MPI)

The Migration Policy Institute (MPI) is an independent, nonpartisan, non-profit think tank dedicated to the study of the movement of people worldwide. The institute provides analysis, development, and evaluation of migration and refugee policies at the local, national, and international levels. It aims to meet the rising demand for pragmatic responses to the challenges and opportunities that migration presents in an ever more integrated world. MPI also produces the Migration Information Source, an online journal with current migration data and analysis at www.migrationinformation.org.

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In February 2007, MPI launched the National Center on Immigrant Integration Policy. The Center, co-directed by Michael Fix and Margie McHugh, will be a crossroads for elected officials, grassroots leaders, universities, think tanks, local service providers, state and local agency managers, and others who seek to understand and respond to the challenges and opportunities created by today's high rates of immigration. The Center will provide key services, including research, policy design, leadership development, technical assistance and training for government officials and community leaders, and an electronic resource center on immigrant integration issues with a special focus on state and local policies and data.

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The Task Force, a distinguished bipartisan panel of leaders and experts from key sectors concerned with migration, was convened by MPI in cooperation with the Manhattan Institute and the Division of United States Studies and the Mexico Institute at the Woodrow Wilson International Center for Scholars. The Task Force's purpose was to carefully evaluate the economic, social, and demographic factors driving today's large-scale immigration to

the United States, legal and illegal. Based on this analysis, the Task Force recommends that to harness the benefits of immigration and advance US national interests in the 21st century, the United States needs a new immigration policy and system. Its work has culminated in the recent publication, *Immigration and America's Future: A New Chapter*.

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SEPTEMBER 2006

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ACKNOWLEDGMENTS

Thanks go to the following organizations and foundations:

Carnegie Corporation of New York
Charles Evans Hughes Memorial Foundation
Evelyn and Walter Haas, Jr. Fund
Ford Foundation
Haas Foundation
JEHT Foundation
JM Kaplan Fund
Manhattan Institute
Open Society Institute
Woodrow Wilson International Center for Scholars

Michael Fix would like to thank Julia Gelatt, Julie Murray, and Meg Weaver who were instrumental in pulling this volume together. He would also like to thank Doris Meissner, Director of the Independent Task Force on Immigration and America's Future and Senior Fellow at MPI, and Demetri Papademetriou, President and Co-Founder of MPI, for their guidance and support.