



How Do We Count Immigrants' Use Of Public Services?

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A researcher at the Cato Institute think tank has accused his counterparts at the Center for Immigration Studies of overstating the proportion of non-citizens who use public services in the United States. The debate over how to assess the use of public resources comes as the public comment period closes for the Trump administration "public charge" proposal that would penalize immigrants for using services like food and health aid.

In a recent blog post, Cato Institute senior immigration policy analyst Alex Nowrasteh accused the Center for Immigration Studies of inflating the proportion of U.S. people—particularly non-citizens—using public services "to justify the president's new public charge rule."

In a report earlier this month, CIS found that, in 2014, 63 percent of "households headed by a non-citizen"—compared with 35 percent of "native-headed households"—use programs that the Trump administration's new public charge rules would consider to be welfare. Cato's Nowrasteh found that the CIS's findings, which analyzed use of public services by household, showed much higher rates of public service use than the Department of Homeland Security's findings, which analyzes individual benefit-recipients. Nowrasteh compared CIS data from 2014 to DHS data from 2013. Both data sets should show similar findings, Nowrasteh says, but the CIS data revealed a 208 percent higher rate of public service use than DHS among non-citizens. Among citizens born in the U.S., CIS reported a 95 percent higher rate of public service use, and among foreign-born U.S. citizens, he found the CIS figures were 173 percent higher than those from the DHS.

"The household measure is not ideal for two reasons," Nowrasteh says. "First, it counts the welfare consumed by native-born Americans living in those households against immigrant welfare use. That's inappropriate since the goal is to measure immigrant welfare use. Second, households are of different sizes so one should use individual comparisons to control for the number of people living in those households. An individual level of analysis accomplishes that."

CIS research director Steven Caramota, an author on the think tank's report, says that household analyses are indeed sound. Caramota argues that, when a child or a member of a family receives public support, it actually benefits the entire household. Responding to suggestions that the CIS

is inflating data to support President Donald Trump's public charge policy, he charges that Cato has "very strong views about the need for more immigration."

"I think we'll just agree to disagree. There's a whole lot of research out there that does it by household," Caramota says. "The bottom line is that only when CATO discusses immigrants do they not like households because they don't like the results."

Caramota emailed Pacific Standard a 2013 report entitled "The Work vs. Welfare Tradeoff," in which Cato uses household data. "Almost all the analysis in that CATO study is based on household use of certain welfare programs. It's the standard why of doing it," he says.

Both Nowrasteh and Caramota cited a number of organizations and policy data analysts who support assessing public welfare use by household or individual use. In his report, Caramota observed that former senior fellow at the Cato Institute Julian Simon opposed the use of individual analysis, because those benefits are received "on the basis of family needs." Among others, Nowrasteh pointed to George Washington University public-health professor Leighton Ku's support for his view that assessing data based on household is misleading.

Michael Cousineau, a professor of preventative medicines at the University of Southern California whose work focuses on policy, says that he agrees with Cato's Nowrasteh that analyzing household public service users paints a distorted picture. "The household versus individual unit of analysis is key to understanding this problem. Because of the number of mixed families in the USA, the CIS number really inflates the number if immigrants and deflates the number of U.S. citizens. So the CIS are severely flawed," he says.

The effect, Cousineau warns, is to unduly turn American public opinion against immigrants. "Many immigrants are here in transition, and often end up as U.S. citizens with good and decent positions and without public assistance," he adds. "Early days as immigrants receiving assistance typically leads to a more stable and self-reliant place in society. That is the problem in looking at snapshots rather than looking as a longitudinal phenomenon."

Nowrasteh agrees that an inflated view of public service use is dangerous. The "CIS is an influential think-tank, so their work could persuade the public or policymakers to support a public charge rule based on unsound research," he says.

Cato authored a study on how to "eliminate non-citizen welfare use" that Wisconsin Republican Representative Glenn Grothman has introduced as an alternative to the administration's public charge proposal that would "make non-citizens ineligible for means-tested welfare and entitlement programs in the United States," Nowrasteh says. "This is better than the public charge rule because it would not eliminate the ability of poor immigrants to earn a green card or eventually naturalize, but it would guarantee that they would not be a net burden to taxpayers while integrating into their new home."

Nowrasteh and Caramota agree, fundamentally, that immigrants shouldn't receive public services; they diverge, however, on how to stop that. "I'm concerned about the welfare state in the U.S. as it's too big and unsustainable, but restricting immigration will just make that situation worse. Instead, it's more fruitful to use immigration to argue against welfare rather than the other way around," Nowrasteh says.

The public comment period on the Trump administration's proposal closed Monday. A host of public-health and business groups have opposed the proposal.

"Family physicians already see negative effects of the proposed 'public charge' rule change," says Lisa Ward, president of the California Academy of Family Physicians, a group of over 10,000 practitioners. "Immigrants' attendance at clinics has dropped because families are afraid to use health-care programs for which they legally qualify. Many children aren't getting immunizations they need and pregnant women aren't seeking prenatal care."

The city of Baltimore has joined calls against public charge, suing the administration on the grounds that it is scaring immigrants away from what it argues are sorely needed aid programs. The future of the public charge proposal remains to be seen.