In California, the principal focus of the debate over immigrants has been on undocumented Mexican-born women and their children. This is because they are the largest immigrant group in California and because the women and their children are the primary beneficiaries of the highest-cost state government budget items related to immigrants. Using census data, this analysis finds that Mexican-born women who entered the United States between 1987 and 1990 have a fertility rate lower than that of U.S.-born Latinas, lower than Americans as a group, and lower than the replacement rate. Most of these women were between the ages of 15 and 24. It is logical to expect the fertility rate of these young women to increase as they grow older, but the lifetime fertility rate for immigrants will reflect their levels of education. The importance of education to lower the fertility rate has often been pointed out, even though no clear explanation has been provided. Many of the assumptions upon which the assessment of costs of immigrants are based are wrong because most studies to date have ignored the single most important variable in the assessment of immigrant costs: fertility rates. Most studies have also ignored the connection between changes in the fertility rate of recent immigrants, and the legalizations of almost five million Mexican immigrants in the 1980s. (Contains 49 references.) (SLD)
What Do Fertility Rates Have To Do With Immigration Concerns in California? ¹

By

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Focus on Undocumented Mexican-born Women

Although the national debate over immigration presumably includes all immigrants, in California the primary focus has been on undocumented Mexican-born women and their children. This is because Mexican immigrants are the largest group of immigrants in California, and because women and their children are the primary beneficiaries of the highest-cost state government budget items related to immigrants, including public education, Aid to Families with Dependent Children, maternity, and emergency health care. All of these are directly affected by fertility rates.

The original intent of this study was to identify and analyze existing studies and data-sets to see what information was available on fertility rates and the use of public schools and assistance by Mexican immigrant women and their children. At the outset, I found that any data that categorically distinguished undocumented immigrants from legal immigrants was immediately suspect for several reasons. The Supreme Court ruled in Plyler v. Doe, 457 US (1982) that all children have the right to attend school, regardless of immigration status, and asking about that status has a chilling effect on this right. I also found that the distinction between legal and undocumented immigrants made in Quality Control studies for Aid to Families with Dependent Children (AFDC) is based on very

¹This research was supported by the California Policy Seminar and the Chicano-Latino Policy Project of the University of California.
small sample sizes, and the data from MediCal is based on many assumptions mired in the vested interests of various actors, including the patients, the hospitals and the state. Instead, by applying a framework that focused on Mexican-born women of child-bearing years who participated in the 1990 California Census, I hoped to provide a critique that would identify some of the problems areas in existing studies on immigrant women. When addressed, these may help defend largely powerless poor women and children in California and the US who are currently the scapegoats for failures in other areas of public policy.

In this paper I am not going to present yet another estimate of what immigrants cost or contribute to the State of California and the federal government. The Urban Institute (Clark, Passel, Zimmerman, and Fix, 1994; Fix and Passel, 1994), the United States General Accounting Office (1994), the State of California (Romero, 1994), Huddle (1993), Parker and Rea (1992, 1993) and others have done that, and I have previously critiqued their assessments (Walker-Moffat, 1993a, 1993b, 1993c, 1994a, 1994b). Instead "it is explication I am after" (Geertz, 1973:5).

Method of Analysis

I analyzed the 1990 Public Use Microdata Set (PUMS) and the 1990 Census of Population and Housing Subject Summary Tape File 1 (SSTF1). According to Hayes-Bautista, 1994, "While Census PUMS data are not flawless, because of the sheer volume of people enumerated and the attempts at completeness, these data form the "gold standard" in population matters." I cross-analyzed the California Census data by using two distinct sources of information. I then compared the two to previous research findings. I used two methods to breakout data on women in California born in Mexico who were not U.S. citizens. The 1990 Public Use Microdata Set (PUMS) provided a 5 percent detailed sample, standard deviations, and an estimated size of the actual population. Data was broken out for all women in the State of California of child-bearing years (age 15 to 49) on a variety of questions regarding fertility, use of public assistance, attendance in schools, and employment. Data for Mexican-born women were broken out by age and year of entry to the United States. The 1990 Census of Population and Housing Subject Summary Tape File 1 (SSTF-1) provided raw numbers, uncorrected percentages, and means for Mexican-born men and women in California. It is, however, a larger sample size than PUMS, 100 percent of the population on some questions and 12 percent of the total population on others. SSTF-1 numbers do not include undercount, since officially there was never any adjustment to any numbers of the U.S. Census, even though the census acknowledged there was an undercount. The numbers are subject to sampling and nonsampling errors.
Low Mexican Immigrant Fertility Rates

In relation to fertility this study reached some findings that contradict many of the assumptions regarding Mexican immigrants. The 1990 California Census found that Mexican-born woman who entered the U.S. between 1987 and 1990 had 1,500 children ever born (CEB) per 1,000 women, a fertility rate that is not only lower than that of U.S.-born Latinas, but is also lower than Americans as a group and below the replacement rate. For any population to remain constant, the replacement rate must be 2,100 CEB per 1,000 females, or 2.1 births per female of childbearing years. Including all Mexican-born women, I found that there was 2,500 CEB per 1,000 women, or a mean of 2.5 children per woman. Kahn (1991) also found that the mean adjusted children ever born to Mexico immigrant women age 24-44 and counted in the 1986 and 1988 Current Population Surveys was 2.5. In comparison, this is below the 3,400 CEB per 1,000 for U.S.-born women who identified themselves as Hispanic, and far below the rate used by Californians for Population Stabilization that "Mexican women who emigrate to the United States average four to five children each" (Abernathy, 1993).

Primarily, the low fertility rate is due to the fact that most of the women who immigrated from Mexico to the US between 1987 and 1990 were between the ages of fifteen and twenty-four. Please see Tables 1 and 2. The 15-24 Mexican-born cohort in the 1990 Census had an average of 510 CBE per 1,000 women, or one child for every two young women. About two-thirds of these young women had never given birth. The tendency for recent immigrants from Mexico to have a lower fertility rate than those who came earlier holds true even when holding age constant. Mexican-born women who were age 25-34 at the time of the 1990 Census and had entered the U.S. when they were 15-25 had an average of 2,166 births per woman. Women who were 25-34 at the time of the Census but had entered the U.S. more recently, between 1987-1990, had an average of 1,665 births per 1,000 women. Due to the limitations of the Census, these were the only comparisons possible.

Fertility rates should inform long-range planning for educational needs and indicate what will happen to a school-age population over time. In theory, the fertility rate of an immigrant group declines the longer the immigrants are in the United States (Ford, 1990; Rumbaut and Weeks, 1986). There are three hypotheses as to why this is usually the case (Stephens and Bean, 1992). The first is socialization: it is commonly believed that the norms of behavior that characterize fertility rates change over generations to be less like those of the culture of origin and more like those of the new culture. The second hypothesis is that adaptation occurs quickly and that changes in fertility can occur in the first generation. The third hypothesis is that child-bearing is disrupted before, during, and
just after immigration. Immigration is disruptive to reproduction because of "financial or
psychic hardships which would lead to a postponement of additional births, or by
temporarily separating spouses" (Kahn, 1991:4). Although there is considerable agreement
amongst demographers that the disruption effect is short-lived (Blau, 1990; Ford, 1990;
Kahn, 1991), the periods of fertility that are interrupted are permanently lost, leading to a
reduced cumulative fertility rate.

My findings on the fertility of recent Mexican immigrants using the 1990 U.S.
Census are consistent with the disruption hypothesis and support the Stephens and Bean
hypothesis that the disruption effect is age-related. Based on an analysis of the 1970 and
1980 Census, Stephens and Bean (1992:579) found that the disruption hypothesis best
explained Mexican immigrant fertility, but that the strength of the disruption effects differed
by age. They found that young Mexican immigrant women aged 15 to 19 and 20 to 24 had
extremely low fertility rates before, during, and just after immigration. Stephens and Bean
(1992:580) found that "the current fertility of women who immigrate between the ages of
15 and 19, and 20 and 24 falls below that of native-born women." Over a ten-year period,
however, none of the younger cohorts "sustain consistently lower fertility" (Stephens and
Bean, 1992:580). Immigrant women over the age of 24 return to a higher fertility after
immigration, but "it is never great enough to enable them to catch up with native-born
women in levels of cumulative fertility " (Stephens and Bean, 1992:579). Kahn (1991:19)
also found that "all first-generation immigrant groups (including Mexicans and Southeast
Asian Refugees) have had lower fertility than comparable natives."

Stephens and Bean concluded that, "The concentration of the disruptive effects
among women aged 15 to 19 and 20 to 24 implies either that disruptive mechanisms
usually emphasized in the literature are age-related or that some additional mechanism is at
work" (1992:584). The additional mechanism that delays child-birth among young
immigrants may well be the vigor that characterizes many immigrants upon arrival in the
United States (Walker-Moffat, scheduled for release 1995). Recent immigration policies also
appear to have been an "additional mechanism" at work.

IRCA-OBRA Confusion

A significant change in Mexican immigration resulted from the one-time "amnesty"
amendment to the U.S. immigration law, the 1986 Immigration Reform and Control Act
(IRCA), that legalized almost 3 million individuals previously residing in the United States
without proper documentation. 75 percent of those who applied for IRCA were born in
Mexico, and most were living in California. As a result of IRCA, Hagan and Baker
(1993:531) observed "that legalization engendered changes in the immigrant community
that encourage continued migration and strengthen international social networks."

Evidence that IRCA had a brief disruptive effect on Mexican immigrants fertility rate in the 1980s is the increase in MediCal funded births in the 1990s. The number of MediCal funded IRCA deliveries more than doubled from 8,000 IRCA deliveries in 1989 to 17,000 in 1992. However, the number of deliveries to women classified as undocumented, to be paid for by the Omnibus Budget Reconciliation Act (OBRA), increased 87 percent in the same time period, from 52,000 deliveries in 1989 to 96,000 in 1992. It appears that the OBRA category included IRCA immigrants and their families, as explained below.

The increase in OBRA and IRCA births occurred exactly during the period the federal government designated for the reunification of IRCA families. IRCA dependents were not allowed to immigrate to the U.S. until 1992. Additionally, most IRCA immigrants became eligible for full MediCal benefits and AFDC for the first time between May 1992 and May 1993, after a five year period of exclusion for all IRCA immigrants. Most IRCA immigrants were adapting their status to permanent residents in the early 1990s after a five year wait. It is reasonable to assume that a number of people who had spent at least four years waiting for their permanent residency status, and were within months of receiving it, would not have disclosed their IRCA status under these circumstances. Therefore, the large number of OBRA deliveries may have included births to IRCA immigrants and the spouses of IRCA immigrants who feared disqualification from permanent residency as a result of using public assistance.

For immigrants, there is a lot at risk in the public charge exclusion. Legal permanent residents can "be deported as public charges if they use public benefits during their first five years in the country. More importantly, use of public welfare makes it more difficult for immigrants to bring their families into the country "(Fix and Passel, 1994:5). IRCA immigrants must sign an affidavit of support assuring that incoming relatives will not rely on public assistance. If sponsored relatives apply for AFDC, or any other public assistance, then the income or resources of the sponsor are deemed to be available to the applicant. This deeming provision was increased from three to five years for AFDC.

The U.S. Commission for Immigration Reform arrived at a similar conclusion, that IRCA immigrants had been miscategorized as undocumented, and decided to not recommend that the federal government further reimburse states for the costs of undocumented immigrants until there is further information available on this issue (Martin, 1994). There has been little effort made to attain such information. In hospitals individuals who are believed to be undocumented are coded so that their application is not forwarded to Social Security for verification, especially if they have been using a false Social Security
number, because the entire billing procedure would be delayed. Hospital data is not correlated with INS records because of privacy laws, and time pressures in most emergency and delivery rooms. It is in the vested interests of IRCA immigrants and their relatives to be categorized as OBRA rather than IRCA. It was in the vested interests of the hospitals to be reimbursed by the state for as many indigent persons as possible by using the OBRA classification liberally for Spanish speaking persons asking for free maternity or emergency care. It was in the vested interest of the state to pass on as many of these costs to the federal government as possible.

Further evidence that the families of legal immigrants had been categorized as undocumented is found in the recent decrease in the number of AFDC "child only cases." There are many reasons why there are welfare cases that are "child only," including cases in which the parent refuses to participate in the program or the parent is on SSI and therefore not eligible for AFDC. The California Department of Social Services, however, assumes that the majority (63 percent) of child-only cases exist because the child was born in the US to undocumented parents. It appears, however, that some of these child only cases were children born to legalized IRCA parents. The five year exclusion period for AFDC ended for most IRCA recipients between May 1992 and May 1993. Soon thereafter child only cases in the AFDC Family Group (FG) declined 8 percent (Jones, 1995). At the same time, the number of related adults joining child-only AFDC cases increased correspondingly. Apparently the IRCA parents who had become eligible for welfare after five years were joining their children's case load.

Despite the growing use of MediCal services, according to the California government's own statistics published in the California Medical Assistance Program Annual Statistical Report, Calendar Year 1990, all "OBRA aliens, IRCA aliens, and Refugee/Entrants combined represent only 3 percent of total MediCal users in 1990." This means that all immigrants, legal and not, and all refugees constituted only 3 percent of the total number of people using MediCal in California in 1990. An important research area is who constitutes 97% of the MediCal users, and why have politicians focused on 3% instead of 97% of users?

**Increasingly Younger Mexican Women Immigrated**

In order to fully understand the effect of age on fertility rates, it is necessary to address the astounding change in Mexican immigration in recent years, the steady increase in women who are less than 25 years old. Almost 60 percent of Mexican women of child-bearing age who came to the U.S. in the period 1987 to 1990 were between the ages 15 and 24. In California, more than half of the female entrants from Mexico during this period
were between the ages 15 and 24. The percentage of women who were age 15 to 24, out of the total number of Mexican women immigrants, doubled between 1980-1981 and 1987-1990. The estimated number of immigrants of this age group also doubled Please see Table 1.

What explains the increase of women immigrants who were age 15 to 24 in the 1980s? Almost two-thirds of these young women were never married. They may be the partners, fiancées, daughters, sisters, or nieces of IRCA immigrants. In any case, INS records do not provide much information in this regard because the immigration of legalization dependents was not recorded until FY1992, and there is very little information available on the family relationships of IRCA immigrants.

The increase in younger women appears to be related to the overall immigration of Mexican women that exhibited a pattern that was shaped like a "U" in the 1980s. Please see Table 2. The ratio of female to male immigrants from Mexico to the United States was also shaped like a "U." It decreased marginally from 47 percent, for those who came between 1975 and 1979, to 45 percent of Mexican immigrants who came between 1987 and 1990. Between 1982 and 1986 the number of women declined to 40 percent of all immigrants from Mexico. Please see Table 3.

Table 4 shows that the real growth in the immigration of Mexican women has occurred steadily since 1965 when the Immigration and Nationality Act first established numerical limits for immigrants from Mexico and other countries in the western hemisphere (Rolph, 1990:7) and established family reunification as the primary channel for immigration. This table also suggests that one impact of the IRCA legislation in 1986 was a decline in Mexican women's immigration prior to enactment of the law, and a return to the well established pattern of Mexican immigration since 1985/1986.

The literature provides several possible explanations for the "U" shape in Mexican women's immigration patterns and the recent increase in immigration among very young women. Clearly IRCA had a deterrent effect on undocumented immigration, but only a temporary one (Donato, 1993; Hagan and Baker, 1993; Rolph, 1993). The deterrent seems to have affected women more than men. One explanation is that more men became legal immigrants through IRCA than women in part because of the nature of many women's work, domestic service and childcare, which is difficult to document (Bach, 1994; Hagan and Baker, 1993:530; Hagan, 1990). Initially, wives and minor children who could not document their employment and residence were expected to "wait in line" for immigration "in the same manner as immediate family members of other new resident aliens" (U.S. Senate, 1985 from Hagan and Baker, 1993). Mexico had the longest waiting period for admissions. By the end of 1987, however, "the INS revised its regulations on this point.
adopting an administrative change that provided derivative protected status to spouses and
minor children of legalized aliens" already in the U.S. (Hagan and Baker, 1993:529). For
those who returned to Mexico immediately following the IRCA legislation, it is likely that
they have since returned to the U.S. This is known as "circular migration." Based on a
survey of ten communities in Mexico between 1987 and 1991, Donato (1993:763) also
found that women who had already once migrated to the U.S. were very likely to migrate
again.

Two studies by Massey, et al. (1987) and Escobar, et al. (1987) found in Mexico
that men with young children were more likely to migrate to the U.S. than others. These
two studies conducted their research during the decline in women's immigration from
Mexico in the mid-1980s. Hence, it is conceivable that some of the immigrants who
followed were wives and children of those men who had already left. Donato (1993)
found that women tended to migrate at the same time as another immediate family member.
Lindstrom (1991) also found that family networks were essential to the encouragement of
women's migration (Donato, 1993:751). Cornelius (1989) found that women and children
are likely to join the men in their families who had become legal immigrants.

It is also possible that a number of single men who had received amnesty under
IRCA returned to Mexican villages to get married (Bach, 1994; Rodriguez and Hagan,
1989). More than half of all legalization dependents admitted in FY1992 came from
Mexico, the first year that such statistics were kept (Dept. of Justice, 1993). Mexican
immigrants also accounted for the largest increase in the sponsorship of spouses and
children by permanent residents and for more spouses of U.S. citizens than from any other
country in 1992 (Dept. of Justice, 1993:18,43). However, only 37 percent of the Mexican
legal immigrants in FY1992 were female and only 36 percent of these females were age 15
to 24 in FY1992 (Dept. of Justice, 1993:54). This may be explained because more
Mexican-born women brought spouses from Mexico than men (Jasso and Rosenzweig,
1989:878). The older age of legal immigrants who are women may be explained by the
wait for legal immigration due to numerical limitations and the backlog of cases from
Mexico. This data may also indicate that the majority of immigrant women age 15 to 24 are
undocumented. However, the immigration data on gender appears to be skewed by the
remaining IRCA immigrants adjusting their status to permanent residency. As a result of
IRCA, twice as many male immigrants as females of all ages were admitted from all
countries in FY1991 (Dept. of Justice, 1993:52). The total number of legal female
immigrants from all countries who were age 15 to 19 increased dramatically in 1989 and
again in 1990, but declined sharply in 1991 (Dept. of Justice, 1993:52). Comparative
research on the post-IRCA era is necessary to clarify the meaning of these statistics.
To accredit the dramatic changes in Mexican women's migration in the 1980s solely to marriage would do a serious injustice to the growing trend for independence among women in Mexico. It would also underestimate the power of American culture on Mexican teenagers' life expectations (Portes and Rumbaut, 1990) and the importance of class background to realizing those expectations. International migration is expensive and the poorest do not migrate. Boyd (1989:642) pointed out, "migration is not a haphazard movement of poor people. It is a calculated movement designed to relieve economic pressures at various stages of the life cycle." Single women are often regarded as a good risk because "families expect daughters to be obedient, less likely to spend money on themselves and more likely to remit money to the family unit" (Trager, 1984 from Boyd, 1989:657). Further research is necessary to find out if there is a connection between the immigration of women from Mexican business families and the encouragement of cross-border business by the North American Free Trade Agreement (NAFTA).

The Mexican-born women who were most affected by IRCA to immigrate to the U.S. were members of the merchant class. For women who are members of families that own businesses in Mexico, Donato found (1993:765) that, "Even without U.S. migration experiences or education, at least 45 percent of these women who have a LAW [Legally Authorized Worker or pre-1982 resident] recipient in their families and 57 percent of those with a SAW [Special Agricultural Worker resident for 90 days between May 1986 and May 1987] recipient were likely to migrate." IRCA accepted both LAWs and SAWs.

Another explanation for the decline in immigration in the years 1982 to 1984 may be that Mexican immigrants changed the date of their immigration on the Census because it was a form of the federal government by placing their immigration prior to 1982 to meet the pre-82 residence, or in 1985 or 1986 when individuals could qualify as Special Agricultural Workers by having worked in the U.S. for at least ninety days (Bach, 1994). This would cause a larger than normal immigration before 1982, an artificial decrease between 1982 and 1984, and an artificial increase in 1985 and 1986. This, may partially explain the "U" pattern of Mexican women's immigration. However, the Immigration and Naturalization Service recorded a decline also among legal immigrants and temporary visitors from Mexico. Qualitative research in four communities in Mexico found an identical pattern of immigration, such that "the probability that a woman could eventually become an illegal migrant varied throughout the decade. It was highest in 1980 and 1981, fell in 1983 and 1984, increased in 1985 and 1986, dropped in 1987, but recovered in 1989" (Donato, 1993:759). Donato (1993:759) explains the decline in 1987 as "evidence that IRCA deterred female undocumented migration" briefly, but does not explain the decline in 1983 and 1984. Furthermore, the hypothesis that many Mexican immigrants lied on the Census
form does not explain the increase in young women age 15 to 24 who accounted for much of the growth in immigration in recent years.

The strongest explanation for the trend in women's migration, however, is that IRCA established new family networks that encouraged the migration of young women. Social networks are an important link in migration systems. "Once begun, migration flows often become self-sustaining, reflecting the establishment of networks of information, assistance and obligations" (Boyd, 1989:641). These often continue in spite of subsequent changes in the global economy, laws or immigration policies. The implication is that U.S. and state policy makers may expect immigration to continue until there is a natural end to the multiplier effect initiated by the 1986 federal law.

**School Enrollments**

It is logical to expect the fertility rate of young immigrant women from Mexico to increase as they get older, but the lifetime fertility rate for immigrants will reflect their levels of education. This is particularly important in light of the youthful age of most recent women immigrants from Mexico, and the efforts to keep undocumented youngsters out of schools, in accordance with Proposition 187, the California voter initiative to deny undocumented immigrants access to public services, including schooling for their children. Enrollment in public schools among Mexican immigrants is already lower than any other group. In California, only half of the Mexican-born females age 15 to 17 who entered the U.S. between 1987 and 1990 were enrolled in any type of school. Almost 80 percent of those age 18 and 19 who entered at the same time were not enrolled, even though students in most school districts are permitted to attend school until their nineteenth birthday.

The importance of education to lower fertility rates has often been pointed out. However, no clear explanation has ever been provided for this effect (Kunstadter, 1993). In a review of world fertility data, Colclough and Lewin (1993) and Cochrane (1982; 1988) found a major exception to this general pattern of fertility decrease with education. This involved women who had an average of more than three years and less than seven years of education. For these women, fertility rates actually increased. It may well be that the reason for this statistical effect was that countries with an average of three to seven years of education for females are highly segregated economically, with the poor having little or no access to schooling, and the elite having a high level of education. However, Cochrane (1989:329) explained that, "If low levels of education are sufficient to improve maternal health, and thus fecundity, but are insufficient to alter age at marriage, then a curvilinear pattern may be observed." If immigrant students are removed from public
schools in California because they are undocumented, then an increase in fertility rates might result.

Although this data does not speak directly to why teenagers conceive, or the connections among education, fertility rates and welfare costs, the findings are consistent with other studies regarding the importance of keeping school-age immigrants in school. Nationally, "nearly half of all women on welfare had their first child as a teenager" (The Economist, June 18, 1994:13). The 1988 Current Population Survey indicated that differences in average levels of education provides the strongest explanation for the differences in fertility rate of Hispanic-white women and non-Hispanic white women. A study by the Children's Defense Fund indicated that "only 27% of young Hispanics who gave birth during their teens completed high school by their mid-twenties," compared to 67 percent of Blacks and 55 percent of whites (Brindis, 1992: 347). Research in Merced County indicates that if young immigrant mothers and pregnant students remain in school and return to school soon after giving birth, they are much less likely to have rapid successive births while of school-age (Walker, 1989). School-age immigrant mothers who drop-out or fade-out of school and have several children are likely to become dependent on welfare at an early age, a dependency that is difficult to break and likely to be far more expensive for the state the long run than keeping these youngsters in school and providing school-based nursery facilities for those with children.

According to Kahn (1991:3) "Variables reflecting intermarriage, English language ability and U.S. citizenship (all of which suggest greater integration of immigrants into U.S. society) have been shown to exert a negative impact on fertility." As the immigration debate expands toward the exclusion of all immigrants, legal and undocumented, from access to public services unless they have become naturalized citizens, it is worthwhile to ponder the implications for future fertility rates. Currently, proposals would only allow naturalized citizens, elders over age 75, and refugees during their first five years in the United States to receive public services. Proposed funds to increase the number of naturalized citizens and provide more English classes for newcomers have been reduced. The implication is that the more alienated immigrants become, by lack of access to school, reduced access to citizenship, and age, the higher their fertility rates. Short-run objectives to reduce costs may well result in long-run increases in the cost of immigrants.

Conclusion
It is in the vested interests of many of the actors involved to obfuscate rather than clarify the fertility rates and implied costs derived from them. It is in the vested interests of politicians running for re-election to blame the State budget deficit on women and children who cannot vote, are afraid to defend themselves in public, and may not fully grasp the significance of the current debate because of their limited education or levels of English. Hospitals benefit from classifying as many indigents as undocumented as possible because the hospital can then apply to the state for reimbursement. It is further in the interest of a state to bill the federal government for as many undocumented immigrants as possible because the State can claim up to 50 percent reimbursement for providing emergency health care to certain undocumented persons under the Omnibus Budget Reconciliation Act (OBRA).

Many of the assumptions upon which the assessment of costs of immigrants are based are wrong because most studies to date have ignored the single, most important variable in the assessment of immigrant costs: fertility rates. The highest-cost state government budget items related to immigrants include public education, Aid to Families with Dependent Children, maternity, and emergency health care. All of these are directly affected by fertility rates. Most studies have also ignored the connection between changes in the fertility rate of recent immigrants, and the legalization of almost five million Mexican immigrants in the 1980s.

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