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Reconstructing Citizenship in a Global Economy:
How Restricting Immigrants from Welfare Undermines Social Rights for U.S. Citizens

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Scrutiny of immigrants’ use of public benefits is a recurring theme in U.S. politics. Yet while the tough stance on immigrants taps into popular anti-immigrant sentiment, the consequences of such scrutiny are shared by all welfare recipients. Drawing upon interpretive policy frames, I examine how new requirements to verify citizenship and identity for Medicaid directly impacts social entitlements for both citizen and non-citizen populations. Analysis of state reports and policy studies of citizenship verification requirements for Medicaid illustrate that verification costs may exceed the costs of fraudulent misuse by unqualified immigrants. I argue that devolutionary shifts in welfare and immigration policy from federal to state governments further constrains who can benefit from the full range of rights and entitlements associated with citizenship in the United States.

Key Words: immigration, citizenship, social rights, welfare policy, devolution, globalization

In 1965, the United States created the entitlement program Medicaid as a social assistance program that provides basic health care for individuals who can demonstrate financial need. Medicaid was originally open equally to U.S. citizens and
lawfully permanent residents. However, immigrants' access to Medicaid and other federal welfare programs was significantly curtailed in 1996, leading to substantial drops in use among immigrants, including those who previously relied on federal assistance for health care and supplementary income (Capps, Fix, Henderson, & Reardon-Anderson, 2005). Although the United States stands out among Western and wealthy nations in not providing social health insurance as an entitlement of citizenship—with the exception of older adults and individuals with disabilities who can access Medicare—Medicaid plays a significant role in providing health insurance to low-income adults and children in the U.S. Levels of support are especially high for low-income children (51% of all low-income children in the U.S.), pregnant women and births (37%), and individuals requiring long-term care (60%) (Rudowitz, 2006). Considering that over one third of all births in the U.S. are funded by Medicaid, a large portion of the U.S. citizen population has relied on Medicaid at some point in their lifetime. In 2003, approximately 55 million people were enrolled in Medicaid with expenditures on benefits estimated at $234 billion. Medicaid is taking center stage in many policy and budget debates due to the escalating costs of health care, efforts to curb the rising federal deficit, and budgetary pressures from a series of economic downturns in the past decade.

In 2005, Congress passed legislation to reduce spending on Medicaid through the Deficit Reduction Act of 2005 (DRA). This bill includes several strategies to reduce Medicaid spending through new rules and incentives for state agencies to combat fraud, waste, and abuse (Romero, 2007). In this vein, the DRA introduced stringent citizenship documentation requirements for Medicaid with the intent to screen out illegal immigrants. The DRA is estimated to reduce federal expenditures on entitlement programs by $39 billion between 2006 and 2010, with $4.8 billion in savings from Medicaid alone (Kaiser Family Foundation, 2006a). With regard to citizenship eligibility, the DRA requires states to obtain documentary evidence of citizenship and identity when determining eligibility for Medicaid benefits. The additional documentation requirements were introduced with the intent to screen out illegal immigrants using Medicaid, despite reports from the Department
of Health and Human Services which stated that fraud was not an issue (Center for Budget and Policy Priorities, 2006). Implementation of the DRA citizenship documentation requirements resulted in dramatic drops in Medicaid caseloads in many states when thousands of citizens were unable to provide documents to verify their citizenship and Medicaid offices experienced significant backlogs due to the additional documentary requirements. Though DRA citizenship documentation requirements were ostensibly passed to reduce the number of immigrants who may fraudulently use public benefits, this measure has greatly impacted native-born U.S. citizens, particularly children living in low-income single parent households (Ross, 2007).

Social welfare benefits as social entitlements are a crucial aspect of citizenship and a contested site of who belongs and is fully endowed with the rights and protections offered by the state. As Western democracies experience high historical levels of immigration, nations have wrestled with whether to provide settled immigrants (legal immigrants who have resided for extended periods in the country) with access to the welfare state at the same levels as citizens (Fix & Laglagaron, 2002). The policy focus of this paper is implementation of The Deficit Reduction Act of 2005 and reports on how implementation has impacted Medicaid caseloads and administrative costs associated with eligibility screening for Medicaid. This analysis draws from policy reports issued by state governments which have conducted internal audits, studies undertaken by the Center for Budget and Policy Priorities and reports from immigration and public policy institutions including the National Immigration Law Center and the National Conference of State Legislatures. I examine how implementation of citizenship verification requirements reconstruct citizenship through the following three modes: (a) building upon the contractual approach to citizenship to transform citizenship claims into a process of identity verification; (b) disciplining citizen subjects who are unable to reproduce norms of productivity and nuclear family structure in their efforts to verify citizenship identity; and (c) localizing the sites where identity management is required in order to claim social rights related to citizenship.
Theoretical Frames

This work is guided by principles of interpretive policy analysis and theories of citizenship and social rights in a global economy to examine the interactions between political institutions, ideological traditions, and social interests. The process of policy development and implementation serves to construct shared meanings and identities, thereby shaping the very meaning of the state and its citizens and subjects (Chavez, 1997; Oktar, 2001; Schmidt, 2000). Analyses of governmentality and technologies of control, as introduced by Foucault (Foucault, 1979, 1980; Rabinow, 1984), serve as the underlying theoretical framework for this paper to determine how multiple interests in public policy affect efforts to regulate immigrants and citizens and their participation in society (Grewal, 2005; Ong, 1996, 2003). Governmentality refers to theory of the mechanisms of governance that extend beyond the state. Foucault surmised that mechanisms of control are dispersed throughout society such that subjects are disciplined, not only from the potential threat of state violence, but through the promise of democratic freedom (Foucault, 1989). In the example of immigration policy, the process of regulating immigrants inevitably invokes an evaluation of what is desirable in an immigrant and potential citizen. The assessment of worthiness in immigrants is based on dominant ideological values for gender, race, and class toward ensuring citizen subjects who will be productive in a market economy and loyal to the state (Katz, 2001).

Social service providers, including Medicaid personnel, take part in the disciplinary practices of governmentality through their actions as street-level bureaucrats who regulate subjects in their everyday interactions. Lipsky's (1980) analysis of street-level bureaucrats illustrates that each encounter a citizen has with a welfare worker or social worker “represents a kind of policy delivery” (p. 3). Maynard-Moody and Musheno (2003) further claim that in making policy choices in the course of their everyday work, workers' beliefs and prejudices influence their treatment of citizens. Given the high levels of discretion and relative autonomy from authority, street-level bureaucrats in the welfare system play a critical role in deciding who may benefit from citizen entitlements (Lipsky, 1980). A
particular focus of street-level bureaucrats’ efforts is the regulation of citizenship. Citizenship defines boundaries of who does and does not belong in a particular country and what civil, political and social rights are accessible through the state (Katz, 2001). Welfare scholars have aptly documented how discourses of citizenship and welfare draw lines between those worthy and unworthy of state support (Abramovitz, 1996; Gilliom, 2001; Piven & Cloward, 1971). The practices that produce lines of inclusion and exclusion include the everyday actions of service providers.

T. H. Marshall’s (1992) theorization of “social citizenship” provides another frame for distinguishing between the social rights that emerged in the late 1940s from previous attention to civil and political rights that grew to accompany citizenship in Western democracies. Social rights developed as entitlements to social security in times of sickness, old age or other hardships that led to risk in the face of the capitalist market. Social rights also generate distinctions between citizenship as a preexisting status from birth versus citizenship as achieved status. An individual may be documented as a U.S. citizen, but still be unable to realize the rights and benefits associated with citizenship. In his analysis of citizenship and the welfare state, Katz writes, “[as] an achieved status, citizenship de-emphasizes rights in favor of obligation or merit; it is earned through contributions to society” (2001, p. 344). Munger further concludes that in the U.S., “[full] social citizenship is a benefit derived from fulfillment of a social contract and not from legal status as a citizen” (2003, p. 674).

This analysis of a contractual approach to citizenship refers to social rights in a welfare context, as a means to disrupt the assumption that all citizens have equal access to entitlement programs. The contractual approach to social citizenship was further reinforced in the U.S. with welfare reforms at the end of the 20th century that increased workfare requirements such that welfare recipients were allotted more obligations rather than rights through the U.S. welfare system (Handler, 2002). Rather, social rights are only available to citizens who can successfully demonstrate worthiness to be part of society in accordance with racial, gender and other ideological lines (i.e. productive worker, self-reliant individual, heteronormative in
family formation). For example, Social Security benefits can only be passed to legally married partners and continue to disfavor married or widowed women (Abramovitz, 1996).

For social assistance programs like Medicaid, which are based on demonstration of financial need, potential recipients are required to prove their worthiness of receiving public aid. Katz observes that “the ‘undeserving’ poor include two groups: imposters—those who supposedly fake dependence—and those who are dependent because of their own bad behavior or moral failing” (2001, p. 341). Abramovitz adds that ideological investments in penalizing unworthy behavior aligns with patriarchal systems of power to regulate women’s labor—paid and unpaid—and reproduction (Abramovitz, 1996). Thus, while social assistance is legislatively tied to citizenship, scrutiny of potential beneficiaries leads to uneven access to benefits, and thus differential claims to the rights associated with citizenship. Scrutinizing immigrants as fraudulent users of state resources extends state surveillance of the poor which, as John Gilliom suggests, “[is] designed to augment the hassle, intimidations, and humiliation of applicants with an eye toward the policy goal of deterring all but the most desperate from seeking aid” (2001, p. 40).

There is ongoing debate on how the welfare state and related social rights have been transformed under current pressures of the global economy. Calavita’s (2005) transnational scholarship illustrates how states’ efforts to regulate immigrants have often been subject to market pressures to accommodate the fluid labor whereby migrant workers are welcome to work, but excluded from full participation in the social contract of the host state. In particular, immigration countries like Australia, Canada and the United States have maintained open access for immigrants to the labor market. However, in the United States, response to new waves of immigrants and prevailing neoliberal policies have fueled the dismantling of Keynesian welfare state systems (Lyons, 2006; Midgley, 2000; Mishra, 1999; Polack, 2004). Following welfare reform in 1996, scholarship has focused on the retrenchment of welfare rights in the context of devolutionary federalism (Abramovitz, 2006; Ladenheim & Kee, 1998), the impact of welfare reform on immigrants’ access to and use of public assistance (Estes,
et al., 2006; Fix & Laglagaron, 2002; Fujiwara, 2005; Kandula, Grogan, Rathouz, & Lauderdale, 2004), and state differences in responding to new discretionary responsibility to supplement (or not) federal spending (Fording, Soss, & Schram, 2007; Lawrence, 2007). This paper contributes to this scholarship, by examining how legislation that seeks to exclude immigrants from social rights in turn reconstructs citizenship and social welfare benefits for citizen subjects.

U.S. Classification of Citizens, Immigrants and Social Rights

Throughout U.S. history, the line of inclusion in citizenship has shifted with the political climate and social values of the public. Through social movements and unrest, citizenship has expanded from the original conceptualization of “person,” imagined by the authors of the U.S. constitution to pertain only to white men with property, to a status that is theoretically attainable to any man or woman by birth right, through one’s parents, or through naturalization. Although the United States is a nation of immigrants in that the majority of the population can trace their heritage to other nations and/or ethnic cultural groups outside of the U.S., certain groups are seen as more immigrant than others. Thus, the term immigrant is often employed unevenly to designate how someone is not fully American, whether an individual or community uses this term to honor their cultural heritage, or because groups are minoritized as outside of the perceived norm of American identity.

Given this backdrop, the United States employs a broad-spectrum classification system from citizen to unauthorized immigrant—more commonly known as undocumented or illegal immigrant—to differentiate a range of rights, protections, and benefits. U.S. citizens, either native-born or naturalized, are currently positioned with the broadest claims to rights and entitlements. U.S. immigration law designates the term immigrant for foreign-born persons who are permitted to reside permanently as a lawful permanent resident (LPR). The term non-immigrant refers to anyone with constraints on their length and terms of stay in the U.S., including temporary workers, students, company transfers, tourists and business travelers. Some groups of non-immigrants are permitted to apply to adjust their status to lawful permanent resident
(e.g. high skilled workers who hold an H-1B visa) while other groups are prohibited from adjusting their status, and attempts to do so could trigger their detention and deportation (e.g. visitors on business or tourist visas). Refugees and asylees form a special class of immigrants because they are eligible to adjust their status to lawful permanent resident within one year of residing in the U.S. Others, who are in the U.S. without official documentation or whose legal documentation has expired, are considered unauthorized immigrants and are subject to potential detention and deportation from the United States.

For the purposes of this paper, I will use the U.S. legal term immigrant to refer solely to lawful permanent residents, since their eligibility for Medicaid is different from foreign-born persons with naturalized U.S. citizenship. I will use the term non-citizen, over the more politically charged and othering U.S. legal term “alien,” to illustrate comparisons with citizenship when discussing social rights for foreign-born individuals, including those who are lawful permanent residents, refugees, asylum seekers, non-immigrant visa holders, and unauthorized immigrants.

Shifting Social Rights for Immigrants

Following the series of the Warren Supreme Court decisions in the 1950s and 60s which shored up the social, political and economic rights of all U.S. citizens, (i.e. including African Americans, Indigenous groups, and other minoritized groups), lawful permanent residents have in theory received the same welfare benefits as citizens under the Equal Protection Clauses of the Fifth and Fourteenth Amendments to the U.S. Constitution (Calavita, 1992; Kim, 2001; Varsanyi, 2005). This changed dramatically with the passage of the Personal Responsibility and Work Opportunity Act of 1996 (PRWORA), which reversed over half a century of welfare entitlements for citizens and immigrants with the stated intention to reduce federal spending on welfare (Chavez, 1997; Fujiwara, 2005). In addition to removing aid to families with children as an entitlement program to families below the poverty line, PRWORA, often referred to as welfare reform, instituted a five-year bar on federal benefits for immigrants who recently adjusted their status to lawful permanent resident. This effectively created two groups of
immigrants in the eyes of the welfare state—qualified and non-qualified immigrants (Tumlin & Zimmermann, 2003).

Fix and Tumlin (1997) characterize the significance in welfare reform as establishing the importance of citizenship, versus residence, in allocating social rights:

By drawing the kind of bright line between legal immigrants and citizens that was formerly drawn between illegal and legal immigrants, welfare reform tightens the circle of full membership within our society. By conditioning access to the safety net on citizenship, welfare reform elevates the importance of citizenship in a nation where its value has been limited largely to exercising political rights, holding some government jobs, and obtaining certain immigration privileges. (p. 1)

By restricting non-qualified immigrants from federal benefits, the federal government expected to reduce welfare spending by 46 billion dollars, or nearly 85 percent of the total 54 billion dollar estimated cost savings for PRWORA overall (Inman & Rubinfeld, 1997). Some federal benefits were later restored (e.g. programs to aid the elderly and disabled, and food assistance) and a handful of states have introduced state-funded programs to supplement federal funding to support groups of unqualified immigrants (Borjas, 2002). Nevertheless, welfare reform of 1996 denied many immigrants who previously had access to federal benefits on the basis of their length of stay in the United States alone.

New restrictions on immigrant eligibility also created a "chilling effect" on welfare use among immigrants overall. The Urban Institute reported that declines in welfare approval and use rates were significantly higher among qualified immigrants as compared to citizens in years following the 1996 reform (Tumlin & Zimmermann, 2003). The drop in food assistance program use among immigrants was particularly dramatic, falling by 72 percent between 1994 and 1998 (Fix & Jeffrey, 2002). These benefit cuts particularly impacted families with children, including mixed status families comprised of citizen children with non-citizen parents or guardians. The restrictive steps implemented in 1996 provide one illustration
of how congressional intent to scrutinize immigrants’ access to public benefits can broadly reduce the use of public benefits among both U.S. citizens and qualified groups of immigrants.

Analysis

Since 2001, the federal government has put pressure on states to increase verification standards for citizenship and identity for individuals who apply for a range of public services and benefits, including obtaining a state drivers’ license, enrolling in higher education, and applying for welfare-related public assistance (Kalhan, 2008). New documentation requirements for citizens are deceptive in that they maintain current eligibility criteria, while increasing scrutiny over who is and who is not deserving of social rights. The potential impact of identity verification requirements for citizens is currently under debate in several policy areas including routine immigration enforcement by local police (Decker, Lewis, Provine, & Varsanyi, 2008), eligibility standards for state driver’s licenses (López, 2004), and identification requirements for voter registration and at voting polls (Urbina, 2008).

In 2005, Congress passed the Deficit Reduction Act (DRA) which changed the evidentiary standards by which individuals needed to prove their citizenship and identity when seeking Medicaid coverage. The DRA included several measures to contain spending on Medicaid with particular attention to reducing spending caused by Medicaid fraud. Towards this end, the DRA instructs states to obtain “satisfactory documentary evidence of an applicant’s or recipient’s citizenship and identity in order to receive Federal financial participation” (Department of Health and Human Services, 2007). While lawful permanent residents were already required to provide legal documentation of their immigrant status (by presenting Form I-551 issued by the U.S. Citizenship and Immigration Services), in most states U.S. citizens previously had the option of providing either a document or a written statement signed under penalty of perjury to prove their citizenship. Prior to the DRA, 47 states had streamlined the application process and allowed applicants to self-declare citizenship status. The DRA changed this course, by dramatically increasing the
citizenship documentation requirements for individuals who receive or apply for Medicaid (Smith et al., 2007). New requirements passed in the DRA apply to all Medicaid applicants and recipients. However, the Centers for Medicare and Medicaid Services reduced the documentation burden on elderly and disabled citizens by exempting citizens enrolled in either Medicare or Supplemental Security Income from fulfilling the new citizenship requirements for Medicaid (Ku, 2006). It is noteworthy that children were not exempted, including those in foster care.

**Verifying Citizenship Identity for Medicaid**

The DRA localizes the sites where identity management is performed by requiring states to verify citizenship identity. The basic requirements of states to verify citizenship and identity apply to both applicants (i.e. for new applicants) and recipients (i.e. ongoing currently enrolled individuals). The DRA requires that applicants or recipients: (a) establish proof of citizenship; (b) provide original documents; and (c) provide documents in a “timely” manner. The DRA provides states with guidance on the types of documentary evidence that may be accepted and the conditions under which this documentary evidence can be accepted to establish the applicant’s citizenship, however states vary in how they implement the DRA evidentiary standards.

Posters issued by the Center for Medicare & Medicaid describe the basic requirements of documenting citizenship for Medicaid (Centers for Medicare & Medicaid). In addition to documentary evidence, states are also permitted to cross-reference with state vital records to document an individual’s birth record and to verify identity. Not all states have the capacity to make use of cross-referencing across government agencies and states do not have the capacity to cross-reference with vital records from other states. The preferred documents for verifying citizenship are a U.S. Passport, a certificate of naturalization, or a certificate of U.S. citizenship. Secondary documents accepted to verify citizenship include: a birth certificate issued within the United States or U.S. territories, certification of birth abroad to U.S. parents, a valid state-issued driver’s license in states where verification of citizenship is required to obtain the
driver’s license, an adoption decree or evidence of U.S. military record.

A survey conducted by the Opinion Research Corporation for the Center for Budget and Policy Priorities found that nearly 11 million native-born adults in the United States, or 5.7 percent of the native-born population, do not have a birth certificate or passport, the two primary documents for verifying citizenship (Ross & Orris, 2008). The survey also found that certain demographic groups were more likely to lack these documents and thus would be disproportionately impacted by new requirements to document citizenship.

The groups include the following:

- People without a high school diploma (9.2 percent lack required documents)
- Rural residents (9.1 percent lack required documents)
- African Americans (8.9 percent lack required documents)
- Households with incomes below $25,000 (8.1 percent lack required documents)
- Elderly (7.4 percent lack required documents)

The increased documentary requirements reinforce the contractual approach to citizenship, whereby citizens may take up entitlements only after performing requisite duties, in this case the task of managing one’s identity through official documents. It is not surprising that people who are already socially and economically disadvantaged are less likely to have identity documents to verify their citizenship. Although the DRA allowed current beneficiaries a “reasonable opportunity” period to obtain benefits, the challenges of locating documents in a timely manner result in a delay in receiving services, if not loss of Medicaid benefits altogether.

Loss of Benefits by Race, Class, and Age

A study conducted by the United States Government Accountability Office found that 22 of 44 states reported declines in Medicaid enrollment due to the requirement to
document citizenship, a majority of whom were attributed to the delay or loss of benefits to U.S. citizens (U.S. Government Accountability Office, 2007). Though additional research is needed to explore the causes of state variation, analysis of reports from internal state audits and cross-state analysis illustrate that citizenship requirements for Medicaid most severely impacted non-Hispanic white and African-American children. A report by the Commonwealth Fund also found that enrollment among Alaska Native children declined by more than ten percent in the six months following DRA implementation (Summer, 2009). Though all of these Native children are U.S. citizens, the need to present original documents, often times through mail, increased costs and made it harder for applicants and staff to complete eligibility screening in a timely manner.

Declines in enrollment among children were particularly dramatic in Virginia and Kansas, with drops of 11,000 in Virginia and 14,000 in Kansas, as a result of new requirements. Up to 4,000 cases of adults and children were dropped in Kansas solely because they were unable to provide documentation, while the remaining 10,000 were waiting for their cases to be processed due to the backlog created by the new rules (Nielsen & Allison, 2006). In both Kansas and Virginia only one immigrant in each state was identified as ineligible for public benefits through the new screening process (Solomon & Orris, 2007).

Comparative policy analysis conducted by the Center on Budget and Policy Priorities suggests that Hispanic citizens may be less affected by the new regulations due to historic and ongoing racial profiling that Hispanic families experience and their heightened political consciousness of state surveillance. Hispanic families are often concerned that their identities may be questioned and thus are more likely to maintain their vital records in order to prove citizenship.

According to a study conducted in Colorado, of the top seven factors most frequently identified as barriers to Medicaid enrollment since the implementation of the DRA, five were directly related to new requirements to document citizenship (Colorado Health Institute, 2006): (1) Getting birth certificates from out of state (95%); (2) Not being able to get documents soon enough (85%); (3) Not having money to pay for
documents (79%); (4) Getting birth certificates for children who do not reside with both parents (72%); and (5) Taking time off work to obtain documents (68%).

The disproportionate impact of increasing documentation requirements on segments of the population requires further attention. However, several demographic factors that characterize individuals who turn to Medicaid—low-income, children in single-parent households, children in foster care—are factors that likely decrease ability for an individual or their caregivers to verify citizenship.

The Cost of Localizing Citizenship Identity Management

Despite being promoted as a cost containment strategy, the DRA requirements to document citizenship and identity dramatically increased costs for several states in the first years of implementation. The costs associated with verifying citizenship identity further burdened states, and in some cases resulted in twice the estimated expenditures for Medicaid for eligibility screening alone. A survey conducted by the Kaiser Commission on Medicaid and the Underinsured found that two-thirds of states experienced an increase in processing times for Medicaid applications and renewals, from 25% to double the time it previously took to process applicants (Kaiser Family Foundation, 2006b).

The added processing time contributed to an increase in administrative costs, reported by forty-five states. Some states, like Arizona, allocated extra funds to support the implementation of new citizenship documentation requirements. However, despite these resources ($10.4 million in 2006), less than half of applicants for Arizona’s KidsCare program were processed in time (Summer, 2009). In what may be an extreme example, the new identification requirements increased administrative costs in Colorado by an estimated 2 million dollars, calculated by accounting for the additional time needed to complete eligibility screening for each new applicant or renewing recipient (Colorado Center on Law & Policy, 2007). The Colorado Center on Law & Policy found that Colorado would need 2.8 million in additional administrative dollars to keep an estimated 200 people off the Medicaid rolls—170 of whom are children. In this equation, withholding benefits would save Colorado $170,000,
while the added costs of eligibility screening would generate a 2.6 million dollar deficit for the state.

In addition to federal efforts to contain costs through the DRA, states across the U.S. have implemented Medicaid cost containment measures which succeeded in disenrollment of children, many of whom could not afford to move into a private insurance plan. The reduction in Medicaid cases has indirectly increased overall health care expenditures due to costs associated with providing health care to large numbers of uninsured. The added costs of treating uninsured children result when care is shifted to more expensive emergency department settings and hospital stays increase for those who delayed treatment (Rimsza, Butler, & Johnson, 2007).

New Strategies to Verify Citizenship with 2009 SCHIP Reauthorization

The shifting political landscape in the U.S. marked by the 2009 election of President Barack Obama and an overwhelming Democratic majority in the U.S. Congress indicate the potential for new direction in welfare and immigration policy. However, it remains unclear if new leadership will result in changes in how social rights are allocated to citizen and non-citizen subjects. In January 2009, Congress passed the State Children’s Health Insurance Program (SCHIP) legislation that removed the five-year bar for immigrant children. While the extension of benefits for up to 11 million immigrant children in low-income families is a tremendous policy shift, the legislation retained citizenship documentation requirements, albeit with new mechanisms that include matching an individual’s name with state records for social security numbers. The SCHIP bill suggests that the policy debate around inclusion of immigrants in access to health care benefits continues to wrestle with efforts to shore up the boundary of who can claim social rights through citizenship.

Discussion

This study of Medicaid delivery illustrates how devolutionary trends in welfare and immigration policy converge to narrow the scope of who can benefit from social assistance
programs, further magnifying class, gender and racial inequalities (Meyer, 1994). Though legislators' tough stance on immigrants taps into popular anti-immigrant sentiment in the United States, I argue that the consequences of such scrutiny is shared by all welfare recipients whose citizenship status is added to the state's mechanisms to regulate the poor.

Since 1996, the U.S. has restricted recent immigrants' access to public benefits as part of a broader strategy to curtail spending on welfare. Trends in devolution which started in the 1980s have revisioned the welfare state and the rights and responsibilities conferred to citizen and non-citizen subjects. Devolution of welfare from federal to state government coupled with the localization of immigration enforcement has resulted in increased responsibilities for state employees, including welfare workers, to regulate immigrants and citizens. Furthermore, requirements to verifying citizenship through identity documents shift the focus from who is eligible for public assistance based on financial need to who has the capacity to prove they are citizens during times of financial need. This supports Munger's (2003) discussion of the contractual approach to citizenship, as these regulatory practices reinforce norms of the nuclear family and productive worker. Citizens who are least likely to fulfill documentation requirements for Medicaid are most often children in low-income single-parent or non-parent custodial homes.

Considering the large percentage of U.S. children, both immigrant and native born, who fall into this category, the impact of citizenship documentation requirements fall heavily on families who already face hardships associated with poverty. Ironically, immigrants from Latin American countries, who are the most visible targets of anti-immigrant public policy, are more likely to maintain current identity documents for their citizen children and are thus more likely to fulfill the new requirements for Medicaid. Nonetheless, given the stated intent of the DRA citizenship documentation requirements to weed out unlawful immigrants from using public benefits, this legislation sends a message to non-citizens that they are undeserving of public assistance, while also marginalizing citizens who seek health care from the state.

Devolution of immigration policy has fostered diverse
responses among local and state governments in how they receive and regulate immigrants. In some cases, cities and states have created sanctuaries within their jurisdictions by passing laws that are inclusive of immigrant populations (e.g., non-cooperation agreements between local law enforcement and immigration officials). In contrast, states like Oklahoma and Arizona have passed stringent laws that penalize both immigrants and U.S. citizens who may engage in business with or provide services to undocumented immigrants. The exodus of Latino families from Oklahoma following the passage of HB 1804 in 2007 demonstrates that restrictions on immigrant populations can have far-reaching repercussions on a state's social and economic integrity. An estimated 25,000 Latinos, about 30% of the total Latino population in Oklahoma, moved out of the state in months prior to and following the law’s enactment (Associated Press, 2008).

The Retrenchment of Social Rights in a Global Economy

The sum effect of the restructuring of citizenship contributes to the dismantling of social rights associated with the Keynesian welfare state by increasing barriers for citizens to prove their eligibility for Medicaid. Efforts to erode the Keynesian welfare state reflect the continued dominance of neoliberal principles and pressures on nation-states to privatize resources for the global market. Neoliberal principles have also restructured the regulation of immigrants under pressure from the global economy. While a growing number of migrants are recruited for their labor—through legal channels like temporary work programs or as undocumented workers—the regulation of internal borders serves to exclude migrants from social, political and economic rights. Meanwhile, the regulatory practices designed to prohibit immigrants’ access to social rights serve the larger goal of contracting expenditures on the welfare state as both citizens and immigrants are removed from welfare caseloads.

Most scholarship has focused on the adverse effects of anti-immigrant legislation on immigrants, with evidence of the “chilling effect” these reforms have on immigrants who are eligible, but are either fearful or discouraged from seeking public benefits. Immigrant rights activists and scholars have
similarly documented how racial profiling of undocumented immigrants for both welfare fraud and national security has disrupted the lives of legal immigrants. This paper potentially broadens the analysis of who is impacted by restrictive immigration policies, by showing how U.S. citizens have been disenfranchised under the banner of keeping undeserving ‘illegal immigrants’ off of welfare. Although immigrant rights claims are potentially overshadowed by work that highlights the ways citizens are detrimentally impacted by anti-immigrant legislation, much of the research on the DRA citizenship requirements has failed to acknowledge a connection between efforts to restrict social rights for immigrants with repercussions on citizen’s access to public assistance. Legislators and their public supporters may be less inclined to target immigrants through increasing documentary standards, if the costs to citizens are more visible.

**Impact on Social Work and Social Service Delivery**

Citizenship documentation requirements directly impact the role social workers and other street-level bureaucrats perform in scrutinizing and thus disciplining welfare users. The mission of social work, to provide assistance and advocate for marginalized populations, is potentially undermined when social workers must confirm citizenship in order to justify whether individual applicants deserve state support in the first place. As a profession, social workers are positioned to advocate for the human rights of all people to access safety and support, including basic health and social services. There is a need for social workers and social service organizations to address, through training and advocacy, how mechanisms to manage identity information, often in compliance with funders’ requirements, undermine their capacity to deliver needed services. Some social service organizations have employed “don’t ask, don’t tell” policies which state that service providers will not require service users to disclose immigration status while assuring that service providers will not report immigration status to authorities. Further development of organizational policies that delink immigration status from service delivery are needed to protect spaces where people can seek support and safety, without fear of deportation or exclusion based on
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their designation in the U.S. immigration system.

Future research on citizenship and social rights is needed to examine how neoliberal restructuring, which has contributed to the devolution of welfare and immigration policy, potentially disenfranchises both immigrants and citizens. Comparative analysis among states in the U.S. is needed to understand differences among states, county and municipal governments and how state and local policies mitigate or reinforce the retrenchment of social rights from the Federal government. At the same time, cross-national analysis among major receiving immigrant nations would identify how different nations are allocating social rights to the growing numbers of immigrants who are recruited for their labor, but remain excluded from full participation in society, including access to the welfare state.

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