Dishonesty and Public Employment*

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Abstract

We exploit a unique source of exogenous variation in the propensity to engage in dishonest behavior during early adulthood (the "impressionable" years) to study the link between dishonesty and selection into public employment. When military conscription was mandatory in Argentina, eligibility was determined by lottery and by a medical examination. In order to avoid conscription, individuals drafted for military service had strong incentives to cheat in the medical examination. Thus, these incentives varied with the lottery number. Exploiting this source of exogeneity, we find that individuals with higher probability of having cheated in their health checks as young adults also show higher propensity to become public employees later in life.

Keywords: Military service; conscription; public sector; state capacities; cheating.
JEL classification: K42.

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I. Introduction

Public service may attract different types of individuals compared to the private sector, and selection into public service has been linked to individual honesty and to a society's level of corruption. For example, in high-corruption India, Hanna and Wang (2013) and Banerjee, Baul, and Rosenblat (2015) find that dishonest individuals self-select into public service, whereas in low-corruption Denmark, Barfort et al. (2019) report that dishonest individuals are less likely to enter public service.

Individual's personality traits and beliefs are consolidated in early adulthood during the so called "impressionable years" (Mannheim 1952; Krosnick and Awin 1989). One of these features is the propensity to engage in dishonest behavior.[1] In this paper, we exploit a unique source of exogenous variation in the incentives to engage in dishonest behavior during the impressionable years to study the causal link between individual dishonesty and selection into public employment.

Military conscription in Argentina was mandatory for almost all the XXth century. Eligibility for military conscription was determined by a public lottery and by a medical examination. Each year a lottery assigned a number between 1 and 1,000 to the males of the drafted cohort. Following the lottery, all men were called to have a medical examination. Later on, the government announced a cutoff number. Individuals whose ID number had been assigned a lottery number higher than the cutoff number and who had passed the exam were mandatorily called to military conscription.

The high-stake nature of the outcome (providing up to two years of unpaid military service) created strong incentives to cheat in the medical examination. Moreover, the lottery induced exogenous variation in the incentives to cheat by falsifying health conditions. We first report strong

[1] Individuals seem to differ in their propensity to engage in dishonest behavior. See, for example, Fischbacher and Föllmi-Heusi 2013, Arbel et al. 2014, and Hilbig and Zettler 2015.

evidence of cheating in the pattern of exemptions for medical reasons. We then show that individuals with a higher probability of having cheated in their conscription health checks also have a higher propensity to become public employees later in life.

Our evidence suggests that honesty is not entirely an individual's innate type, and that dishonest behavior can be induced and learned. We posit that the successful experience of cheating in a high-stake situation during the formative years created access to a "cheating technology" (through family monetary resources, contacts, and influence), and weakened moral self-restraints. These individuals probably then used the same instruments to get coveted public service jobs, which in Argentina are typically accessed through personal connections, and which have important benefits such as defined pensions and stability for life.

Our paper ties in with a literature that looks at the long-term impact of events that occur during the impressionable years (Angrist 1990, Angrist 1998, Angrist and Chen 2011; Malmendier, Tate, and Yan 2011; Galiani, Rossi, and Schargrodsky 2011; Giuliano and Spilimbergo 2014; Cantoni et al. 2017; Akbulut-Yuksel, Okoye, and Yuksel 2020; Ertola Navajas et al. 2020).

Finally, our paper also relates to a recent literature that examines the issues of selection into public service (Dal Bó, Finan, and Rossi 2013; Banuri and Keefer 2016). Since the type of individuals that self-select into public service might also influence the effectiveness and the levels of corruption of the public sector, our analysis is also related to the literature on state capacity.

The paper is organized as follows. Section II provides background on military conscription and public employment in Argentina, which are the focus of our study. Section III describes the data. Section IV reports econometric methods and results. Section VI concludes.

II. Background: Military conscription and public employment in Argentina

Military service in Argentina

Military conscription in Argentina was mandatory between 1901 and 1994. The length of service was a minimum of 1 year in both the Army and the Air Force (created in 1945) and up to 2 years in the Navy. These services began with a 3-month instruction period (typically starting in March) where recruits learned military norms and were exposed to military training. Following the initial training, conscripts were allocated to a military unit to perform a specific duty, which not necessarily involved military tasks.[2]

From 1901 to 1976, males were conscripted at the age of 21; later, this was modified to age 18. The cohort born in 1955 was the last to serve at age 21, and the cohort born in 1958 was the first to serve at age 18. Because of this change, the cohorts born in 1956 and 1957 were not called to military conscription. The cohort born in 1976 faced the draft lottery but was not drafted, as military conscription was abolished in December 1994.

Our analysis focuses on the five cohorts born between 1958 and 1962, all of them serving at age 18, for which we have individual data on conscription status, pre-treatment characteristics, and the results from the medical examination.

The eligibility of young males for military service was determined through a public lottery and based on the last 3 digits of their national IDs, a unique number assigned at birth to every citizen. Each year a lottery assigned a number between 1 and 1,000 to each combination of the last 3 ID digits. The lottery system was run in a public session using a lottery drum filled with a thousand balls numbered 1 to 1,000. The first ball released from the lottery drum corresponded to ID number 000, the second released ball to ID number 001, and so on. The random assignment was administered by the National Lottery and supervised by the National General Notary in a public session. Results were broadcasted over the radio and published in major newspapers.

[2] For more details on military conscription in Argentina, see Rodriguez Molas (1983) and Galiani, Rossi, and Schargrodsky (2011).

Following the lottery, all men were called to have a medical examination, including mental and physical status. Later on, the government announced a cutoff number. Individuals whose ID number had been assigned a lottery number higher than the cutoff number (and who had also passed the medical examination) were mandatorily called to military conscription.

Exemption to service was granted to clerics, seminarians, novitiates, and to individuals with family members dependent upon him for support. Deferment to finish high school or college was granted up to a maximum of 10 years until the completion of studies. Deferment was also granted without a particular reason for a maximum of 2 years. In all cases, the lottery numbers and cutoffs used to decide eligibility were those of their cohort.

Individuals with ID number below the cutoff could be conscripted as volunteers. In general, the number of volunteers was very low. For the cohorts 1958 to 1962, only 3.73 percent of men that were draft-exempt volunteered to serve.

Providing up to two years of unpaid military services, potentially delaying studies and insertion in the labor market, represented a significant load for young males. Galiani, Rossi, and Schargrodsky (2011) find that conscription in Argentina had detrimental effects on future job market performance and increased the likelihood of developing a subsequent criminal record. The high cost of conscription created strong incentives to obtain spurious exemptions by faking physical or mental impediments during the medical examination, sometimes complemented with using family connections or paying bribes. Gayol and Kessler (2018) state that "it was usual to obtain exemptions through the payment of bribes, by relying on influences and relationships with the military, by presenting medical certificates on physical impediment for conscription, etc."[3]

[3] Cheating was potentially risky. The military service law (Law 17,531 of November 13, 1967) typified the crime of undue exemptions (*excepciones dolosas*). It stated that those who attempted to obtain fraudulent exemptions would face 2 to 4 years of prison for civilians, with longer sentences for military personnel. Moreover, the law also established 6 months to 4 years in prison for those who intentionally caused a temporary or permanent physical impediment to become ineligible for military service.

Public employment in Argentina

Argentina is a federal country comprised by 24 provinces and one autonomous capital city. It has a comparatively high level of public employment, stemming from three levels of government (national or federal, provincial, and municipal) and from three branches of power (executive, judiciary and legislative at the federal and provincial levels, and some form of executive and legislative at the municipal level).

While there are some pockets of relative high quality workforce, with technical staff scaling the rungs of professional careers by evaluations (most notably, in decentralized federal bodies, such as the tax collection and social security agencies) and meritocratic recruitment, Argentina's bureaucracy is of relatively low quality, especially given the country's level of development and stock of human capital (Bambaci, Spiller and Tommasi 2007; Spiller et al. 2007).

In terms of recruiting, while there were nominally some forms of open public competition-based intakes, the norm for public employment throughout the XXth century has been clientelism, nepotism, undue influence, and patronage, as documented in seminal work by O'Donnell (1988) and in a more recent study by Oliveros (2017). We discuss the spurious nature of access to public sector jobs when interpreting our results below.

III. Data

We have population data on all men born between 1958 and 1962. The total number of men in these five cohorts is 1,099,384.

Our dataset includes individual data on lottery draft results, conscription status, a set of pre-treatment characteristics that includes origin (Argentine-born indigenous, Argentine-born non-indigenous, and naturalized citizens), and province of residence at the time of the lottery

assignment. We also obtained the cutoff numbers for each cohort.[4] Using lottery results and cutoff numbers by cohort, we defined the dummy variable *Draft Exempt*, which takes the value of 1 for men whose lottery number was below the cutoff and therefore were not eligible to serve, and 0 for those whose lottery number was above the cutoff. We also constructed the variable *Conscription Exempt*, which takes the value of 1 for men who did not served, and 0 for men who actually served.[5]

Medical examination

Our dataset includes individual information on the pre-induction medical (physical and mental) examination. The medical examination in the cohorts 1958 to 1962 was mandatory, and it took place in the period between the lottery (April) and the call to serve (around February of the following year).

In a world without strategic behavior we would expect the proportion of individuals failing the medical examination to be the same for the draft-eligible and the draft-ineligible groups. As shown in Table 1, however, this is not the case. Failure rates are, on average, 3.29 percentage points (or 29 percent) higher for the draft-eligible group than for the draft ineligible group. If these differences in failure rates were due to differences in incentives to misreport faced by those at risk of becoming draft eligible, we would expect individuals with draft numbers below the cutoff and far enough from the final cutoff number to have fewer incentives to misreport than those closer to and above the cutoff. Of course, at the time of the examination individuals did not know the exact cutoff number that would apply to their cohort. However, they were likely to believe that it would be close to the previous year's cutoff. Indeed, in 3 of the 5 cohorts considered, the cutoff differed from the previous year's cutoff by 20 units or less.

[4] The data were obtained from the Argentine Army, Oficina de Reclutamiento y Movilización, Estado Mayor del Ejército Argentino (see Rossi, Galiani, and Schargrodsky 2011). Cutoff numbers and population size by cohort are shown in Table A1 in the online appendix.

[5] Table A2 in the online appendix presents summary statistics of the data.

A graphical inspection of the relationship between the draft lottery numbers and the failure rates for all men born between 1958 and 1962 shows that the failure rate increases up to the proximity to the actual cutoff, while it remains relatively flat for the draft numbers above it (see Figure 1). The results are similar when we replicate this exercise using the previous year's cutoff.[6]

The findings that failure rates are higher for men in the draft-eligible group than for the draft-exempt, and that failure rates increase within the draft-exempt group as the lottery number gets closer to the cutoff suggest that the medical examinations were manipulated. Indeed, there is ample anecdotic evidence that, when necessary, some middle and upper class youths used influence and cheated their medical conditions to avoid conscription.

Given that the average size of a cohort for men born between 1958 and 1963 is 219,839, and that the average difference in failure rates is 3.29 percentage points, at least 7,200 men per cohort were cheating their medical examinations. Since an important proportion of those that failed the medical examination were cheating, we will use the information on whether the individual failed or not the medical examination as a *proxy* variable for whether or not the individual was cheating the medical examination.

Employment data

Our main objective is to relate cheating the medical examination at age 18 to becoming a public employee later in life. We rely on data form a credit scoring agency for individuals in our sample. The credit score is constructed, among other inputs, with public information on formal employment from Argentina's social security administration. The dataset contains summary measures of employment histories, earnings, and industry.

Our main outcome variable is whether an individual is a *Public Sector Employee*, which

[6] All results mentioned but not reported are available from the authors upon request.

takes the value 1 if the individual is a public employee at some point in the period 2010 to 2016, and 0 otherwise. The other options for employment status are being a *Private Sector Employee* or not appearing in the dataset (which indicates inactivity or, alternatively, informal employment). As the males in our sample were born from 1958 to 1962, they were between 48 and 58 years of age when their employment status were measured in 2010 to 2016.

IV. Econometric methods and results

We are interested in estimating the causal effect of cheating the medical examination in early adulthood on the probability of becoming a public employee in adulthood. Formally, we want to estimate the following equation:

$$Public\ Sector\ Employee_{ic} = \beta + \alpha\ Cheating\ Medical\ Examination_{ic} + \delta_c + \varepsilon_{ic} \quad (1)$$

where i indexes individuals, c indexes cohort, δ_c is a cohort fixed effect, and ε_{ic} is an error term. The coefficient of interest is α. In all cases, we estimate equation (1) using population data of men in the draft-exempt group (328,867 observations).

Cheating the medical examination is potentially endogenous in equation (1). For example, belonging to an upper class family can affect the ability of both cheating the medical examination and finding a future job in the public sector. Thus, we estimate equation (1) by Two Stage Least Squares (2SLS), where we use the randomly assigned variable *Distance to Cutoff* as an instrument for the potentially endogenous variable *Cheating Medical Examination*.[7]

Columns (1) and (2) in Table 2 report first-stage estimates, without and with controls. First-stage effects are precisely estimated and indicate that those men in the draft-exempt group and with a lottery number closer to the cutoff (and therefore *ex-ante* more at risk of being conscripted) are more likely to fail the medical examination.

[7] Tables A3 and A4 in the online appendix report regressions between the instrument (*Distance to Cutoff*) and the set of pre-lottery covariates, including pre-lottery place of residence. As expected given the random assignment of lottery numbers, *Distance to Cutoff* is orthogonal to all pre-lottery characteristics.

Columns (3) and (4) in Table 2 report reduced-form estimates, without and with controls. The coefficient on *Distance to Cutoff* is negative and statistically significant, indicating that those men with a lottery number closer to the cutoff are more likely to become a public sector employee.

Columns (5) and (6) in Table 2 report 2SLS estimates, without and with controls. The coefficient of *Cheating Medical Examination* is positive and significant. The magnitude of the coefficient is meaningful: cheating the medical examination at age 18 increases the probability of becoming a public sector employee between 30 and 40 years later in around 16 percentage points.

Under reasonable assumptions, the 2SLS estimate recovers the Local Average Treatment Effect (LATE, Angrist, Imbens, and Rubin 1996). The LATE parameter in our setting identifies the causal effect of cheating the medical examination at age 18 for the subset of men that were induced to misreport the medical examination for being assigned a lottery number in the proximity of the cutoff.

Important for the interpretation of our findings is that all individuals in our sample are draft ineligible, which means that they would had avoided conscription even without cheating the medical examination. Therefore, cheating the medical examination ended up being unnecessary. From a behavioral perspective, the estimated effect may be different for those that avoided being conscripted because of cheating their medical examinations.

A potential concern could arise if the medical examination were getting tighter closer to the cutoff. That is, more men failed the medical examination in the neighborhood of the cutoff because they had real health problems, and not because of cheating the medical examination. And then, if you have a real health problem, the State acts as a welfare state and provides a job in the public sector. If this story were true, we would expect to find a positive correlation between failing the medical examination and working in the public sector, even for those that were not cheaters. As shown in Table 3, however, this is not the case. The correlation between failing the medical

examination and working in the public sector is negative and significant. This finding holds true in the population (column (1) in Table 3), in the sub-sample of draft ineligible (column (2)), and in the sub-sample of draft eligible (column (3)). Finally, as shown in columns (4) to (6), the correlation between failing the medical examination and having a formal job in the private sector is also negative and significant. These findings indicate that those failing the medical examination are less likely to have a formal job, either in the public sector or in the private sector.

Falsification tests

As a first falsification test, in panel A in Table 4 we reproduce Table 3 using *Private Sector Employee* as dependent variable, instead of *Public Sector Employee*. The estimated coefficients for the reduced-form and the 2SLS specification are statistically not significant, suggesting that cheating (failing) the medical examination is unrelated to private sector employment.

As a second falsification test, we reproduce Table 3 in the sample of the draft eligible. As reported in panel B in Table 4, first-stage estimates are much smaller compared to those obtained in the sample of the draft exempt. In addition, the coefficients of *Distance to Cutoff* in the reduced-form estimates are small and not significant in both the specifications without controls and with controls. Finally, the coefficients of *Cheating Medical Examination* in the 2SLS specification are statistically not significant in both the specification without controls and with controls.

V. Final remarks

We rely on a unique source of variation in the propensity to engage in dishonest behavior during the impressionable years to study the link between dishonesty and selection into public service. Individuals with a higher probability of having cheated in the medical exam to obtain an exemption from military conscription at age 18 also exhibit a higher propensity to become public employees later in life.

We posit that the experience of successfully cheating in the formative years (potentially through bribes and/or family connections) creates a predisposition to use the same type of instruments to get coveted public service jobs, which in our context are typically accessed through personal connections, and which have important benefits, such as defined pensions and stability for life.

Our evidence suggests that honesty is not entirely an individual's type, and that dishonest behavior can be induced and learned.

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Figure 1. Failure rate of medical examination as a function of draft lottery number

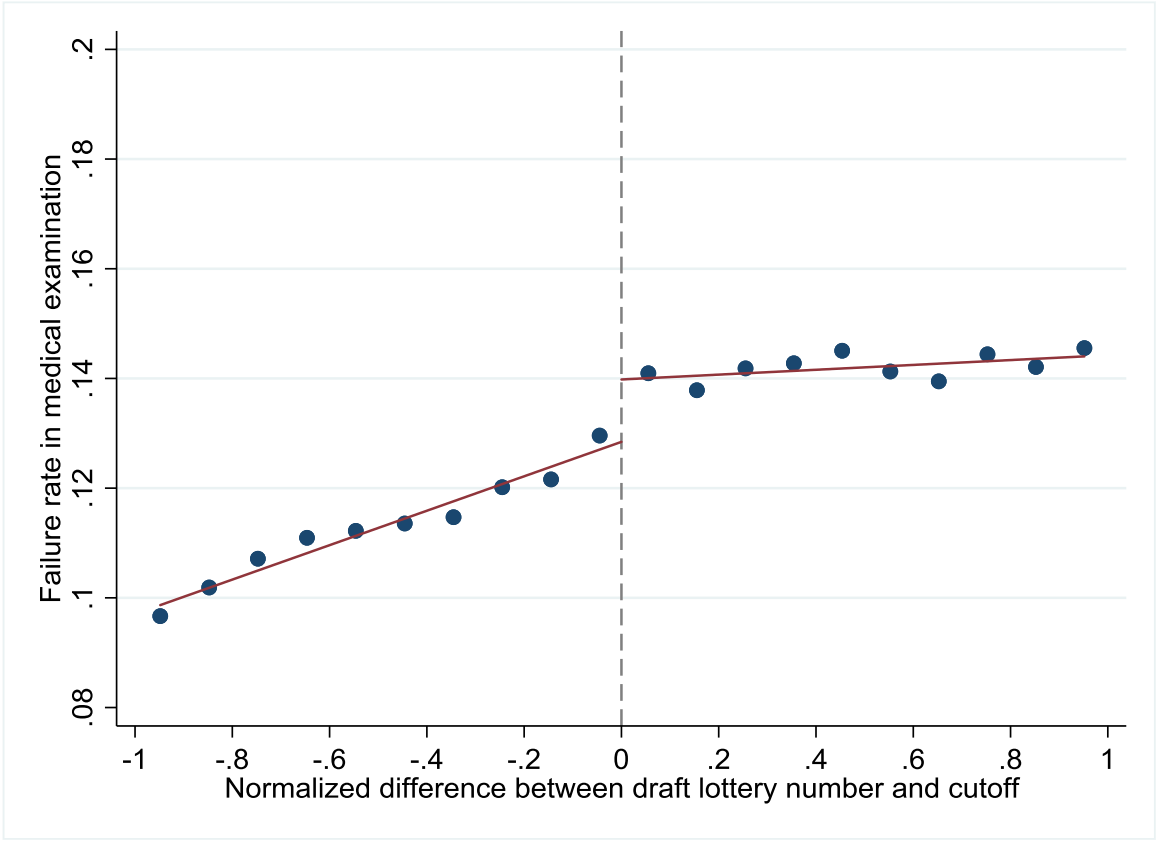


Table 1. Failure rates in medical examination by draft eligibility group

Cohort	Draft eligible	Draft exempt	Difference
1958-1962	0.1457	0.1128	0.0329***
	(0.0004)	(0.0006)	(0.0007)
Observations	770,517	328,867	1,099,384
1958	0.1475	0.1269	0.0206***
	(0.0008)	(0.0017)	(0.0019)
Observations	181,173	37,615	218,788
1959	0.1651	0.1284	0.0367***
	(0.0010)	(0.0013)	(0.0016)
Observations	147,755	69,214	216,969
1960	0.1358	0.1115	0.0243***
	(0.0009)	(0.0012)	(0.0015)
Observations	146,982	74,334	221,316
1961	0.1313	0.1025	0.0287***
	(0.0009)	(0.0011)	(0.0014)
Observations	139,758	75,226	214,984
1962	0.1474	0.1026	0.0448***
	(0.0009)	(0.0011)	(0.0014)
Observations	154,849	72,478	227,327

Notes: Standard errors are in parentheses. *Significant at the 10% level. **Significant at the 5% level. ***Significant at the 1% level.

Table 2. First stage, reduced form, and 2SLS results

	First stage		Public Sector Employee			
	(1)	(2)	(3)	(4)	(5)	(6)
Distance to cutoff	-0.1012***	-0.1011***	-0.0163**	-0.0160**		
	(0.0059)	(0.0058)	(0.0068)	(0.0068)		
Cheating (failed)					0.1611**	0.1581**
Medical Examination					(0.0678)	(0.0678)
F-statistic	297.19	298.86				
Controls	No	Yes	No	Yes	No	Yes
Estimation method	OLS	OLS	OLS	OLS	2SLS	2SLS
Observations	328,867	328,818	328,867	328,818	328,867	328,818

Notes: Standard errors clustered at the id-cohort level are shown in parentheses. The controls are Argentine born (not indigenous), Indigenous Argentine, Naturalized Argentine, and the set of place-of-residence dummies. All models include cohort dummies. In the 2SLS models in columns (5) and (6), Cheating (failed) Medical Examination is instrumented using Distance to Cutoff. In all models the sample is restricted to the draft-exempt group. F-statistic is the F-test of excluded instruments. *Significant at the 10% level. **Significant at the 5% level. ***Significant at the 1% level.

Table 3. Failing medical examination and working in the formal sector

	Public Sector Employee			Private Sector Employee		
	(1)	(2)	(3)	(4)	(5)	(6)
Cheating (failed) Medical Exam.	-0.0185*** (0.0009)	-0.0170*** (0.0018)	-0.0194*** (0.0011)	-0.0512*** (0.0013)	-0.0557*** (0.0025)	-0.0496*** (0.0015)
Controls	Yes	Yes	Yes	Yes	Yes	Yes
Sample	All	Draft ineligible	Draft eligible	All	Draft ineligible	Draft eligible
Observations	1,099,195	328,818	770,377	1,099,195	328,818	770,377

Notes: Standard errors clustered at the id-cohort level are shown in parentheses. The models (1) and (4) are estimated in the population of males born between 1958 and 1962. The models (2) and (5) are estimated in the sample of draft ineligible. The models (3) and (6) are estimated in the sample of draft eligible. The controls are Argentine born (not indigenous), Indigenous Argentine, Naturalized Argentine, and the set of place-of-residence dummies. All models are estimated using OLS and include cohort dummies. *Significant at the 10% level. **Significant at the 5% level. ***Significant at the 1% level.

Table 4. Falsification tests: private sector employee and sample of draft eligible

Panel A: sample of draft ineligible	First stage (1)	(2)	Private Sector Employee (3)	(4)	(5)	(6)
Distance to Cutoff	-0.1012***	-0.1011***	0.0070	0.0073		
	(0.0059)	(0.0058)	(0.0090)	(0.0090)		
Cheating (failed) Medical Examination					-0.0692	-0.0723
					(0.0888)	(0.0887)
F-statistic	297.19	298.86				
Controls	No	Yes	No	Yes	No	Yes
Estimation method	OLS	OLS	OLS	OLS	2SLS	2SLS
Observations	328,867	328,818	328,867	328,818	328,867	328,818
Panel B: sample of draft eligible	**First stage (7)**	**(8)**	**Public sector employee (9)**	**(10)**	**(11)**	**(12)**
Distance to cutoff	0.0124***	0.0124***	0.0026	0.0025		
	(0.0022)	(0.0022)	(0.0019)	(0.0019)		
Cheating (failed) medical examination					0.2092	0.2026
					(0.1583)	(0.1587)
F-statistic	30.64	30.61				
Controls	No	Yes	No	Yes	No	Yes
Estimation method	OLS	OLS	OLS	OLS	2SLS	2SLS
Observations	770,517	770,377	770,517	770,377	770,517	770,377

Notes: Standard errors clustered at the id-cohort level are shown in parentheses. The controls are Argentine born (not indigenous), Indigenous Argentine, Naturalized Argentine, and the set of place-of-residence dummies. All models include cohort dummies. In the 2SLS models, Cheating Medical Examination is instrumented using Distance to cutoff. F-statistic is the F-test of excluded instruments. *Significant at the 10% level. **Significant at the 5% level. ***Significant at the 1% level.

ONLINE APPENDIX

Table A1. Population size and cutoff numbers by cohort

Cohort born in	Population	Cutoff number
1958	218,788	175
1959	216,969	320
1960	221,316	341
1961	214,984	350
1962	227,327	320

Table A2. Descriptive statistics for men born 1958-1962

	Mean	Standard Deviation	Observations
Draft Exempt	0.2992	0.4579	1,099,384
Conscription Exempt	0.5432	0.4981	1,099,384
Failed Medical Examination	0.1358	0.3426	1,099,384
Public Sector Employee (2010-2016)	0.1418	0.3489	1,099,384
Private Sector Employee (2010-2016)	0.3379	0.4730	1,099,384
Argentine Born (not indigenous)	0.9765	0.1513	1,099,384
Indigenous Argentine	0.0209	0.1428	1,099,384
Naturalized Argentine	0.0026	0.0512	1,099,384

Notes: Draft Exempt takes the value of 1 for men whose lottery number is below the cutoff, and 0 otherwise. Conscription Exempt takes the value of 1 for men who did not serve in the conscription, and 0 otherwise. Public Sector Employee takes the value 1 if the individual is a public employee at some point in the period 2010 to 2016, and 0 otherwise. Private Sector Employee takes the value 1 if the individual had a formal job in the private sector at some point in the period 2010 to 2016, and 0 otherwise.

Table A3. Orthogonality between the instrument and pre-lottery characteristics

	Argentine born	Indigenous Argentine	Naturalized Argentine
Distance to Cutoff	0.0005	-0.0008	0.0003
	(0.0027)	(0.0025)	(0.0009)
Observations	328,867	328,867	328,867

Notes: Standard errors clustered at the id-cohort level are in parentheses. All models are estimated using Ordinary Least Squares and include cohort dummies. The sample is restricted to the draft-exempt group.

Table A4. Orthogonality between the instrument and pre-lottery place of residence

	Dependent variable: Distance to cutoff
Ciudad de Buenos Aires	0.9163
	(6.0785)
Buenos Aires	1.4622
	(6.0520)
Catamarca	-0.0229
	(6.2496)
Córdoba	1.5877
	(6.0489)
Corrientes	0.9797
	(6.0666)
Entre Ríos	1.0999
	(6.0616)
Jujuy	0.3234
	(6.1431)
Mendoza	2.1784
	(6.1445)
La Rioja	3.4408
	(6.2319)
Salta	0.3603
	(6.0996)
San Juan	2.0794
	(6.1155)
San Luis	-0.9188
	(6.3630)
Santa Fe	2.6310
	(6.0814)
Santiago del Estero	1.1240
	(6.0874)
Tucumán	1.0781
	(6.1213)
Chaco	3.4088
	(6.1173)
Chubut	0.6302
	(6.2181)
Formosa	2.1609
	(6.2183)
Misiones	0.0799
	(6.0875)
Neuquén	1.0504
	(6.2681)
La Pampa	0.0090
	(6.4418)
Río Negro	3.3185
	(6.2107)
Santa Cruz	-1.3741
	(6.5279)
Foreign country	3.3417
	(6.6125)
Observations	328,818

Notes: Standard errors clustered at the id-cohort level are shown in parentheses. The model is estimated using Ordinary Least Squares and include cohort dummies.