Reassessing the Heuristic of the "Healthy Immigrant" in an Era of Turmoil

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See also Riley et al., p. 1681.

The COVID-19 pandemic, which stands as one of the most significant public health and economic crises of the past century, drew attention to "essential workers" who could not isolate at home, including at least 10 million immigrants without US citizenship.[1] Early in the pandemic, essential workers, especially Latinos, were found to be at significantly higher risk of dying than other workers.[2] Given that disproportionate numbers of essential workers and Latino adults are noncitizens, immigration status may be an important but underexamined factor of their heightened mortality risk.

In this issue of *AJPH*, Riley et al. (p. 1681) present a novel evaluation of differences in excess mortality across immigration statuses during the COVID-19 pandemic. They leveraged California vital records from 2017 and 2023 and inferred immigration status using indicators for birth country and valid social security numbers. Although overall mortality rose in the postpandemic period compared with prepandemic levels, the excess mortality linked to COVID-19 was much greater among undocumented immigrants. Deaths among undocumented immigrants increased 55%, compared with 22% among documented immigrants and 12% among US-born citizens. This postpandemic mortality increase was most pronounced among undocumented Latino essential workers, who saw a shocking 91% rise in deaths.

These findings challenge the widely held assertion of the "healthy immigrant"—a paradoxical and overly simplistic assertion[3] that immigrants are largely healthier than their US-born counterparts. Instead, Riley et al. illustrate that during times of turmoil, undocumented immigrants are particularly vulnerable to deteriorating health. In this context, this editorial briefly outlines the systemic exclusions that adversely affect the 23 million noncitizens living in the United States, including 11 million undocumented immigrants,[4] as well as recent anti-immigrant policy changes.

Immigrant health trajectories vary widely, depending on immigration status and intersecting axes of oppression related to racial identity, economic status before and after migration, and other socio-structural determinants.[3,5] Immigration status—the extent to which a person has legal rights and protections based on their citizenship and documentation status—influences health via multiple mechanisms of systemic exclusion[5] inflicted by federal and local governments.[5] The stories that emerged during the pandemic illustrate these exclusions in action and begin to elucidate the root causes of the stark inequities observed by Riley et al.

When essential workers needed personal protective equipment and paid time off, noncitizens, especially undocumented immigrants, were less likely to hold jobs that provide access to these resources.[6] Additionally, not only were millions of undocumented immigrants excluded from federal stimulus payments that kept others afloat during the economic crisis,[1] but numerous reports show that undocumented immigrants were unable to obtain testing and vaccinations without providing photo identification or a social security number.[7] Even outside of acute crises, noncitizens are disproportionately employed in physically demanding and often dangerous jobs in agriculture, manufacturing and warehousing, and construction.[1] This means that hazardous jobs are often performed by the most marginalized workers in the United States.

For nearly four decades, the federal government has prohibited the employment of undocumented immigrants.[8] Coupled with inadequate labor protections, state-sanctioned discrimination, increasing law enforcement violence, persistent poverty, language barriers, and ongoing anti-immigrant rhetoric,[3,5] noncitizens live in an environment hostile to their well-being. With workers afraid or unable to speak up or seek legal remedies, they become vulnerable to wage theft, something most common in industries with high numbers of undocumented immigrants (e.g., garment manufacturing and private home services).[9] Similarly, workplace safety violations are prevalent in sectors with

substantial informal and contract labor[6]—often the only options for undocumented immigrants without work permits.

Unfortunately, this marginalization extends far beyond laws that facilitate labor exploitations. The exclusion of noncitizens has been embedded in the US immigration system since the introduction of the first immigration law in 1790, which barred non-White immigrants from naturalization—a practice that took more than 150 years to abolish.[8] This racist system continues to negatively affect the health of noncitizens—about 80% of whom are persons of color—by systematically restricting the entry of certain groups into the country (historically non-Europeans), deporting those who are already here (disproportionately Latino immigrants), and denying many their fundamental human rights, including the right to health.[5] Most undocumented immigrants are barred from federally funded health insurance, and even many documented immigrants face exclusions based on their visa, years in the United States, and state of residence.[10]

Alongside the federal exclusions to labor protections and health care discussed here, undocumented immigrants face an increasing threat of deportation. In 2024, about 40% of undocumented immigrants had some form of deportation reprieve because of pending asylum claims, parole, or other temporary authorizations that allowed them to live and work in the country (often because of persecution or unsafe conditions in their home countries).[4] Disturbingly, the Trump administration has threatened to revoke many of these protections, placing millions at renewed risk of deportation—often without due process—as it attempts to expand its deportation authority at the expense of judicial oversight.[11] Although deportation itself destabilizes families, leading to financial instability, mental distress, and long-term health sequelae for the person deported and the family remaining in the United States, it also creates immediate fear and anguish within the broader community.[12] Consequently, many noncitizens, particularly undocumented immigrants, are reluctant to access health care and safety net programs for themselves and their children.[12]

Against this backdrop of federal oppression, several states and localities have made efforts to introduce immigrant-inclusive policies. However, these gains are threatened by federal actions to punish inclusive local governments, including multiple attempts to withhold federal funds from sanctuary cities (which prohibit local police from collaborating with federal immigration enforcement) and investigating state-funded safety net programs for undocumented immigrants for purported but unsubstantiated misappropriations.[13,14] Moreover, when budget shortfalls occur, programs for undocumented immigrants are often among the first to be cut. For instance, Illinois, one of just seven states that expanded Medicaid for some income-eligible undocumented adults using their state coffers, paused enrollment in 2023.[10] Even in California, often praised for its inclusive policies, Governor Newsom called for pausing Medicaid enrollment for undocumented adults amid potential federal cuts to Medicaid and pressure to roll back immigrant-inclusive programs.[13]

We live in an era when noncitizens not only endure long-standing systemic exclusions from health but are also experiencing a dehumanizing erosion of their rights. This erosion is driven by a federal executive branch actively demonizing immigrants, a federal judiciary unable to ensure due process, and state governments hesitant to safeguard the few hard-won protections for undocumented immigrants. Amid these circumstances, the notion of the "healthy immigrant" is not only simplistic but actively harmful. It perpetuates the idea that noncitizens are inherently healthy, endlessly replenishable, and thus disposable. Rather than relying on this reductive heuristic, public health researchers, practitioners, and advocates must acknowledge that the health of undocumented immigrants—and of other increasingly vulnerable noncitizens—is likely to deteriorate in tandem with the erosion of their rights.

Looking forward, immigrant health research must shift toward evaluating the long-term effects of living with precarious and shifting immigration statuses. This includes employing diverse methodological approaches that can capture how immigration status changes over time—both across the life course of an individual and in response to evolving policy contexts—and how those changes affect the health of immigrants and their families via multiple systemic mechanisms of exclusion. AJPH

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CONFLICTS OF INTEREST

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