

A thought leadership and advisory company working at the intersection of healthcare strategy, economics, capital formation and transformation.

Without Immigrants, U.S. Healthcare Will Suffer

An Inconvenient Truth About U.S. Healthcare

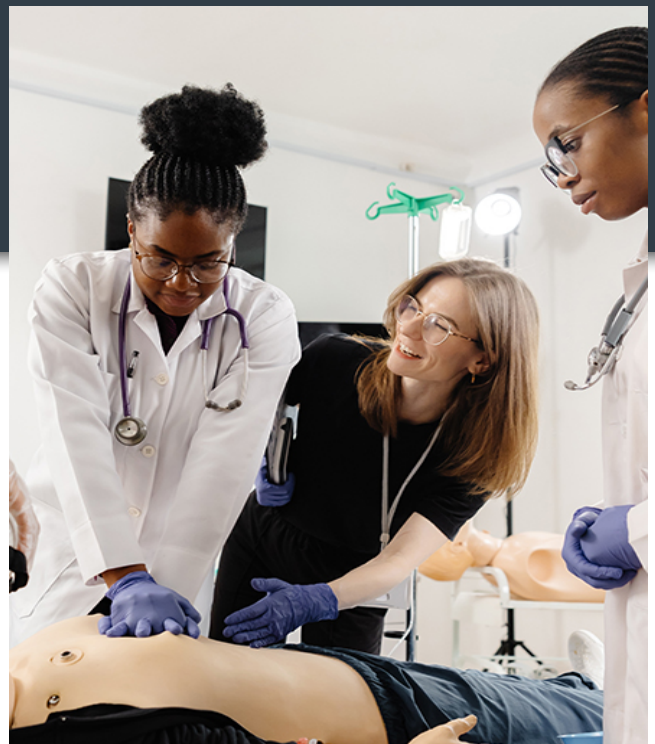
By Allen Weiss, MD, FACP, FACR, MBA
and David W. Johnson

September 2, 2025

American healthcare runs on immigrant power. One in five healthcare workers are foreign-born. The system will break without them.

Without immigrant healthcare workers, demographics become the enemy. As our nation ages, the delivery system confronts historic shortages of caregivers. Restricting immigration amplifies the crisis.

Fewer caregivers translates into longer wait times, less access, less support for activities of daily living and a sicker population. Contrary to current political rhetoric, the U.S. will be in big trouble if we don't attract more immigrants to become healthcare workers.



DAUNTING NUMBERS

The numbers tell the story. [Immigrants account for 27% of physicians and surgeons](#), 16% of registered nurses and 17% of clinical workers in U.S. hospitals. These professionals contribute to diagnosing, treating or otherwise caring for patients. Nonclinical workers account for 29% of the team and are also essential for functioning and include environmental service, maintenance, food preparation, office support, etc. [1]

Post-acute providers, e.g., nursing home and home-based care companies, are even more dependent on immigrant labor. [Immigrants constitute 28% on nursing home workers and 32% of home care workers](#). Percentages of immigrant labor within the post-acute care sector have grown significantly since 2018. [2]

In 2020, 56 million Americans were 65 or older. In 2025, that number is 62 million and will grow to be 72 million by 2030. This unprecedented age wave is colliding with a shrinking healthcare workforce. Moreover, aging in place is increasingly popular among older Americans. They want to stay in their homes as long as possible. This trend further increases the systemic need for new healthcare workers.

The flip side of the U.S.'s aging demographic profile is a reduced birth rate and fewer new employable workers. Americans over 65 will outnumber those under age 18 by 2035 according to the [U.S. Census Bureau](#). [A New England Journal of Medicine Perspective](#)

(NEJM) in July 2025 captures current supply-demand shortfalls for personal care — home health aides, personal care assistants, certified nursing assistants, along with physicians and registered nurses and other certified health technicians — radiology, lab, physical therapy, etc. [3] [4]

The same NEJM article shared a tragic example of the U.S. government revoking the visa of a Rhode Island transplant nephrologist, one of only three in the entire state. Subsequently, the U.S. government deported this Brown University assistant professor without due process. For Rhode Island patients requiring kidney transplants, this surgeon's deportation wasn't an immigration debate; it could mean the difference between life and death.

From all vantage points, U.S. healthcare confronts a daunting demographics challenge with increasing demand for elder-care services and a slowing supply of new healthcare workers. Why compound that challenge by diminishing the number of immigrant healthcare workers? In doing so, the nation is literally shooting itself in the foot.

Unfortunately, the plight of immigrant healthcare workers has become emmeshed within a broader corrosive narrative that portrays almost all immigrants as either slackers, takers or criminals. Answering these political attacks requires addressing fundamental questions related to American identity.

WHO IS AN AMERICAN?

Unless you are a native born American Indian, you are either an immigrant or descended from immigrants. One out of every three Americans came through Ellis Island. Future U.S. President John F. Kennedy published "Nation of Immigrants" in 1958, arguing for a fairer and more inclusive immigration system. JFK often argued that, "We [the United States] are a nation of immigrants." How right he was.

What is our identity? How do we define American? While uncomfortable for many, recognizing that almost 50% of our nation is non-white is an essential truth. In 2025, [the racial percentage distribution in the United States](#) reveals that non-Hispanic whites constitute 57.6% of the total population, but this represents a significant decrease from historical patterns. The Hispanic population has emerged as the largest minority group at 19.1%, followed by Black Americans at 14.0% and Asian Americans at 7.2%." [5]

As of mid-2024, the total U.S. population stands at 341.5 million, with noticeable growth among Asian (+4.4%), multiracial (+2.4%), and Hispanic populations, [while the white population continues a gradual annual decline of 0.1%](#). In the not-too-distant future, America will have a minority majority. [5]



Indeed, the U.S. is on the cusp of becoming the first large pluralistic democracy in world history. Failure to accommodate growing diversity among the American body politic is a recipe for economic, political and social decline. Growing diversity, however, also offers the nation the opportunity to reinvent itself.

PAST LESSONS, PRESENT STAKES

More inspiring, how can we maximize the power, diversity, culture richness and economic advantage of being a welcoming nation? After all, America's success was built generation upon generation on the shoulders of immigrants.

Famous immigrations to America began in 1620 when Pilgrims fleeing religious persecution landed at Plymouth Rock. From 1619 to the mid-1800s, Blacks from Africa arrived on U.S. shores in large numbers.

Additional waves of mass migrations of our ancestors came from Europe during the 1800s. About 4.5 million Irish, settling mostly along the East Coast, have contributed mightily to the cultural richness of large U.S. cities. [Five million German immigrants](#) populated the Midwest, creating the industrial engine of our nation. In the 2000 national census, more Americans claimed German ancestry than that of any other group. [6]

Sadly, uncomfortable xenophobia is not a new attitude. [The influx of newcomers resulted in anti-immigrant sentiment among certain factions of America's native-born, predominantly Anglo-Saxon Protestant population.](#) The new arrivals were often seen as unwanted competition for jobs, while many Catholics

— especially the Irish — experienced discrimination for their religious beliefs. In the 1850s, the anti-immigrant, anti-Catholic American Party (also called the Know-Nothings) tried to severely curb immigration, and even ran a candidate, former U.S. President Millard Fillmore (1800-1874), in the presidential election of 1856. [7]

Starting in 1880 and for the next 40 years, America received more than 20 million immigrants. These included my mother and grandparents. Religious persecution motivated two million Jews from Eastern Europe to leave their previously stable, productive and comfortable lives behind. Six hundred thousand Italians migrated during this same time, bringing skills, culture and intellect to a growing melting pot whose children and grandchildren now can welcome other new waves of contributors to America.

In the wake of two World Wars, the Great Depression, the 1959 Communist revolution in Cuba, and other political events, Congress passed the [Immigration and Nationality Act in 1965](#) allowing Americans to sponsor relatives to emigrate to the U.S. Today, Asia and Latin America dominate our incoming immigration populations. [8]

SEPARATING IMMIGRATION FACTS FROM MYTHS

Immigration has always been stressful and controversial. Yet without it, America would not be as productive or as successful as it is today. It does American society no good to demonize immigration and immigrants. Rational immigration policy analysis requires balancing immigration's benefits against its costs. On that scorecard, the results are overwhelmingly positive.

Initially, the right way to immigrate required simply showing up. Processing at Ellis Island involved health inspections and naturalization. Many of our ancestors would not have qualified under today's immigration laws. Many European immigrants benefited from amnesty laws, including the 1929 Registry Act, which granted after-the-fact citizenship.

Research has shown that immigrants are more likely to start businesses, grow the economy and have an overall positive impact on long-run economic growth. If the Trump administration undertakes mass deportations, as some have suggested, [U.S. Gross Domestic Productivity](#) (GDP) would drop by as much as 7.4% by 2028. [9]

Annually, undocumented immigrants pay an estimated \$11.64 billion in state and local taxes, along with paying \$13 billion into the

Social Security fund without being able to receive Social Security benefits. As much as a physical border has been in the news, it has not been as effective as planned.

It has also been shown that immigrants commit fewer crimes than the native-born population. Immigrants are less likely than native-born to be behind bars. Higher immigration is associated with lower crime rates.

Between 1990 and 2013, the foreign-born share of the U.S. population increased from 7.9% to 13.1% and the number of unauthorized immigrants increased from 3.5 million to 11.2 million. [During the same period](#), the violent crime rate declined 48%, which included falling rates of aggravated assault, robbery, rape and murder. The property crime rate fell 41%, including declining rates of motor vehicle theft, larceny/robbery and burglary." [10]

On balance, immigration amplifies entrepreneurship and economic growth without increasing criminal activity. Managing immigration for the benefit of all is the proverbial policy no-brainer. Nowhere does this make more sense than in healthcare.

COME HOME TO AMERICA

Most immigrants successfully transition to becoming productive American citizens through hard work, sacrifice and investment. Their lives embody the American dream. Critically, immigrants are staffing hospitals, outpatient facilities, homes and nursing facilities.

As a people, Americans can be jealous, competitive and xenophobic; however, our better angels should celebrate, emulate and assimilate the positive can-do attitude of the pioneers, explorers and risk-takers who came before us. Many of these

noteworthy contributors have been and will continue to be immigrants.

Almost all of us have descended from immigrants who made better lives for themselves, their families and America. In America, we need immigrants today more than we ever to help care for our people. Immigrants are essential for our nation's collective health and well-being. "Welcome to your new home," should be health-care industry's new rallying cry.

SOURCES

1. "What Role Do Immigrants Play in the Hospital Workforce?" by Scott Hulver, Zachary Levinson, and Drishti Pillai, June 17, 2025.
2. "What Role Do Immigrants Play in the Direct Long-Term Care Workforce?" by Priya Chidambaram and Drishti Pillai, April 2, 2025.
3. "The U.S. Joins Other Countries with Large Aging Populations," by Jonathan Vespa, March 13, 2018,
4. "Who Will Care for America? Immigration Policy and the Coming Health Workforce Crisis," by Patricia Mae Santos, Reshma Jagsi, and Carlow Irwin Orance, New England Journal of Medicine, July 10, 2025.
5. "Deporting Immigrants May Further Shrink the Healthcare Workforce," by Lenore Azaroff, Steffie Woolhandler, and Sharon Touw, April 2, 2025.
6. "Latest Source, People Who Are of German Ancestry," United States Census Bureau.
7. "Immigrants from Germany, Ireland, and Italy," LibreTexts, Social Science.
8. "How the Immigration Act of 1965 Changed the face of America," by Lesley Kennedy, Inside History.
9. "Mass Deportations Would Deliver a Catastrophic Blow to the U.S. Economy," Joint Economic Committee, December 2024.
10. #FactsMatter: Immigration Explained, information website that can be contacted at hello@defineamerican.com

AUTHORS



Dr. Allen Weiss is chief medical officer for the national Blue Zones Project. Having practiced rheumatology, internal medicine and geriatrics for 23 years and been president and CEO for 18 years of a 716-bed, two-hospital integrated system, Dr. Weiss now has a national scope focused on prevention.

After graduating from Columbia University's College of Physicians and Surgeons and subsequently completing his training at both the New York Presbyterian Hospital and Hospital for Special Surgery of Cornell University, he had a solo practice in rheumatology, internal medicine and geriatrics for 23 years. He is recognized both as a Fellow of the American College of Physicians and a Fellow of the American College of Rheumatology.

Dr. Weiss's national commitments and honors include: named as one of the Top 100 outstanding physician leaders of healthcare systems by Becker's Hospital Review multiple times; chosen as a keynote speaker at numerous meetings; served five years on the Regional Advisory Council of the American Hospital Association; elected to the American Hospital Association Board in 2017; selected as Chairman of the Upper Midwest Vizient Board; and continues as a Director of American Momentum Bank. In 2005, he was invited to testify on information technology before the U.S. House Ways and Means Health Subsection.

Read more by Allen Weiss

ADD MORE RECENT ONES

Friends Now More Than Ever: The Joy, Health and Power of Connection

Medical Errors Kill. Being Transparent Will Save Lives.

Your First Choice is Your Most Important Choice

Still Time For a Healthcare Industry Reinvention

Missing the Boat: Why Do Organizations and Communities Persistently Fail at Well-Being and Health?

The Fleeting Attention Cycle — Focus Matters for Individuals and Society



David W. Johnson is the CEO of 4sight Health, a thought leadership and advisory company working at the intersection of strategy, economics, innovation, and capital formation. Dave wakes up every morning trying to fix America's broken healthcare system. Prior to founding 4sight Health in 2014, Dave had a long and successful career in healthcare investment banking. He is a graduate of Colgate University and earned a Master's in Public Policy from Harvard Kennedy School. Employing his knowledge and experience in health policy, economics, statistics, behavioral finance, disruptive innovation, organizational change, and complexity theory, Dave writes and speaks on pro-market healthcare reform.

His first book, **"Market vs. Medicine: America's Epic Fight for Better, Affordable Healthcare,"** and his second book, **"The Customer Revolution in Healthcare: Delivering Kinder, Smarter, Affordable Care for All"** (McGraw-Hill 2019), are available for purchase on www.4sighthealth.com. Get his new book with Paul Kusserow, **The Coming Healthcare Revolution: 10 Forces that Will Cure America's Healthcare Crisis**, now.