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*Corresponding author: Stacey Teruya, College of Medicine - Internal Medicine, Charles R. Drew University of Medicine & Science, Los Angeles, California, USA
E-mail: staceyteruya@cdrewu.edu

Reviewing editor:
Chunxiao Li, Nanyang Technological University, Singapore

Additional information is available at the end of the article

HEALTH PSYCHOLOGY | NEW PERSPECTIVE

The homeless as urban immigrants

Stacey Teruya*

Abstract: Examining the homeless in U. S. cities as “urban immigrants” reveals several commonalities between this population and “aspirational immigrants”—the foreign-born who seek economic opportunity, and/or freedom from oppression and violence in their home country. These groups are similar in that both have migrated away from their homes and neighborhoods in search of shelter, resources, and presumably some sort of permanent solution to their situation. Both might therefore logically benefit from the *Immigrant Health Paradox*, which says that the newly-arrived enjoy better health than their native-born or settled counterparts. However, it is difficult to assess and track their health, especially that of the chronically homeless and the undocumented. Reported health advantages also appear to be unevenly distributed by race/ethnicity, gender, age, socioeconomic status, and other factors. In fact, the fundamental reason for any statistical “Paradox” benefit seems to be the initial health and well-being of traditional, foreign-born aspirational immigrants. They are usually young, healthy, and resilient. They have often endured and survived great hardship and challenges in traveling to, and settling in, a foreign country and culture. Analyzing and comparing the homeless and traditional immigrants within the framework of the *Immigrant Health*



Stacey Teruya

ABOUT THE AUTHOR

Stacey Teruya, EdD, MS, is an assistant professor of medicine in the College of Medicine, Department of Internal Medicine, at Charles R. Drew University of Medicine and Science in Los Angeles, California, USA. He is also an adjunct assistant professor of Medicine at the David Geffen School of Medicine at the University of California at Los Angeles (UCLA), USA. His research interests include health disparities, immigrant health, and health policy for underserved and minority populations.

PUBLIC INTEREST STATEMENT

It may be surprising that homeless “urban immigrants” and traditional, foreign-born “aspirational immigrants” have much in common. Both might therefore logically benefit from the *Immigrant Health Paradox*, which says that the newly-arrived enjoy better health than their native-born or settled counterparts. However, it is difficult to accurately assess the health of both immigrant groups, especially the chronically homeless and the undocumented. Reported health advantages also appear to be unevenly distributed by race/ethnicity, gender, age and socioeconomic status, among others. In fact, the fundamental factor responsible for any statistical “paradox” benefit seems to be the initial health and well-being of aspirational immigrants. They are usually young, healthy and resilient, and have often endured and survived great hardship and challenges in traveling to, and settling in, a foreign country and culture. Examining both homeless urban and aspirational immigrants through the Immigrant Health Paradox helps us better understand the needs of both, and prioritize the services and assistance we can and should provide to them.

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Keywords: urban immigrants; immigrant health; health paradox

Viewing the homeless in Los Angeles and other U. S. cities as “urban immigrants” reveals several commonalities between this population and “aspirational” immigrants—the foreign-born who seek economic opportunity, and/or freedom from oppression and violence in their home country. Both groups have migrated away from their homes and old neighborhoods; they seek shelter, resources, and presumably some sort of permanent solution to their situation. In addition to economic hardship, homeless people may have escaped dangerous, abusive, and even violent situations at home, not unlike many aspirational immigrants. Both urban and traditional immigrants are strangers to their new environments, and are likely to be greeted with suspicion and negative feelings by current residents. Collecting substantive and accurate health data can be as challenging, especially follow up.

The homeless as urban immigrants enjoy some societal and legal advantages. It’s not unreasonable to assume that the majority of our homeless are native-born, U. S. citizens. They may therefore have better access to government-funded assistance than non-citizen immigrants, and receive preferential treatment from certain organizations. Undocumented immigrants are, in fact, at a special, obvious disadvantage, and face constant legal risk. Even with serious illness or injury, they may avoid clinics and hospitals out of fear of discovery and deportation. Lastly, while urban immigrants face many severe challenges, the native-born are less likely to suffer from the discrimination, intolerance, and hatred often directed at immigrants from foreign countries.

Both urban and aspirational immigrants are similar enough, one might argue, that both should benefit from the *Immigrant Health Paradox*. This basically says that the newly-arrived enjoy better mental and physical health than the native population of the same race, gender and age (Teruya, 2013). However, it is unclear that the Paradox provides any real benefit for either group. First of all, we don’t know everything about the current health of all aspirational immigrants, which may not be as good as we think. This is especially true for those whose numbers are relatively small and hard to study, such as the Hmong or Tongans.

Any real health advantages may also be uneven and inconsistent. For example, immigrants from Mexico seem to suffer from fewer mental health problems and less drug addiction. However, this “Hispanic Paradox” protection doesn’t appear to extend to those from Cuba or Puerto Rico. There is also a nagging little inconsistency in the Immigrant Paradox: By age 65, immigrants and their native-born counterparts basically end up with the same health, and suffer from the same conditions and ailments.

The basic truth is that, in general, newly-arrived, foreign-born immigrants must be young and healthy in order to adjust, adapt, and work. More often than not, they will have endured hard and arduous conditions and travel to get to this country. In contrast, urban, homeless immigrants often start out troubled, disabled, disadvantaged and impaired, and unable or unwilling to work. Many have lost their homes due to serious or catastrophic illness, and huge medical bills. Their pre-existing mental and physical conditions can easily remain undiagnosed, untreated and uncontrolled, and they may develop new illnesses as a result of their living conditions.

So what does the “urban immigrant” comparison tell us? For one thing, simply moving or migrating from one place to another does not in itself provide any health benefits. Secondly, the homeless and foreign-born immigrants have more in common than we might think. Thirdly, we

cannot assume that “traditional” immigrants have considerably more advantages and opportunities. The primary difference seems to rest in their initial health and well-being. Unlike urban immigrants, newly-arrived, foreign-born immigrants are generally young and healthy, at least initially. However, those who remain in this country will probably suffer from the same illnesses and conditions as those of the same age, race/ethnicity and gender by the time they reach 65.

It turns out that the health of urban, homeless immigrants, and the newly arrived to our country, is not “paradoxical” at all, although some of it may be surprising. Everything we learn about these two groups—both similar and distinct at the same time—can help us better understand their needs, and prioritize the services and assistance we are able to provide to them.

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Author details

Stacey Teruya
E-mail: staceyteruya@cdrewu.edu
David Geffen School of Medicine, UCLA, Charles R. Drew University of Medicine and Science, College of Medicine, Los Angeles, California, USA.

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