Driving on the I-10 freeway at eight a.m. leaves you questioning whether you cannot see the mountains because of wispy layers of morning fog or because of a dense coating of dry smog. Maybe it’s a mix of both, but judging from the five lanes beside you packed with bulky, rusted semi-trucks spewing dark puffs of exhaust every few seconds, you edge towards the latter option. After exiting on Milliken, where the Warehouse Workers United (WWU) office is, the heavily congested traffic of enormous trucks on both sides of the thoroughfare gives it away: you’re in warehouse country.

Amalie and Danielle were headed into the office early to help prepare for a health and safety training, a bi-monthly affair that aims to sensitize workers to the ubiquitous health violations in an industry that boasts the highest number of injuries when compared to the most dangerous U.S. industries (logging, mining, and construction) (Struna et. al. 2012). One by one, the workers enter, often with their families - the men shake hands, the women kiss on the cheek, the children run to the playroom. We greet workers, pass around the sign-in sheet, and assure everyone has a seat. Veronica (Vero) Alvarado, an administrator at WWU, calls for everyone’s attention from the front of the room, where she stands, 5 feet and 2 inches of motherly compassion and unyielding hunger for worker justice, in front of a white board, wielding her dry-erase sword. She begins,

La salud no se vende ni se delega, se defiende. Porque sin la salud no tenemos nada.

The room is silent. This powerful mantra is one we have heard again and again: our health is not sold or delegated, it defends us. Because without our health, we have nothing. Never had Amalie or Danielle imagined a career where personal safeguarding of your health was of such importance, where health and safety trainings had to educate you on the difference between “una injusticia,” y “algo que es ilegal.” But in this industry, where people experience exposure to
chemicals, zero training for dangerous, technical work, uneven flooring, unimaginable heat, and no access to drinking water on a daily basis, such education is a necessity.

Throughout our time as interns, it became clear that an emphasis on health and safety was an integral part of the WWU foundation. The fact that a large majority of warehouse workers make minimum wage and may not have legal residency in the United States - notwithstanding the recession we are experiencing currently - working and maintaining your employment is of utmost importance. For some of these workers, no work means to food. And without health, work can be impossible. Partially prompted by another WWU administrator Sheheryar (Harry) Kajoosi, we began to wonder - but what if you do get hurt? What are the options for a population of people who live a life where without health, *they have nothing*? Even with the health and safety trainings, illness or injury is often inevitable or out of the workers control, so what then?

Such questions pushed us to research the options for health care among warehouse workers. However, in light of President Barack Obama’s 2010 legislation that mandates affordable healthcare for all *legal citizens*, it soon became clear that our workforce without legal status were further at risk. Our work at WWU began here, putting together a report outlining why our workers needed healthcare more than any other industry or region.

**Introduction: The Warehouse Industry and Our Project**

Our work with WWU has experienced its peaks and lulls. It started with a powerful presentation by Vero during our first Methods class, where she outlined the nature of the industry and the work of the organization. The organization, founded in 2009, aims to improve the jobs of the roughly 85,000 warehouse workers in the Inland Empire.

In an interview with Harry on May 2 in his office, we learned of the original conceptions of the industry and of WWU as an organization. He’d just endured the purgatorial commute from
L.A. to Ontario after he, Vero, and Lupe had presented a worker’s case to a group of legal aids. He was still willing and friendly about being interviewed. His office is about 8 by 8 ft., with a bright fluorescent light glaring down on us. A few anti-Wal-Mart posters adorned the walls, as did a large, overcrowded bookcase. Harry started his career in unions out of college when he worked for the United Farm Workers as a researcher. Then, joining the Change to Win campaign, he was assigned, along with an organizing director, to begin preliminary research on the warehouse industry. He began by mapping the industry – figuring out how it operated, who the main players were, and how the different employers and companies interacted with one another. Harry explained,

the original theory, which actually turned out to be accurate, [is that] this is an important industry because it’s controlled by really big corporations and it’s really crucial to global capital. But it has the labor characteristics of an underground economy.

By referring to the industry as participating in an “underground economy” of sorts, Harry frames the warehouse industry as operating outside of the formal economy, as in illegal or under the radar, especially when it comes to labor. In reference to this he explains the industry as being a …laboratory for temping, and perma-temping. Especially because a large majority are immigrants… [warehouse employers] have been able to lower costs, lower the conditions, and lower the quality of jobs by utilizing these subcontractors.

Essentially, the warehouse industry has experimented – unfortunately, largely successfully – with this kind of employment. The ubiquitous use of staffing agencies allows warehouse employers to “cut labor costs and avoid or deny responsibility for the pay and working conditions of one’s work force” (Bonacich, De Lara 2009) in an effort to in an effort to “keep
their workers at arm’s length” (Allen). Employers can treat them horribly and allow them to work in completely unacceptable positions because they are technically not their own hired employees. As immigrants, often without legal papers, they are unable to organize and speak out about the injustice.

In speaking with Santos, an organizer with WWU, about staffing agencies, he details how when signing on to an agency, of which he approximated 80% of warehouse workers do, you sign a document that acknowledges that you will not receive vacations, nor a raise, nor benefits. While it’s not a legal document, Santos says it has a way of indoctrinating workers to not resist or organize because they have already signed away any hope for change. Santos also elaborated on the “take it or leave it” nature of the agencies, which demand certain hours, certain times, certain wages, and certain guidelines - making compromise impossible. This mentality lends itself to the idea that workers are disposable. If one won’t do the job according to the staffing agencies rules, another surely will, therefore making it unnecessary to tolerate any sort of negotiation or challenge from any one individual. This attitude is mirrored in their response to injury. If one gets hurt, there are plenty waiting in line to take his place. There is no need to assist in his recuperation – he may have just been on for this one job, he is not an “employee” by any standards.

This network of thousands and thousands of workers unpack, repackage, and move millions of tons of goods annually that arrive from the Los Angeles and Long Beach ports and are then moved throughout the country. With low wages that simply do not meet basic family needs (Bonacich, De Lara 2009), responsibility to do very dangerous work without training in perilous and health-harming work environments, institutionalized fear of organizing, and totally untraceable lines of accountability, the environment of these warehouses is isolating and tense.
The ethos is furthered by the unimaginable amount of pressure workers are put under by their supervisors especially considered the monotony of doing one movement continuously throughout the day. In our interview with Javier, a warehouse worker, he emphasized the tunnel vision supervisors have when it comes to meeting daily quotas. He offers a hypothetical interaction in the warehouse,

[The supervisors] are in your face screaming and in the meetings telling people ‘hey, you know if you no complete your quota you gonna get fired. Outside we have more people who want to work.’ So everyday you are worried and stressing, I need to complete my quota. It’s bad like this.

Santos echoed a similar sentiment, saying that supervisors love to see you change sweaty shirts multiple times a day to prove you’re really working. Clearly, workers are treated like cogs in this massive machine - dehumanized as agents of production that are entirely replaceable.

Still under Change to Win, and working closely with California Occupational Health and Safety Administration (Cal/OSHA), WWU is steadfast in ameliorating these horrible conditions in order to “make warehouse jobs good jobs by...ensuring that major retailers like Wal-Mart and its subcontractors follow the law and treat workers with respect” (warehouseworkersunited.org).

Prompted by Harry at the beginning of our internship, our first task was to research Obama’s Affordable Care Act (ACA or ObamaCare). This research was intended to highlight who of our workforce was going to “fall through the cracks” of the new legislation - that is, who might be unable to access the purportedly “universal” benefit. From this, we intended to present to Kaiser Permanente’s Charitable Care fund and solicit funding for those of our workforce whom would find themselves un-covered. From our basic internet research, we quickly found that the undocumented members of our workforce were completely ineligible for the ACA and
therefore required other avenues to get coverage. We decided to extrapolate on our assigned project for our research for the Ontario Program. We aimed to illustrate what warehouse workers access to health care looks like in the Inland Empire and their opinions on health care and their employment, as autonomous entities and in conjunction with one another. We wanted to know why Harry, and other administrators at WWU, wanted us to pursue this project. The details and results of our study will come later in the Findings section of this paper, but it is first important to acknowledge the importance of doing this research and of ensuring that all residing in the U.S., regardless of legal status, ought to have equal levels of health coverage.

**Why Health Care and Warehouse Workers?**

Our paper explores topics pertinent to readers on a variety of levels – as patrons of health care, as “consumers” in the capitalistic model, as learners invested in achieving “intercultural understanding,” as neighbors to a more concentrated undocumented population, and as humanists. With the ACA now in the process of implementation nationwide, topics of health and health care are very much on the table. While this act is applauded for being “universal” and “comprehensive” this paper showcases a significant population that will fall through the cracks of this legislation. We offer a compelling supplementary analysis that examines *who* it omits, instead of who it includes.

In a way, as individuals who *consume* to varying degrees, we are inextricably linked to these warehouse workers who move our goods. Without the work they do, America could functionally run for *two weeks* before feeling pressed for certain essentials (Alvarado 2013). In an industry that purposely obscures its consumers from its producers and vice versa, this paper aims to contextualize our unrecognized proximity to them as well as our unrecognized reliance on them. In doing so, we feel that embedded in such a heavy reliance exists a degree of
reciprocal responsibility to those who provide for us. Denying undocumented members of this work force (of which there are many) accessible health care options displays complete negligence of this responsibility, if not complete negligence of our responsibility as human beings to one another. If one does not adhere to the idea that human beings must be there for one another, then at the least it shows the government’s outright refusal to acknowledge a population that is absolutely vital to our economy locally and globally. Further, such a refusal is evident of structural violence in that it allows the health of millions of U.S. residents to be dangerously compromised. The concept of structural violence and it’s relation to ObamaCare will be expanded on in our Findings section.

The vast number of undocumented people that partially comprise the workforce in warehouses are not just proximate in the sense that they may have unpacked the shampoo we just picked up from the Target on Central Ave., but are proximate geographically too - living just miles from the idyllic, tree-lined bubble of Claremont. As residents of the Inland Empire where the logistics movement is centralized, this piece offers a partial vignette of the lives of our neighbors. Especially as students of an institution that advertises “intercultural understanding” as one of its five core values, it’s important that we, at the very least, gain some perspective on the immediate area in which we live, where employees of this ubiquitous industry experience rampant injustice daily.

Additionally, as we are in close geographic proximity to a high concentration of warehouse workers, many who likely do not have papers, one could argue that the quality of health in the area is more comprised if those undocumented workers do not have equal access to health care. As USC Public Health professor Michael Cousineau said in his recent lecture titled “ObamaCare and the Urban Poor” (2013), a parent would not want their 1st grader sitting next to
another undocumented 1st grader in class who couldn’t go to the doctor when she/he was sick. In essence, putting the health of some members of our community at risk puts the health of everyone in the community at risk. As residents of the Inland Empire, this paper showcases how important it is for us on a personal level to insure the health of our proximate neighbors.

As individuals striving to promote equality and justice in our community, we realized the need for giving warehouse workers in the Inland Empire an opportunity to be heard. As a population of people who are not able to unionize, the warehouse workers are at an extreme disadvantage in terms of being able to advocate for themselves. Without the support of a collective bargaining agreement, the injustices they face are not only life-threatening in and of themselves, but speaking out against them can easily cost an individual his or her job. The intimidation tactics used by the managers in the warehouses prevent workers from bringing their claims to fruition and getting their full compensation, or even just access to clean drinking water. Although their rights are “protected” by Cal-OSHA, more often than not, the workers who are taken advantage of are either too intimidated to take their claims to Cal-OSHA or do not have knowledge of the process. This research aims to further make known the injustices within the warehouse industry so as to give these workers a voice. Representing these workers in their struggle for access to health care potentially gives them power in other venues. It is tremendously important that this non-unionized population is given special attention due to the moralistic concerns associated with caring for all people within our nation’s boundaries.

The other moralistic concern associated with this population is the issue of access to health care and how this population can achieve it. While the ACA aims to offer affordable health care to all those with citizenship, there are 12 million people who will be excluded from this act because they lack documentation. Our research aims to amplify the voices that would
otherwise not be heard within this debate. All members of our community need to be involved in this conversation.

Another way in which our research will be useful is to contribute to the academic research on health care for the undocumented population. While there is a vast amount of literature out there already, our research aims to fill in the holes as well as offer additional voices from the warehouse worker population in the Inland Empire specifically.

**Positionality Statements**

Critically examining our positionality came to be of utmost importance throughout our intern experience. Both of us are from largely different communities than the one at WWU, from different parts of the United States, different families, different peers, and different surroundings that have greatly influenced, consciously or unconsciously, the people we are now. Our racial differences from the WWU community had to be thoughtfully considered in order to eradicate any possibly oppressive behavior derived from our white privilege. Our gender and class differences had to be reconciled simultaneously, as they were also sites of difference. Many other aspects of our positionality colored our experience, such as our language and position within the organization, of which manifested differently for both of us.

**Amalie**

While I don’t believe my positionality prevented me from having genuine and meaningful experiences with members of the WWU community, I do feel that in some instances it helped shape my experiences. As a white, middle-class female entering into a predominantly Latino community, I feel my cultural background and differences shaped the way I was viewed by members of the community on certain occasions. There were many instances when I felt as
though my cultural outsider position entitled certain individuals to treat me differently. To begin with, I would like to identify why I was viewed as an outsider in this community. After defining how I was an outsider within this community, I will give examples of how my outsider status affected my relations with community members.

As a college student having worked full-time only during the summer break, my daily experience is vastly different from the majority of the men and women working with WWU. As members of the WWU community, most of the people attending health and safety trainings or participating in the other services offered at the office are employed full-time within the warehouses. Many of these men and women began working at the warehouses at a young age. For instance, Santos one of the men we interviewed, worked part-time in high school to support his family until he had to drop out and work full-time to help support his parents. When I was in high school I was not allowed to have a job because I needed to “focus on academics” as my Dad would always say. The responsibility and reality of having to contribute to supporting my family was nowhere on my radar. The privilege of attending college and not having to support my family was something I became cognizant of only after I interacted with members of this community. The difference in my ability to focus on school rather than work is also reflective of my different socio-economic status. While I do not feel that this played a specific role in how I was able to interact with individuals within the community, it is part of what contributed to my outsider position.

I was also an outsider within this community in terms of culture. Having grown up in a predominantly white community with little to no diversity, I have not been exposed to Latino culture. The only thing I can think of as a cultural phenomenon within my community was Sunday football and going out to the movies on weekend nights. The differences in our culture
became apparent to me when Silvia, one of the full-time employees at WWU, alerted us that having food at the ESL classes was a bad idea because in her culture, food equals party. Again, I do not believe that my cultural differences prevented me from having genuine experiences with the community, but it is another contribution to my outsider status.

Known to most or all of the community members as the interns, the label took on a meaning of its own. Being called an intern denoted that we were temporary, removed members of the community with our own agenda. Sometimes Santos would joke with us about being in the side room at the office- poking fun at our physically removed existence at the office. The title of intern insinuated “outsiderness” though in not so many words.

On three occasions during my time at the office, men from the community made sexual passes at me. Although these comments were not tremendously offensive, I believe that it was due to my outsider status that the men who made these comments felt it was okay to do so. I never observed any men making passes at Silvia or Veronica, who are both female-bodied and identified. Sylvia and Veronica both work at the office full-time and they are both Latina, making both of them members of two communities that I am not, the WWU community as well as the Latina community. Although both of these women are young, take care of themselves, and look very presentable at the workplace, I never witnessed them being harassed in the way I had been. In fact, at one point Silvia was present when a male was implicitly making an attempt at impressing me with a romantic escapade that in his eyes, confirmed his manhood. She was able to laugh it off and make fun of him. However, due to my outsider position and lack of solid relationship with this individual I felt it would be rude for me to act in a similar fashion. Whether knowing it or not, this man was taking advantage of the fact that I was in this position. I feel that I was explicitly treated differently due to my outsider status in this situation.
Another way in which my outsider status has influenced my interactions with community members is within the office in terms of meetings and gatherings. One difficulty Danielle and I faced while working with WWU was communication and being aware of community actions/meetings we could be a part of. Often times, the only way we were able to find out about things was from overhearing while we were at the office. This created a confusing situation when we would enter the office and find meetings in progress. As an outsider of the community, I was unclear about my ability to be a participant in these meetings. There was a complex understanding between members of the community about who was allowed to be at certain events, but with the lack of communication on the part of our supervisors, knowing where we stood was tremendously difficult. Due to the fact that we were often not clearly told whether we were allowed at events or not contributed to the feeling of being an outsider and did not allow for us to move freely amongst the community.

While my interactions did not seem to be determined entirely by my positionality, there were many instances when I felt that my differences shaped my experiences. As an outsider to the community, I was not Latina, not full-time at the WWU, and I have also had a very different life experience from the community. My outsider position allowed for community members to view me as different from them and opened up new rules of engagement. In some instances, this meant being hit on, in other instances this meant being excluded from meetings or actions. Either way, my positionality shaped many of the interactions I had during my time at WWU.

Danielle
Coming from a largely homogenous upper middle class white background, I typically regarded my parents success, which then fueled my own success, as a product of hard work and luck in finding the right niche (with their restaurants) at the right time. The concepts, theories, and readings that were brought to light in the Ontario program allowed me to see that while their whiteness ought not undermine their hard work, it certainly helps me to understand that much of their success was born to them as white people. By the same token, much of the success and general “ease” in life I have experienced comes as a product of my fair skin. This notion has indeed brought to my attention the racism still embedded in our cities and often, tragically, still explicitly pronounced. This knowledge is power - self-power - that allows me the ability to critically analyze legislation and ways of life that are still inherently racist, and eradicate them within myself or within grander society.

The same goes with the sensitivity I have developed towards class relations. I recall a situation with Silvia when we were discussing our English language classes (discussed in depth in the *Our Time at WWU* section of this paper) and I suggested that buying some ESL reference books would be fruitful in developing our curriculum. She responded, “well, who is going to pay for those books?” I was thrown off guard and had a lump in my throat. I quickly fabricated an excuse that Pitzer in Ontario may have some funding for such student-organized endeavors. Quickly thereafter, I recognized how unconsciously my positionality surfaces in the most mundane and neutral of interactions. The fact that money, especially for something ultimately beneficial for all parties like books, would be a cause for concern, discomfort, or question reminded me to think critically before I speak, especially concerning money, or to be cognizant that creative solutions are always better than mere assumption that there is a mutual understanding.
Often times though, thinking critically about my positionality, my race and class specifically, often left me feeling a bit paralyzed. While I feel that it is important to recognize that my positionality as a white, upper-middle class female functions as a shadow wherever I go, I often became hyper-aware of my difference in the WWU community of majority Latino, immigrant, working class men. Then, becoming too entrenched in the “difference of my difference” I felt self-ostracized, and unable to feel truly apart of the organization or community.

While my goal was not just to feel comfortable, and instead “find comfort in the discomfort” as Tom emphasizes, I feel like the Ontario program’s emphasis on developing an understanding of your positionality benched me when it came to really connecting with people. The shadow of my positionality soon came to feel like a defining factor of my personality. I often felt that the fact that I had never sweat on a warehouse floor, never had to censor myself to avoid revealing my documentation status, or never had my mother pack *pupusas* in my lunchbox was something to be ashamed of, or at least, something that I desperately wished would’ve happened so that I wouldn’t be some white *gringa* working with the “disenfranchised” in her community to fulfill a credit at her expensive, private college.

I think the important, yet overstressed agenda to be cognizant of your positionality, which in my case at WWU, became synonymous with difference, made me so deeply afraid of offending anyone that silence replaced joking, playing, conversing, *connecting*. Something that I feel is dangerously understressed in the Ontario program is the similarities that bind all people. When it comes to doing research, yes, it is important to delineate how the researcher as an individual, with a history, played a part in the questions she asked, the way she interacted, the way she acquired data, and the way she interpreted it. But we do so much more than research with these internships. I really don’t even like using the term “research,” because I feel like it is
imbued with unfair power dynamics as far as who is researching and who is being researched – who has the gaze, and who is subject to the gaze – who constructs the story, and who actually lives it. We hang out, we communicate, we attend events, we plan events, we get to know. To be very honest, for me, who hopes to continue with WWU, acceptance has been something I’ve sought and continued to seek, as opposed to great data from an interview.

But why? I think fostering true human connections is an important, if not the most important thing I strive for in life at this time. I like to believe that all people are fundamentally the same with just different, unique, beautiful backdrops. Maybe I write my gender, race, and class on an application or a census every now and again, but it would be a shame if I let them ride shotgun for the entire ride of my life - even in light of the fact that have undoubtedly affected my life, my values, my successes, and my failures. In other words, despite the fact that my upbringing plays a large role in who I am, that should not define the relationships I foster with others.

**Theoretical Frameworks/Research Methods**

While our research employed the advocacy/participatory paradigm, we felt we moved beyond this in the sense that we actually worked for the organization. Through interviewing community members and representing their struggles in terms of finding access to health care, we are amplifying their voices loud enough to finally be heard, and thereby offering a testimony for increased access to care for such people. However, not only are we advocating for them by way of allowing for their voices to be heard, we are also working for them in researching the systems they have access to and exposing their defectiveness. With this research, we are able to contribute to presentations for increased access to health insurance for all. In this way, we are working for our participants and our community in a more formal sense. In addition to our own
research (which fits within the project Harry assigned us), we are also working for the community on various other projects we have been assigned, like the legal clinic, ESL classes, and various other odd-jobs around the office.

Amidst our participation in the organization - with assigned projects as well as various events, our internship was also conducted through a participatory-action research function. Despite the fact that we were for the most part working for and with the organization on their own goals and projects, we were simultaneously engaged in our own personal research - of the organization and our place within it, and of course, through our research on health care.

First the projects we completed were grounded in participatory-action researchers posited goal of “creating a positive social change” (Berg 2004) insofar that our research was aimed towards broadening undocumented workers access to health care, helping them gain justice in the workplace through legal processes, or helping them acquire language skills. The work we were given also fits under Berg’s design of “uncover[ing] or produc[ing] information and knowledge that will be directly useful to a group of people” (2004).

Berg’s model of research loosely fit what actually occurred in our situation. Our research did not necessarily require the first stage of research, which is meeting with the community to identify the problems and the path to solutions, we were simply set upon the path from the get-go, with the idea that the identification stage had already occurred or that the problems had more blatantly presented themselves previously. Harry’s delegation of the project insinuated that broader access to health care was already an established need within the community. This assumption came to a head later on in our research and will be expanded on in the Findings section. Our research most clearly fits within the technical collaborative and practical/mutual collaborative approaches. As far as the technical collaborative, the research we are doing as far
as undocumented people’s access to health care with be shared will the practitioners (administrators at WWU) to them be implemented with the group (the workers). The practitioners themselves arrived at the problem of limited health care access, as opposed to collaboratively with the researcher, which distinguishes our practice from typical technical collaborative practices. That said the collaborative process will have come into play in regard to what is implemented with the group. Our process also falls under the practical/mutual collaborative framework in that it “empowers” the stakeholders of the situation. Their wisdom is what informs the change being made. Our interviewing of said stakeholders aimed to bring to light such wisdom as to be drawn upon during collaboration with the practitioners to develop the best solutions.

Our role as participatory-action researchers, however, is very much related to how Michelle Téllez identifies herself in her work with the Maclovio Rojas community,

Thus, while I see myself conducting critical research, I am also very involved as an advocate in the community, as a feminist interested in moving forward the women’s center project, and as an organizer who co-plans cultural celebrations, meetings, and actions. (2005).

We feel as though Téllez eloquently defines herself as a participatory-action researcher but also details her personal dedication, activism, and engagement as an organizer that sets her apart from the traditional definition of this kind of work. Similarly, we feel as though our position as participatory-action researchers revises the traditional scope of other such researchers. As stalwart advocates for Warehouse Workers United agenda, we are invested in their cause and the individual plight of each worker. Danielle will be staying on for the summer and hopefully next year as a part of a three-person team expanding the legal clinic program and strengthening the
cases of several workers, thereby modifying the temporal restraints that the Ontario program imposes, and thus her position as a participatory-action researcher under the guidance of the said program. We have also functioned as organizers for several events as well, such as the legal clinic. While this is not to say that other participatory-action researchers do not become invested in their cause or organization, we feel as though the roles extend or at least differ from general purview.

Conceptually, the research is grounded in the social constructivist paradigm. We stood by the constructivist cornerstone of “rely[ing] as much as possible on the participants’ views of the situation” (Creswell 2007). Our research aims to contextualize what is said about undocumented people and their access to health care (as per the upcoming Literature Review) with the actual lived experiences of warehouse workers in the Inland Empire. While we have delineated certain trends in the literature, we looked “for the complexity of views rather than narrow[ing] the meanings to a few categories or ideas” (Creswell 2007). In other words, we consciously abstained from leading our interviewees (during interviews) towards the answers we wanted to hear. Rather than entering into the interviews with a post positivistic mentality that already entertains a theory, we entered the interviews free of theory or structures, and left able to develop a new “theory or pattern of meaning” from what was just shared. Before the subject of the interview was even introduced, we made it of utmost importance to get to know our interviewees and a little bit of their background. As per the social constructivist paradigm, we understood that the narratives we heard, embedded with opinions and outlooks, are constructed socially in the midst of ones lives. Understanding their lives apart from their opinions provides a fuller, more complex picture of said opinions, thereby allowing us to contextualize what they have put forth and why.
We are also working from a postmodern perspective in the sense that through the interviews we aim to “deconstruct” texts in terms of…examining and bringing to the surface concealed hierarchies as well as dominations, oppositions, inconsistencies, and contradictions” (Creswell 2007). We attempted to avoid any misrepresentation of narratives or unwarranted creation of postmodern-esque meta-narratives through co-authorship. We kept each other in check with constructive criticism that restricted the other from becoming too invested in contriving some larger systemic/oppressive/hierarchical meaning from an interviewee’s story. That said, we still find merit in working from a postmodern point of view, and that people’s lived experiences often reflect the social and economic backdrops of their world.

Interviews and observation were the two main components of our research process. To gather a significant amount of information about our participants, we used a semi-standard interview approach. This interviewing technique allowed us the flexibility to ask probing questions when appropriate, while also giving us plenty of pre-scripted questions as to gather significant data from each participant. The interviews were all held at WWU except for Santos’ interview, which was at a Starbucks in Claremont. Both proved neutral spaces for both the participants and us as interviewers. The office was a familiar comfortable space where all interviewees frequented, and Santos chose his interview location. Although we had a general list of questions for the interviews, we were flexible about hearing oral histories depending upon the situation. For instance, Santos spoke with little hesitations about his life story with little prompting necessary. We allowed him to speak fully and candidly without interruption as that format seemed to suit him most.

Throughout our interviews, certain themes started to appear. One of the issues we grappled with as researchers was whether or not to revise our interview questions to suit these
themes. While it may have been easier to write the research paper if we had changed our interview questions so suit the themes that were emerging, we felt it would be unethical to do so due to the fact that the themes we saw emerging were in direct contrast to our research. In essence, our questions became the “controlled” component of our process. If we had changed our interview questions part way through our research we would have been fishing for responses and results to suit the themes we began to see with the first few interviews. As researchers dedicated to presenting the community in the most honest way possible, we felt this would be manipulative.

**Literature Review**

Undocumented immigrants within the U.S. have a historically difficult time accessing health care. Institutions and structures within the United States systematically fix undocumented people into a sort of second-tier status of living, restricting access to or inspiring fear in enrolling in certain programs, as is the case with health care. The risk of possible deportation (Chavez 1984), having different conceptions of health than professional providers (Moore 1986; Portes et. al. 2009), and having a desire to avoid stigmatizing circumstances supersede the real need for medical assistance (Derose et. al. 2007) among other stunting rationales, leaving undocumented immigrants few options to address their health needs. This literature review aims to unpack what scholars say about undocumented immigrants very limited access to health care by mapping their placement within society, their subsequent apprehensions for seeking treatment, the alternative forms of treatment that have arisen due to their limited access, and how the state of medicine at large has a grand effect on how undocumented immigrants are received as patients. Next, we map various author’s arguments for why undocumented immigrants *should* have broader access among them being, the health of the greater community (Fallek 1997; Kullgren 2007; Markel
and Stern 2002), the costs associated with undocumented immigrants seeking care in the emergency room (Dubard and Massing 2007), moral/ethical/social responsibility concerns (Bosco 1994; Dwyer 2004), and the notion that undocumented immigrants do not capitalize off public services as is normally suggested (Chavez et. al. 1997; Leclere 1994; Rehm 2003).

In their study concerning the experiences of Central American immigrants with immigration laws, Menjivar and Abrego (2012) find that while they certainly punished by the law in any matter of ways, they are simultaneously “pushed…to spaces outside of the law” when it comes to public benefits or basic rights when living in the United States. In Menjivar’s earlier study on the lives of Salvadoran and Guatemalan immigrants in the U.S. (2006), she discusses the gray area of immigrants’ existences, in which they live a life of “liminal legality.” In his article on undocumented immigrants and U.S. health services, Chavez (1992) articulates this coinage to constitute an existence of living in the nation, “but [not being] perceived as a part of the nation.” In light of these tenuous legal statuses and the lived experiences of such statuses, many argue that their payment of certain taxes such as income, property, gas, and sales (Goldman et. al. 2006) is a more informal marker of their justified place in society and their eligibility to receive public aid. Dwyer maps the inadequacies of “nationalist” and “humanist” perspectives of “illegal immigrants” in his essay (2004), before showcasing his “social responsibility” framework as a more accurate model. He argues that is our social responsibility to provide undocumented immigrants with health care by citing them as a prominent faction of America’s workforce. They are employed predominantly in low-skill, low-wage, often undesirable jobs that enable our country and our economy, both on a national level and abroad, to function the way it does. Dwyer continues to say that such contributions to our society imbue them with the right to reap the benefits that that society offers. He pushes his social
responsibility model by framing undocumented immigrants as “social members,” people engaged in “social co-operation” in our children’s schools, in our neighborhoods, in the workforce, and in all the other facets of community life. He argues that they have even more of a place in society as an extremely vulnerable and exploited population and are thereby even more in need and deserving of American benefits.

Horton’s piece (2004) on the “deservingness” of undocumented immigrants to reap citizenship benefits draws upon Foucault’s theory of “subjectification” - where an intersectional assumption of an individual (determined by his or her perceived race, class, gender) supersedes the individual him or herself. At a hospital, clinic, or any other medical space, that original assumption thereby undergirds a doctor’s idea of if he or she is “deserving of care” and what kind and quality of care will be served. A normative Latino-bodied individual (if there is such an isolated appearance) is subject to certain preliminary assumptions that affect subsequent interaction. Compounding those initial assumptions with no legal status exacerbates this scenario. Many lacking insurance, Horton explains how many undocumented immigrants are stigmatized as being unable to pay bills and thus being a drain on publically funded resources. According to Goldman (2006), however, the public spends half of what would be predicted on the undocumented population in terms of population size. Even further than being merely blamed for overusing public resources, they are stigmatized as consciously plotting to get a free ride, so to speak, on benefits (Holmes 2007). They are stereotyped as drunks and criminals (Holmes 2007) and have long been tenuously associated with germs and contagion – linkages that serve as rationales for anxiety about and avoidance of the foreigner (Markel and Stern 2002).

Even when an undocumented immigrant does seek professional care, there are a number of personal apprehensions to reconcile first. Horton (2004) expands on her idea that medical
institutions determine deservingness of care, by framing these institutions as extensions of the state. From an undocumented patient’s perspective, putting herself into the health care system is the same as putting herself in the state system - embedding anxiety and increased vulnerability for deportation (Chavez 1984). Such fear can deter undocumented immigrants from even approaching any official-looking institution (Portes et. al. 2009) and cause one to go to great lengths to avoid social service providers (Menjivar 2012). Other apprehensions include language barriers and high cost of treatment/lack of insurance (Drake 1994; Portes, Light, Fernandez-Kelly 2009), inaccessibility geographically (Chavez 1984), stigmatization leading to an aversion to interact with mainstream culture (Derose et. al. 2007), lack of knowledge in dealing with bureaucratic systems (Rehm 2003), and contrary definitions of health to an Anglo dominated system (Moore 1986). Also, with a fluctuating income (Rehm 2003) and lack of residential stability (Portes et. al. 2009) undocumented residents often do not meet eligibility requirements for certain programs. While certain states and counties have chosen to expand safety net programs that do not require proof of citizenship, they do have strict restrictions as far as maintaining little or no income, thereby keeping people in a cycle of poverty in order to maintain their access to medical care (Portes et. al. 2009).

Horton also argues that the medical world, as an extension of the state that punishes those without documentation, conditions the undocumented immigrant for how he or she will be treated in other American institutions. The health care system as a civic institution instills in undocumented immigrants certain conceptions about their rights and responsibilities in their interaction with it (2004). In her article concerning undocumented Mexican immigrants access to health care in Richmond, California, Moore outlines how their treatment, which may be augmented by the racist stereotypes touched on previously, may be indicative of their status
within institutions at large, which can have large psychological and political implications for the immigrant as far as how often they choose (or are forced) to confront it (1986).

Menjivar’s article on female Guatemalan immigrant’s creation of informal care channels (2002) and Portes et. al.’s institutional review of health care and the insurgent immigrant population (2008) both address how health care’s strong affiliation with the state explains its corresponding capitalistic nature. Menjivar notes how by and large, U.S. health policies favor the private sector and maximization of profits. Immigrants, who are less likely to have the means to pay full costs for services required, must seek alternative options. They are slighted by the healthcare industry because they cannot afford it (2002). Portes et. al. furthers this assertion by elucidating health as a commodity, and patients as consumers (2009).

Holmes piece on Oaxacan berry pickers and their experiences with health care discusses another aspect of medicine today: the doctor’s assumption of Foucault’s “clinical gaze,” a gaze in which the body is objectified to just be an assembly of parts and is divorced from the words of the patient. In other words, doctors are unable to see the systems at hand that can enable suffering; they have no sociological imagination. With the case of Oaxacan berry pickers, Holmes noted that clinicians “inadvertently added insult to injury” – blaming the patient for his suffering – while failing to see the “ethnicity-citizenship-labor hierarchy” that played a large role in their sickness. (2007). Though generalizing, medicine seems too invested in its capitalistic motives today to notice the humanity they turn a blind eye from.

Health care is inaccessible to undocumented immigrants on many fronts, thus leading them to forge informal and alternative ways to care for themselves. Drake presents co-residency as one type of coping mechanism– that is undocumented people living with documented people and/or uninsured people living with insured people – in order to gain access to medicine and/or
medical advice (1994). Co-residency presents its own risks too, however, as seeking care for one member of a family (who may be eligible for publicly funded care) may put other members at risk for having their legal status probed (Rehm 2003). Another option for care is through native folk healing. While folk healing generally pertains to folk illnesses like mal de ojo (evil eye), susto (fright), or empacho (stomach ailment) (Rehm 2003), illnesses like tonsillitis are treatable through these alternative methods as well (Moore 1986). That said, people seek alternative, folk remedies because they can’t afford mainstream biomedical care, not because of a strict adherence to cultural beliefs (Chavez 1984). Nevertheless folk healing is not to be discounted as an alternative provision of care.

Menjivar’s article on informal channels of care for female Guatemalan immigrants (2002) really delves into how locating medical care is a social process. Women, who are generally charged with the responsibility of finding care for their families, create informal, yet complex networks that are key in putting a variety of treatments within reach to new immigrants. Menjivar outlines these networks to be comprised of information on available resources, spaces to share medications and other remedies, sources of funding if one cannot afford a visit, transportation, information on local curanderos, or simply a prayer for health at the church. If anything, wherever a service has been obtained, family and friends have made it happen.

Undocumented immigrants limited access to care is well documented in scholarly articles and outlined above to include: unresolved ideas of whether undocumented people are a part of society, racial stereotypes that affect their treatment or preclude them from getting professional care, various other apprehensions that inhibit them from seeking care, the medical world as an institution pervaded with capitalistic tendencies, and a fear of healthcare as a civic extension of
the state. Supplementing this work is scholarly attention to why undocumented immigrants should have fair, uncomplicated access to health care.

Explanations for why undocumented immigrants should have greater access to health care in the United States vary among scholars. The main reasons cited for why undocumented immigrants should have greater access to care are: the health of the greater community (Fallek 1997; Kullgren 2007; Market and Stern 2002), the costs associated with undocumented immigrants seeking care in the emergency room (Dubard and Massing 2007), moral/ethical/social responsibility concerns (Bosco 1994; Dwyer 2004), and the notion that undocumented immigrants do not capitalize off public services as is normally suggested (Chavez, Hubbell, Mishra, and Valdez 1997; Menjivar 2002; Leclere 1994; Rehm 2003).

According to many authors there is concern for the health of the people who undocumented immigrants come into contact with. Dwyer argues that, as “social members” of our communities, denying undocumented people care puts all other citizens at risk of contracting airborne contagions, like tuberculosis. In other words, disease travels between people regardless of their legal status (2004). Safeguarding undocumented people’s health safeguards larger society’s health, and therefore the world’s health because of this global village we are a part of today (Markel and Stern 2002). Despite the persistent association of the immigrant and disease, which promotes stigmatization (Markel and Stern 2002), some scholars use immigrant’s disproportionate rates of disease as a rationale for more widespread health care (Fallek 1997; Kullgren 2003). Nevertheless, it is to the effect of excising the possibility of such communicable diseases reaching more people, documented and undocumented alike.

Corresponding to this notion of total public health is the moral/ethical dilemmas health providers’ face in making this a reality. Portes et. al. juxtaposes medical professional’s adherence
to the Hippocratic oath and the potential harm they inflict by denying care to patients if they cannot prove their legal status (2009). In her article on Mexican-American families experiences finding care for their children who have chronic conditions, Rehm touches on the dichotomy again, noting that medical professionals are often caught between their professional values of just service to those in need, and sometimes oppositional legal and financial restrictions (2003). They are also often forced to provide information about their patients concerning their legality, thereby violating confidentiality agreements (Dwyer 2004). While this conundrum seems rather unsolved in the literature, posed more as just a reflexive ethical dilemma, it also points to the moral implications of denying care in general. Drake adopts a moralistic perspective in her piece on health care disparities for those new to the U.S., arguing that it is unethical to deny care to any human being in need, nevertheless to an especially vulnerable population of those in need (1994). Bosco offers an opinion of moral duty to provide healthcare to those our nation has harmed throughout its history. In exploiting other nations for our own economic interests, the US has indebted ourselves to other nations. Bosco argues that to make up for this we ought to open up public services when they enter the US whether by legal or “illegal” processes. Turning a blind eye to those in need fundamentally violates our Constitution’s promise to provide “fair and humane treatment to all people within our borders” (Bosco 1994). Their vulnerability, made so by American institutions, structures, and foreign investment (Bosco 1994), initiates their care being our explicit social responsibility (Dwyer 2004). According to Nandi et. al. (2008) it is tremendously important to address policies that limit undocumented immigrants’ access to health care. Without large-scale political solutions, increases in access to care will significantly increase the quality of life of this growing population. Thinking of undocumented immigrants as a population separate from the rights and privileges documented citizens enjoy, such as access to
medical care when needed without having to prove their citizenship, is dangerous and inhumane. Horton regards how equally dangerous it is to think of health care as something one must be morally deserving of, and calls for a collective conversation shift. Many authors call for a discussion shift – one that is not about capitalistic concerns, such as if undocumented immigrant consumption merits their use of public resources – but one about social justice (Dwyer 2004) that establishes health care as a universal right (Portes, Light, and Fernandez Kelly 2009) and takes into account the social contexts that create a need for health care at all (Holmes 2007).

In Menjivar’s studies on Guatemalan and Salvadoran immigrants experiencing “liminal legality” (2006) and on legal violence towards Central American immigrants (2012) she discusses the danger of creating a new “immigrant class” – one where people would experience a second-class type of citizenship of stigmatization, racism, and exclusion from common services like health care – a tragic conclusion we may be well on our way to meeting. This second-class citizenship can already be seen when looking at undocumented households with children who hold legal status. According to Berk et. al. (2000), half of undocumented Latino immigrants have children who were born in the U.S. The dichotomy within households of mixed citizenship status makes it clear that while undocumented citizens play a vital role in our economy, their lives are not valued in the same way citizens are. Due to their parent’s documentation status and lack of health insurance, children of undocumented immigrants are at a higher risk when it comes to their health, because of the inability to attain medical services. Often, children living in immigrant households are not able to receive sufficient medical care because of their immediate family’s documentation status and the fear their parents may have of bringing them to official medical offices. While some of these children may have citizenship, and are therefore likely
eligible for the care they seek, they are not afforded equal opportunities to healthcare because of their parents’ status.

Despite literature that contests that undocumented immigrants conscientiously drain public resources, including hospitals, on explicit empirical levels (Menjivar 2002; Leclere 1994; Rehm 2003) others note that with no other options for primary care, undocumented immigrants use emergency rooms more commonly than those who have other options (Chan et. al. 1996). Emergency Medicaid absorbs unpaid emergency room care, which is mainly comprised of undocumented patients (Dubard and Massing 2007). While the money used for this reimbursement process is a small fraction of the annual Medicaid expenditure, upon comparison, much less would be spent if the undocumented person had already been insured (Chan et. al. 1996). While scholars differ on undocumented peoples actual use/abuse of hospitals, primary care in the place of hospital use is an agreed upon rationale for providing greater access to care.

While there is a belief among U.S. citizens that immigrants come here for the social services, undocumented immigrants were not influenced in terms of remaining in the U.S. or not by the social services offered here. Chavez et. al. (1992) researched Latina immigrants living in the U.S. and found with resounding certainty that although undocumented Latina women living in the U.S. did not have health insurance, their use of emergency room care and other social services did not influence their decision to remain in the U.S. The vast majority of undocumented immigrants who sought care in emergency rooms in the U.S. did so solely because they were in the U.S. at the time they needed treatment (Dubard, Massing 2007). The literature shows that although there is the assumption that people from neighboring countries come to the U.S. to attain medical care, this assumption is false and the services undocumented immigrants are provided while in the U.S. does not influence their decision to remain in the U.S.
or not. Thus, offering expanded access to services would not be offering up what undocumented people purportedly exploit, but would be on the premise of everyone’s unalienable right to health.

**Our Time at WWU**

On the first official “Monday” of our internship, we went to the office to meet with our first supervisor, Harry and other interns. There were originally three from UC Riverside. We were thrust head first into the ObamaCare project that would soon develop into our own research endeavor for the Ontario program. Our research was to manifest in PowerPoint presentation to be presented to the Kaiser Permanente Charitable Care foundation. We created a calendar, delegated roles, and planned a date for our next check-in meeting. At that point in the process, everything seemed pristinely organized and squared away. We felt as though we had a pretty monumental project to work on, and most importantly, that our work was needed.

For the next month or so, we came into the office mainly to do research. Maria, one of the UCR interns came relatively consistently for the first 2 weeks ago, before waning to every other time, and then not at all. Harry and Vero asked casually what had happened to her about two and half months after she stopped coming at all. When we responded that we had no idea, they both chuckled, “she talked about herself a lot anyway,” Vero added. Their blasé reaction was revealing. It seemed that Vero and Harry had seen their fair share of interns parade through the office, offer a few months assistance in exchange for class credit, and then be on their way. Danielle had presumed, upon first entering the office that we were not the only two fired up interns ever to enter the office, and Harry and Vero’s lack of connection with Maria confirmed this. The two other interns, both from UCR, also dropped off in the beginning stages of the process, but seemed to have had a longer tenure at the office – both having seemingly close
relationships with Vero and the workers. While we saw them both at the first leadership meeting, our other interactions consisted of their half-hearted hello’s occasionally at the office, and watching them from afar make decorative calendars to hang up on the walls or as babysitters during other health and safety trainings. Both Latina, they were playful and joked with the workers – due in part to their ability to converse comfortably in Spanish. While they were included in the original health care project and delegated roles, they seemed fairly un-enthused about the whole matter, opting to chat with Vero in her office while we discussed “sliding-scale premiums” at a catch-up meeting with Harry. It became clear at this point that there were two distinctly different internship roles available at WWU. It also became clear that Harry’s active involvement in our project, as well as the fact that he even delegated such an assignment, was part and parcel of the normal trajectory of an intern. An engaged, seemingly important project was assigned to us because it was the beginning of the semester, which is when all new interns come on because they are starting a new class that requires they do so. The fact that the looming Kaiser presentation never materialized, or to our frustration, maybe never was scheduled in the first place, cements our idea of a project designed to hook new interns, but is fundamentally structured to be in coordination with their certain, forthcoming disinterest as the semester or quarter bores on.

Thus, our effort to create this report was thwarted by the fact that we disrupted the planned trajectory of an intern by being genuinely engaged and dedicated. While we did finish the project and developed it into an attractive pamphlet, it was not without some confusion along the way about what exactly we were supposed to be arguing for, which populations we were to search, or the total overhaul that happened midway through that lead us to map the Inland Empire’s different health centers rather than simply research the ACA. Lupe brought the
pamphlet to a meeting she had with Blue Shield of California – a foundation that had advertised a hefty endowment they wished to allocate to broadening health access to undocumented people – only to find that their true objective was to exercise their financial muscle to change legislation. The report, however, was left behind for further reference. A video meeting between several key players in the Kaiser Permanente Charitable Care foundation was scheduled for April 23, 2013. Unfortunately, we merely overheard Elizabeth, another Change to Win appointee, telling Vero about this from an office away, and then had to meekly ask if we could listen in. The meeting was then cancelled last minute. This was the last we’d heard of our report.

During this time, we began our ESL classes. Prompted by Silvia we made flyers, spoke to organizers who could get the word out, and checked out ESL books from the CEC library to begin planning our curriculum. We saw this as a perfect example of a way we could help facilitate something that Silvia recounted the community really wanting. We started the first class, which brought in 11 new students, with an open forum guidelines and about what they wanted to learn, emphasizing “esta clase es par’ ustedes. Enseñaremos lo que quieren aprender.” Silvia stood in as our much needed translator. While we began the class speaking just English, as many of the books we referenced strongly suggested, it soon became apparent that we were not being received in the slightest; most of our class spoke absolutely no English. The class proceeded successfully – our students turned out to be a completely captive audience when we spoke Spanish or when Silvia translated. They gave positive responses in our debrief survey at the close of class. Amalie and I were elated. The follow Thursday we called our class list reminding them of class, and then 15 students showed up, some of our returning students having brought friends and family. That week we taught what our students had suggested in the prior class: numbers, letters, and colors following a review of last week’s lesson on contractions and
basic phrases. Another success, and Silvia, Amalie, and I were hopeful about the possible permanence of this course and its pupils.

The next week was our field trip through the Ontario program to the Border. We called our students Friday and informed them of the situation, and that class next week would be on Wednesday – to make up for that Friday’s class, but also because next Friday was Spring Break and Amalie and I both had plans to go out of town. Because we were not face-to-face, in which a language barrier can be more pronounced and more dangerous, we were unsure if we conveyed the problematic scheduling of the next two weeks successfully over the phone. That Wednesday, not one student showed. We called our list frantically the next Thursday to ensure that they wouldn’t be coming that Friday. By the time the next Friday rolled around, Amalie and I waited anxiously in our chair for the “ding” of the door that signified the survival of our class. Handouts were printed, the whiteboard read “Bienvenidos” in large purple bubble letters, and refreshments sat in rows on the adjacent card table. No one showed. We called again to hear more answering machines and busy signals than “mande”s. The next Friday, no one showed yet again. We debriefed with Silvia and she suggested we start from scratch - making announcements at capitaciónes, constructing brighter, more inviting flyers for the organizers to distribute, and to wait to start again until we had a cemented day and time, and more dedicated group of students who she said we wouldn’t have to “babysit.” Analyzing the rise and fall of the class works two-fold. On the one hand, we, as the facilitators, faltered in confusing the times after just two weeks of class. In doing so, we entirely validated why students should not to service learning. Our inconsistency undermined the trust we had established with this group and contributed to its demise. Even more tragically, we felt that we had let the workers down through our inability to stabilize the program.
On the other hand, upon reviewing this predicament with Vero and Silvia, they both expressed frustration with this community when it came to keeping commitments. Vero emphasized that in the same way we try to hold Wal-Mart accountable, we have to hold our worker’s accountable for following through on what they commit to, especially something like ESL, that they have lobbied for and will really change their lives. She elaborated on the disconnect existing between wanting your family to succeed, and the steps necessary to ensure that success. Continuing at a mundane, docile pace will not somehow springboard your children to college and beyond. There is a lack of “the bigger picture” when it comes to the ESL classes and what they mean as far as developing agency and reducing fear in the workplace.

Unfortunately, our positionality as “newcomers” or “outsiders” made it difficult to enter into a role of enforcement when it came to our classes. We both didn’t feel like it was our place to demand workers presence when they have so many other important things to tackle throughout the day. Thus, we got in trouble when we became complacent with our students prioritizing over attending class. With the next round of students we hope to secure for the summer, it’s important that we are more transparent about our place as teachers and the future of the class. Vero suggested that we be more upfront about our limited tenure as teachers, but emphasize that if we had a consistent enrollment, we could more effectively lobby for grants or funding to employ a full-time teacher. That way, workers may develop a feeling of responsibility to the classes, and eventually a sense of pride in that they helped to secure the permanence of the classes as a WWU program. We are currently in the process of recruiting students and look forward to a consistently well-attended class for the summer months and beyond.

Around the time we decided to discontinue the classes, Vero told us about the upcoming legal clinic where we would be partnering with the University of California at Irvine Law
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School. This marked a definite “peak,” in the ebb and flow trend of our internship. In the meeting, she briefed us on the legal clinics and how Danielle will be working closely with her and Silvia in creating cases off worker testimony at this clinic and throughout the summer. This will require one-on-one interviews with workers and collaboration to build the best cases. This first clinic will be about labor rights. The training informs them of what instances at work to become attuned to and the personal steps one must take in strengthening/building their claim (documenting circumstances in warehouse, hours, breaks provided, etc. and even sending preliminary “demand” letters to supervisors that demand earned wages). On a larger, overarching scale, the preliminary training aims to dispel the notion that the workers cannot move forward with injustices they experience at work. Simultaneously, Vero emphasized the need to put the claims and their possible results into a realistic context – it is not a panacea for the wrongs they experience.

The claim especially, is a preliminary baby-step and a fraction of the battle, which includes possible employer retaliation, organizing of fellow workers by the claim-holder, research, court-appearances, flyering, etc. The way Vero was framing it, making a claim is a big commitment that workers need to be ready to invest themselves into. After the initial training, workers would be paired off with a legal representative in which together, they could delve deeper into the claim they hoped to build. The legal representative helped the worker fill out a flow-chart which outlined the next steps in his or her claim. At this training, Vero emphasized that WWU will not be committing to any certain cases. There are things that the workers must do on an individual basis (following the flow-chart) before WWU will take them on. However, we want to start building an inventory of all the claims presented at the meeting and with the legal reps so that we can decide later which ones may be really worth dedicating our time to.
After this meeting, Vero sent us about 10 documents surrounding wage claims, claiming unemployment, and OSHA claims to familiarize ourselves before the clinic. We went to work taking notes, making connections, and familiarizing ourselves with the basics. Amidst this preparation, Danielle overheard Vero speaking to Silvia about a conference call that night with the UCI Law students to debrief. Danielle quietly asked Vero if she and Amalie might be able to listen in on the call, to which she responded, “yes, shit, I’m always forgetting to include you guys!” Our overzealousness again illustrated the difference between our level of involvement desired and what Vero expected of us. Still, Danielle listened in on the call, made some suggestions concerning a take-home pamphlet, and then offered to make a make a Spanish PowerPoint from the UCI student’s script for the training. She made a translated PowerPoint as well. While the majority of the workers who had RSVP’d called to say they couldn’t make it the morning of the training, two workers did come, along with about 20 law students to assist them. The training, with the PowerPoint presentation as a visual counterpart, went smoothly. We broke for lunch, and then the workers went off individually with a five legal consultants each to elaborate on the claim they hoped to move forward with.

Upon debriefing the following Monday with Vero, she discussed the need to agitate worker to see the “bigger picture” - why there are no grocery stores in their neighborhoods, why everyone around them works at low wage jobs – in short the sociological imagination needed to contextualize their struggle. Such contextualization allows them to understand the double standards society implements to oppress them and subvert any internalization of deservingness of this sort of treatment. Subsequently, they should feel moved to take action and retrieve ownership over their lives by keeping their employers accountable. Vero suggested that this is only possible through one-on-one conversations or through group settings, like the ESL class or
the clinics, where groups can communally realize their oppression and intuit ways to alleviate it. This training, however, did not exactly lend itself to such discussions. Throughout the summer, hopefully Danielle, Silvia, and Vero can work on creating spaces within these legal clinics that allow for such topics. Apart from this debriefing, Danielle continues to work on a “pocket-guide” pamphlet that workers can leave the training with (detailing their rights and how to file a claim) and is negotiating with UCI Law students to plan the next clinic for the middle of June. Because she is staying on for the summer, this project seems to be a little different. Her solicited involvement seems more genuine and she is kept in the loop about developments and deadlines, which she truly appreciates.

In critically examining our experience, we wonder if our time with WWU reflects it as a growing institution, in its infancy. As a non-profit with an inability to pay many who do quality work for them, they likely experience a high turnover rate. Thus, they’ve developed tactics to hook new recruits with the idea that in a certain time span, that initial enthusiasm will peter out. They aren’t to the point, or have yet been pushed to reach the point, where tactics must be developed in order to keep interest continuous.

The peak and lull trend of our work may simply represent the actual fluctuating work within the organization. Silvia said it herself one day at the office, “when there’s a lot going on, everyone’s moving.” With an organization that is primarily reactionary, there is work to be done when something has happened at the warehouse. Of course, trainings, planning, and ongoing projects chug along, but the majority of action occurs when someone has been fired or a claim has been served – those are the most volatile times and thus, the most salient moments to make our presence known.
Additionally, it makes sense to a degree that WWU has now entrusted a more “real” project on Danielle that she has to follow through with. Because of the typical trajectory of an intern that WWU has become accustomed to, it may make sense that they didn’t give us an especially weighty project when we had not proven ourselves or our abilities - maybe they had been let down in the past, and were left to pick up the slack. The trust had to be developed reciprocally, and Danielle is lucky now to feel more included and important at the office with her new project.

While this elaborated narrative offers a largely negative portrayal of our experience – full of exclusion, doubt, and disappointment – we must recognize that there must be something that keeps us coming back. While it still feels like “intruder” blinks over our heads at times there are certain times when a hug from Silvia or an appreciative text from Santos makes us feel a degree of belonging. The same belonging was felt as we marched alongside organizers, workers, and community supporters in downtown L.A. to serve a Wal-Mart administrative office with the 6,500 signatures collected over a weekend to reinstate Javier at NFI. When they locked the doors on us, the outrage rippled throughout the crowd, touching Javier, Vero, Santos, Moises, Lupe, Dilma, Celina, and eventually to Amalie and I. The sense of communal struggle and cause unites, and keeps us motivated to attend every meeting or march, even if we risk sounding like a broken record with our constant pleas for invitation. This internship has exposed us first-hand to the malice of globalization, structural violence, racial/cultural discrimination - and rampant injustice as the outcome. More than that, it has showed us the power that lies within individuals, and the groups such individuals are a part of, in the face of such oppressive forces. Warehouse Workers United is fighting the good fight, the fight we feel honored to have been aligned with.

Findings
Our interactions with the community, both formally (through interviews) and informally (in observation) produced an interesting array of often contrasting results when it came to health care. Putting each testimony in conversation with one another produced similarities, inconsistencies, contradictions, both minute and blatant that when teased out, amounted to an interesting narrative concerning this topic within the organization and at large.

Our first formal interview was with Vero on Thursday, April 18, around 10:30 a.m. in her office. Vero was one of our primary supervisors at the center – and apart from our more professional interactions, we more informally interacted with her and spoke about issues at the clinic and elsewhere. Vero is spunky, quick-witted, and warm. She swears a lot, cracks jokes, and adds a jovial vibe to the office. She also has a distinctly motherly energy. When I felt sick one day at work, she was immediately offering advice on various home remedies. Noticeably, at that moment, I could sense she was inclined to offer natural curatives – suggesting coconut oil and a smoothie concoction with honey, raw garlic, kale, and other such ingredients, over a standard prescription of over the counter medicines like Nyquil or Advil. In speaking more on this topic, she emphasized her conviction that diet is an effective medicinal tool, and how important it is to be proactive as opposed to reactive when it comes to our health.

“Seeking Care”

When an accident does happen, a worker often must seek reactionary care. However, in immigrant populations, Vero offered the unexpected contextualized meanings of what it is exactly to “seek care.” She shared that seeking alternative care, is not really “seeking care.” “Seeking care” seems to be something entirely affiliated with Western, professional modes of care. Because of undocumented and documented immigrant community’s marginalization, and a feeling of being “cut out of the system,” they will opt out of seeking this type of care. Rather, if
she were feeling sick Vero would see a *curandera*, who would provide her an elixir and a massage with ointment. Notably, Vero does have medical insurance, and seeks care elsewhere out of a commitment to alternative forms of medicine that are proactive (like diet) and an aversion to and distrust of Western medicine. This is a somewhat difficult difference to tease out, as in essence, Vero is still “seeking care,” it is simply an alternative form of care. Speaking now for the undocumented community at large, she explains that such a process is not categorized as “seeking care” because without it they would have absolutely no way to heal themselves due to lack of insurance or an inability to cover medical costs. It seems, then, that to “seek care” implies that one doesn’t have any other access to making oneself feel better. In other words, the notion of “seeking care” is inextricably linked to the kind of care that undocumented people are excommunicated from. Seeing a *curandera*, on the other hand appears to be something that they have access to, is familiar, preferable, and accessible – there is nothing to be sought.

These negative feelings surrounding “seeking care” that Vero outlines are bolstered by the fact that throughout our interactions and formal interviews with workers and administrative staff at WWU, it seems that workers *are not provided adequate or satisfying care* when they do seek it through formal institutions. Javier describes a co-worker who was bit by a spider at work. When he went to the doctor that his staffing agency directed him to, the doctor was inattentive while treating him because he wasn’t sure the bite occurred within the warehouse, repeatedly questioning if he was sure it happened while on the job. Even when Javier’s friend confirmed it happened in the warehouse, the doctor refused to treat him as he couldn’t verify that it occurred there. Clearly, some insidious co-opting is at play between the staffing agency and the doctors they sent their workers too. The fact that doctors, having taken the Hippocratic oath, would
refuse to care for an individual whose leg, Javier described, was horribly swollen, emitting pus, clearly infected, and is altogether dangerous and neglectful.

Vero detailed a current worker’s case, “Urgen,” who was suffering from a work-related injury. He had been to four doctors, who had all offered different diagnoses, and was now in physical therapy – which Vero viewed as a way to mask his pain or make it simply more livable. His push to physical therapy showcased an opinion that he simply needed exercises to absolve existing pain. It seemed like the doctors he saw were unable to contextualize his suffering with the work he was doing (Holmes 2007). Vero noted that seeing a *curandera* on the other hand, would have ensured a clear diagnosis, which countered in his lived experiences and effective treatment on his first visit. This arises from Vero’s deep distrust in Western medicine and her belief that it attempts to “relieve pain by masking the pain” and not really getting at the root cause. Western doctors, she believes, essentially minimize the pain you are suffering from in order to make it livable. Her case is made more poignant by countering her own daily struggles with migraines, which Western medicine has utterly failed in ameliorating. Though she has tried to pursue more natural medicine through a homeopathic physician, her insurance refused to cover the fees, thereby revealing various implicit messages as far as what kind of care they deem acceptable insofar was what kind of care they are willing to cover. Insurance companies therefore, are geared towards directing capital back into the system of Western medicine as opposed to other such “unacceptable” forms of care.

Despite the fact that her insurance often hinders the type of care she can receive, she still advocates for folk medicine (Chávez 1984; Moore; 1986; Rehm 2003) or more homeopathic treatments instead of immediately reaching for the Advil. While she believes the quality of treatment is far superior, she also associates seeing a *curandera* as having a political, resistive
message too. She hopes that her avoidance will influence her children’s decisions when it comes to their own health care in adulthood to steer clear of the money-hungry, expedient, and negligent system of Western medicine. However, when her children contracted strep throat recently, she felt she needed to seek a Western doctor. Upon meeting with her children’s pediatrician, she recalls him reprimanding her because she had not taken them in for over two years, asserting that she was an “unfit parent.” Conversely, Vero internally reflected how great it was that she had been able to avoid it for so long.

Santos also cited more homeopathic, “folk” alternatives for care, discussing people from Mexico or Honduras who know different herbs that can “cure a cut, or if you have high blood pressure” but notes that those can have side effects later because the person prescribing is “not a physician.” Unlike Vero, Santos doesn’t seem suspicious of Western medicine. By detailing that those who prescribe herbs are not real physicians, he thereby asserts that real physicians then, who prescribe mainstream medicine, can be more trusted and one can be less fearful of side effects. He does, however, express that certain plants and herbs are better than taking drugs that “are gonna get you all nauseous and crazy” and “make you more harm than what they can help you out.” His cautions concerning both types of remedies convey a few things. First, Santos is young and seemingly healthy. His indecisiveness may reflect that he’s never had to really think about what medicine to use. Second, despite his health, as an organizer, he’s in a proactive role. He’s not thinking about how exactly people seek care after being injured in the workplace, he’s thinking about how to stop those injuries from happening in the first place.

Still, looking at the the cases of Vero, Urgen, and Javier’s friend reveals the horrible experiences the warehouse working community has encountered upon seeking care. We suggest that these negative connotations, which likely circulate, fuel the fire that leads individuals to
simply *not seek care* when they need it. In an interview with Santos, he recounted the story of his friend’s experience in getting injured at the warehouse.

First though, Santos is an ex-warehouse worker of eight and a half years turned organizer. He’s about 5’6” and has a wide smile and eyes. He’s friendly – a self-proclaimed “hugger” – and has a truly un-wavering cheer about him. He describes his start with WWU as being in the right place at the right time. In May of 2011, Santos was about to sit down to eat in the kitchen of his warehouse supervisor, from whom he was renting a room, when Marta, a worker leader, and another organizer walked in looking for another worker. In typical organizing fashion, they saw Santos as another prospect in which to organize and had him fill out a Cal/OSHA survey about workplace conditions. Based on his responses, they pursued him further, challenging him about how far he would be willing to go to change things. He committed to the project, and the process began full-force – house visiting co-workers, delegating, going public, getting fired, getting reinstated, and working with Cal/OSHA until they fined NFI in Chino $256,440. Later, Santos was offered settlement of $10,000 to by NFI so he would leave quietly. Afterward, he was offered a part-time organizing position with WWU. The process Santos underwent was not without a lot of difficulty, a lot of fear, a lot of second-guessing. His fridge was empty at times, he was in horrible debt, and the process, with no insured conclusion was arduous. Ultimately, his bravery and perseverance was paramount, and his dedication allowed WWU to fully take on and win their first victory.

Now, back to Santos’ friend. One day at work, he and his friend were hauling a cardboard box that slipped. The serrated edge of the box gashed his friend’s finger open. He remembers accompanying the friend to tell his supervisor, who responded, “oh you’re fine, put salt and warm water, put finger in there, you should be fine and go home.” Santos continued, bitterly, that
of course he wouldn’t be paid for that day of work as he left early, and that the supervisor, who was unapologetically “playing doctor,” didn’t even stop to think of the possibility of an infection when an open wound comes into contact with the circulating fumes that seep out of the fumigated metal containers that haven’t been opened since they started their journey from China’s ports. The friend simply came back the next day. When he started bleeding through his bandages again, he had no choice but to return home early again without pay. He did this again and again, bleeding through and going home, bleeding through and going home, until the bleeding and pain became manageable enough to continue working throughout the day.

**Normalization of Pain**

While Santos’ friend’s injury appears clearly work-related, Harry argues that the “non-functional and malevolent” occupational health system and employers refusal to implement it, disallows workers from seeing the connection between their employment and their bodies. Worker’s compensation paperwork is a largely mute concept. If it is brought up, or dealt with, it is usually at WWU, who assists in filling out the arduous paperwork. This leads workers to seek care from their own doctors, which most often included a large financial burden, or not at all. With this complete lack of response from employers concerning injury time and time again, workers begin to see an injury at the workplace not directly connected to the workplace. However, less explicit examples are abound - from a sore back, to a hurt ankle that causes a limp. Santos and Harry alike are concerned with the normalization of pain that is ingrained in the minds of workers, where a seriously injured back is often confused for soreness, a soreness that just comes with the job. People become desensitized to their bodies because of the physical nature of the work, thereby unable to recognize if something may be really wrong. Javier
asserted that for any range of illnesses, you could just “take Tylenol.” Thus, workers defer treatment continually until they are often beyond the point of return.

**Health and Safety Trainings**

We witnessed about four health and safety trainings throughout our time at WWU, that briefed workers on issues such as ergonomics, heat, exposure to chemicals, access to water, the importance of taking breaks, as well as continually emphasizing how important it is to document one’s personal experiences throughout the warehouse. These trainings aim to sensitize the workers to the impact their employment has on their bodies with the agenda of speaking up about these violations with their employers in order to improve conditions. While this is often largely impossible because of the fear managers inoculate in their workers concerning their job (in)stability – the trainings at least bring these issues to the forefront of the workers minds so that they can begin to protect themselves in some feasible capacity.

Our first experience with a health and safety training was within the first week of classes. We were trying to decide which internship would suit us best so we went to WWU for some face time with the organization.

In the center of the room were three card tables in a U-shape surrounding a white-board on an easel where Vero and Moises, an organizer, stood in front, emphatically pointing to something written on the board, to an enraptured audience of Latino men and women ranging from about age 20-45. They looked at us first, some eyes were skeptical, some glossed over, some smiled – we had the distinct feeling we weren’t the first random white girls to cautiously walk into the space with over-zealous smiles. Vero saw us next and shuttled us quickly, but with a smile, into the adjacent common room. This experience came to partially characterize our experiences at the office - eager to be involved, but often kept at a distance or respectfully
declined. This continued frustratingly throughout our internship. We would walk into the office to a meeting with workers or a meeting with just WWU employees with eager eyes and be utterly rebuffed by uninviting eyes. Or, having already been in the office, Harry or Lupe, an administrator, will call for an office-wide debriefing or planning meeting, by which we tacitly understood to mean one thing: office-wide, except us. As time passed, it still seemed the air following us reeked of “outsider.” If we had been Sims characters, the diamond above our heads would’ve been bright red, the word “intruder!” blinking violently. Often times, not all, but often – that’s really how it felt.

Veronica - “We’re having a capitación with the leadership teams from Quetico and Schneider about Cal-OSHA complaints. It’s also a health and safety training. I’ll come get you in a minute!”

Danielle - “Okay, thank you!”

This interaction came to characterize another aspect of our preliminary experiences – desperate confusion as to the various acronyms, monikers, and Spanish interspersions used ubiquitously in the office. Luckily, as we began to spend more time in and around the office, different concepts, organizations, industry jargon in Spanish, English, and Spanglish became much more familiar. As soon as we were called back into the main room, we pulled up chairs to the U-shaped circle and nervously introduced ourselves,

Soy Daniela, de Pitzer College en Claremont. Soy una nueva interna.

Soy Amalie, de Pitzer College en Claremont. Soy una nueva interna también.

A seemingly curious crowd who echoed “hola,” in response. The meeting carried on in which we learned that the people around the table were worker leaders in the warehouse, charged with recruiting new members, recording happenings in the warehouse, and agitating fellow
workers to band together to stand up for the rights through developing strong cases. They were currently listening to a routine health and safety training that incrementally educates them on how to identify various hazards in the workplace and the best ways to go about collecting that data and transforming it into a report for Cal/OSHA. We could sense their dedication. As workers, this training was serious for them - it concerned their everyday lives at the workplace and offered them empowering knowledge that could help to eventually alleviate the pressure and unjust conditions they endure daily. As the age old adage reads, knowledge is power, and this training provided knowledge that was just that. This experience showed us that education was a pivotal cornerstone of the organization.

This ability to then prevent oneself from illness or injury aligns with the fact that most of the research and action done by WWU has been within the context of the recession. Harry recounts that “it’s hard to say I want better wages, when most of the people you know are unemployed.” Thus, the struggle is now to stay employed and be safe doing it. Without work - and an unlikely ability of rejoining the workforce after being put out by injury – one has little to no avenues to support his or her family. With such a low minimum wage, supporting your family in the simplest of ways, like putting food on the table, is of utmost importance. Without work, the food will not make it there, thereby bolstering working to the top of hierarchical needs. If work takes precedence, other aspects of life, like health, fall by the wayside. This explains the mentality that Santos described many workers having, a preference for losing a limb to losing your job - or the preference, if care is eventually sought, that it’s “the cheaper the better.” Workers are looking for what will cure them quickly, put less of a strain on their wallets, and get them back to work as soon as possible. Thus, the health and safety trainings aim to profoundly connect one’s health to one’s job, so that a worker does not disregard his or her health to
continue working as that is ultimately unsustainable. This becomes problematic within the context of organizing, as often that practice, or any subsequent action results in direct employer retaliation (i.e. termination). It’s hard to tell someone to risk his or her job for the cause, while simultaneously instructing that same individual on how to stay safe in order to hold onto that job.

**Finding Health Insurance Options for Workers**

That’s where the health care package that WWU hopes to eventually provide comes in. While the health and safety training will still be one of WWU’s primary programs, an affordable health care plan offered by WWU helps to temper the instability that people feel in their jobs that hinder them from taking action. Harry speaks hypothetically as a worker saying,

…like wherever I go, I will be able to have health insurance, and at least be healthy. I’ll be in a place where I would be a little more comfortable to speak out in the workplace to try to make changes in other ways.

In short, he thinks it will “significantly stabilize people’s lives.” It will also drastically change the calculation for a lot of people, in terms of ancillary expenses, or in deciding if he or she needs to take on a second job. Harry outlines another benefit of this health care package being a possible change in attitude or routine when it comes to sickness or injury. He says that because people don’t have health insurance, and really have no hope of getting it anytime soon. They defer treatment then get more catastrophically sick later, resulting in huge bills and financial destruction. This is exacerbated by living paycheck to paycheck, the general uncertainty of one’s employment on a day to day basis, and one’s status as an immigrant who may feel apprehensive to even show their face in a medical institution, as per Horton’s notion of the hospital as an extension of the state. Having health care options will allow people to see the doctor when they need a check-up, have some bizarre ache or pain, or just need some validation – not just when
things have gone past the point of return. It will allow them to see a doctor without having to experience the crippling anxiety about being denied benefits because of legal status, or worse. Harry hopes this plan will clearly delineate what they are eligible for so that no haunting questions linger.

As an organizer, he sees this “carve-out” or “hole” in the plan as an opportunity to fight for something that could offer a “clear win” to the workers. Again as an organizer, he sees WWU’s potential health care package as something that could further them as a reputable organization; though not a union, something that acts very much like a union. Due to the fact that workers will not be able to form a collective bargaining agreement for some time, WWU wants to be something that people can join and actually reap tangible benefit from (i.e. health care) that would really put WWU “on the map.” It provides WWU the opportunity to make a pretty significant impact on a larger percentage of people in the region than with the 10 or so workers they draw in on an average health and safety training.

**Why Health Insurance Now?**

Harry explains WWU’s current investment in this project by its timeliness. With ObamaCare now being implemented nationally, it is important to look into the ways our workforce will “fall through the cracks.” Through my and Amalie’s research, we found that our workforce without papers will be most largely affected. However, Harry also predicts that businesses, which are now going to be required to provide health insurance to all full-time employees, will simply evade this requirement by lowering their entire workforce to around 30 hours. In an industry where this is the case anyway, much of our workforce will then have to enter the exchange, which may not offer the right option for them in terms of need and financial ability. WWU then has access to many individuals who will not benefit from Obama’s
“universal” plan. Still, we found that our most pressing concern for research would be those completely excommunicated from the program altogether: those without legal status.

**Javier Responds to Plan**

Upon explaining the project to Javier, we were met with an unexcited response, one that was shared by Santos.

Danielle: “…Another part of our research is that we are hoping to advocate for better health care coverage for undocumented people. Does that sound okay?”

Javier: “So, so”

While Javier did not hint at the same codified discrepancies in the word “undocumented,” like Santos, we were still struck by the fact that both Santos and Javier, former and current worker, of whom WWU is aimed to specifically represent, were not enthused or even merely on board when it came to the project their administration assigned to us. Immediately after Javier responded to our project with his ambivalent reply, he went into talking about how employers will work around the component of ObamaCare’s legislation that demands they provide insurance to all fulltime employees; in short why it would be ineffective in insuring the entire warehouse population, both documented and undocumented. With the language barrier, it is hard to be certain which thing Javier was less than enthused about, our research or ObamaCare. However, both ways the data can be interpreted reveal insightful things about Javier’s understanding of ObamaCare and our project.

Javier has been advocating for changes with the help of WWU for a little less than one year. He was one of the few people who was not afraid to speak up to his managers about health and safety violations. As an advocate for himself as well as his co-workers, Javier posed a
serious threat to his supervisors and the company. He later stressed the importance of getting his job back so he could continue to be an advocate for his co-workers:

I want to get back in there. I want to make change. My co-workers are afraid of getting fired but I am not because I already know I am participating in the movement and I have support. These people need me inside.

His commitment to the movement is deeper than just uplifting himself; he feels a strong sense of loyalty to his fellow warehouse employees. Javier’s motivation comes from a place of love and compassion for all human beings. Perhaps this is where Javier’s lack of enthusiasm for our research comes into play. As was the case with other people we interviewed, health care for undocumented people is too narrow of an issue. The real issue is immigration reform. Putting our energy into this one issue would only address a component of the problem rather than attacking it head on. Getting undocumented people among the warehouse community health insurance is like putting a cut flower in water. This flower may be pretty for a few days, but ultimately, it is not a planted seed. It does not have the opportunity to grow and transform. Getting the undocumented community health care will not ultimately allow for or encourage immigration reform, but is an issue separate from immigration reform. In this way, Javier and Santos agree that getting the undocumented population health insurance is not where our efforts should be concentrated.

Javier, like Santos was skeptical of the way that ObamaCare would be implemented. According to Javier, “nobody will have full time” which is how the staffing agencies will avoid offering affordable care to their employees. The ACA mandates that employers offer insurance coverage to their full-time employees only. Part time employees will be on their own when it comes to finding insurance coverage. While ObamaCare claims to be “universal”, according to Javier, it not only excludes the undocumented population, but also the entire warehouse workers
population due to its full-time employment clause. Javier bluntly told us he doesn’t like the program because it demands full-time employment:

…the people who are working 40 hours a week will be cut down to 20 hours per week because in the warehouse people are just gonna get 30 hours 35 a week so nobody will have full time.

Due to the fact that temporary staffing agencies treat their workers as disposable, they will have no problem with cutting people’s hours so they do not have to give their employees health insurance with the implementation of the ACA. This will exclude the entire population of warehouse workers whether they are documented or not.

**Santos Responds to the Plan**

When we first presented our idea to Santos, he seemed wary, responding with a drawn out, inquisitive “ooookkkayyy.” Looking back, it seems that the word “undocumented” immediately seems to throw people off. Instead of “the workers” or “the Latino population” which seems to tacitly conflate those with papers and those without, differentiating simply “undocumented workers” is met with some suspicion. Perhaps this is because the fight for worker or Latino justice is all-inclusive, it affects all. Similarly, the fight for immigration reform affects us all in one way or another – a family-member, co-worker, or friend – so people feel the same visceral need for reform regardless - at least in this industry, in this location. Our project however, brings the topic of conversation outside of justice in the workplace, to access to health care, where now, with ObamaCare, having documentation becomes a primary distinction. Santos began with frustration in his voice, hushed and a bit exasperated,

It’s a big issue, especially with the workers. Some employers do give insurance but they take a whole lot from your check. And the majority of workers avoid getting
[it] … even though they know they need the benefits but they don’t get them. Because you’re making 8 dollars an hour, you’re making 260 a week, and then you’re paying, what? 60 for insurance? And then if you wanna include your kid … too much… I just think that’s a big issue. I think that Obama could have done better. How does this help the Latino population?

To this, Danielle responded, “well, it helps documented Latinos,” to which he shook his head. His negative response to her thought helps to cement what we had theorized. Latinos are Latinos, regardless of documentation. Papers matter from a technical standpoint (i.e. the ability to apply for benefits, have a license, etc.) but from a social, collective standpoint, they hold little significance.

This excerpt details some important codified meaning differences experienced due to our position as “outsiders,” it also showcases what is to be repeated throughout the interview: a deep-rooted disappointment in Obama as a national leader and his new healthcare legislation. Santos argued that Obama was reelected due to lack of other good options and because of the Latino vote in which he promised to reform immigration. He said that without the DREAMers, Obama wouldn’t be where he is now, but in thanks, has completely slighted the Latino families. Why?

Because… (pause) I don’t really have an answer to that, but my personal opinion is that he probably doesn’t give a crap about the workers. And that he doesn’t care about the Latino familias. And I think that for him it’s more important to him for the best of the economy than people’s health. As long as the workers keep oppressed and intimidated and with low wages but it’s okay for him because we are producing, we are making money, but we’re not getting anything in return. And that’s an issue for us, not for him. So I don’t know. I’m disappointed. He can push
for something better. If he’s like ‘I want to come out with a good health care
program equally for documented and undocumented people’ I guarantee you that all
of us, the Latinos who are undocumented would do anything to make that law pass.
Give all the support. Everybody would reach out to each other because it’s a great
benefit for everybody.

Here, Santos relates the undocumented Latino population’s exclusion from expanded health care
directly to Obama’s economic interests. This explicit connotation of a faction of people and the
market conjures up Menjivar’s idea of the creation of an “immigrant class” (2006; 2012).
Undocumented immigrant’s ineligibility to qualify for public benefits sets them apart from
American citizens and affects them in every facet of their life. Their lack of documentation sets
them apart from American citizens and affects them in every facet of their life similarly –
namely, in this scenario, a paralyzing fear to stand up for their rights as workers, or even as
human beings. Denying them access to something as fundamental as assistance when they are
sick or injured may be Obama’s tacit attempt to subdue them further, or allow their employers to
subdue them further, so that they can keep producing at the bottom-line costs that allow America
to function in the global economy. This is what Santos finds so frustrating. That “they,” Obama
and the government, “already know how important immigrants are to this country, but they don’t
give a shit.”

Isn’t it messed up that we aren’t recognized? Or treated as human beings? Oh, but
yeah you hit a dog? E.R. right away, give all the medical attention to that poor
animal! No, but, that’s what makes me think too, they treat even better the animals
than us the people undocumented, and we’re producing for this country. Say there
are some troublemakers – I’m a troublemaker, in a good way – but the majority of us
come here with the American dream, work hard yeah know, support our families, right, make money to live better and we get treated like shit.

Santos gives clear voice in both these block quotes to the twice twisted stab the United States gives to undocumented people - a clear knowledge that it’s the “Latino population that’s holding this country and making this country survive” through legislation that aims to keep them in these positions to maintain the economy, and a simultaneous denial of their widespread vital contributions, notwithstanding their additional vilification as “illegals.”

In a typical organizing fashion, Santos thinks the Latino population needs to organize; they need to stand up and start taking action. Latinos need to be educated, he says. The abundance of fear, intimidation, and discrimination in the workplace is naturalized, taken as a part of his or her role in this new culture, as is the moniker “illegal.” Similar to Horton’s notion that one’s experience in health care conditions one for similar experiences in other institutions – as per her hospital as an extension of the state theory (2004) – a recently arrived immigrant’s primary interactions at the warehouse, which according to Santos, resembles the way you would treat an animal, prepares that immigrant for the nature of his existence outside of work as well. Latinos, amongst themselves, must, according to Santos, debunk the internalized idea of deservingsness of such treatment, the feeling of gratitude to have a horrible job, the docile acceptance of stolen wages, and the notion that health insurance would never be a possibility - in short to explode the notion that with this job, with this life, with America, that that’s just the way it is.

**ObamaCare as Structural Violence**

The fact that Obama’s recent legislation omits such a grand population and puts their lives at great risk in denying health care, evidences it as imparting structural violence; especially
on the Latino population and more specifically on those who do not have papers. Structural violence can be tricky to identify in a given situation. When we picture violence we think blood, bruises, physical fights, and one or several autonomous agent(s) beating into one or several other autonomous agents(s). In Joseph Nevin’s article on increased border security on the U.S./Mexico border, he explains how with “the lack of visible agency for the human suffering” it generally goes “unnoticed and unchallenged” (184). This is the exact reason why structural violence often “goes under the radar and “seems ‘natural’ – a part of our normal surroundings” (184). This is also because it is generally attributable to the “acceptable” and “legitimate” structures or institutions in society. Structural violence may or may not end with blood or bruises, but the similarity to personal violence is that structural violence is also understood by the outcome of a situation. Structural violence generally involves an institution that does not allow for people to have their basic needs met.

The ACA, signed into law by President Barack Obama on March 23, 2010 is currently in its implementation stages nationwide. Stemming from unfeasible costs for private insurance, a public benefits system filled with red tape, and simply too few people having medical coverage, Obama created a plan to insure all Americans at reasonable rates either through state-wide exchanges, through expanded Medicare or Medicaid, or through their employer. One thing blatantly written into the law, as we have discussed, is that ObamaCare only covers U.S. citizens, leaving the estimated 12 million people residing permanently in the U.S. without legal documentation without access to the program. Even worse, a large percentage of our undocumented population works at “low wages” at the “worst jobs” in the “worst conditions” (Dwyer 2004). Minimum wage in California is eight dollars an hour, which is simply not a living wage, especially when supporting a family, which often makes purchasing private insurance
financially destructive or flat out impossible. Often the only options are through health clinics, where care is typically purchased on a sliding-scale premium, wait lines are long, paperwork is arduous, and there always remains a fear of consequences for not having papers at what are often state-run institutions. Even worse, as Javier pointed out, this new legislation requires employers to insure all full-time workers, which will perversely lead employers to simply cut all employees below thirty hours to avoid that stipulation, of which Harry says, corporate food conglomerate The Cheesecake Factory already intends on doing. More bad news arises with the hypothesis Harry conjectured, that the state and nation will cut funding to these clinics, some federally qualified, as everyone should have insurance and therefore the ability to access private doctors or more established facilities. The same goes for medically indigent programs that often service those without papers who do not qualify for public benefits or cannot pay for private insurance. They will experience funding cuts, as well.

So, what are undocumented people to do when it comes to health care? Danielle posed this question at a recent lecture by USC Professor of Public Health Michael Cousineau at Pitzer college, where he, an expert on health care policy and reform for the underserved and uninsured, dryly stated “no one in Washington cares about the answer to that question” before immediately calling for the next question. ObamaCare substantiates structural violence because it significantly endangers the health of millions of residents in the US, and worse, no one in the government cares. Of course, other complex political factors are at play such as conservative backlash for providing benefits to those here “illegally.” As Harry noted though, “it’s better than nothing.” Nonetheless, through its implementation and various ancillary effects, it spurns a significant population from accessing care when they need, thereby putting their lives at risk. As per structural violence’s definition, the violence is exerted from an otherwise “legitimate”
organization - the nation. Also in line with the definition is that no singular or plural agent is visible.

The relation Santos draws between omitting undocumented people from the ACA and Obama or the nation’s economic interests make this instance of structural violence even more insidious. Notwithstanding the fact that this legislation puts people's lives at risk because it literally bars them from receiving the treatment they need, it may have been to further suppress this population that enables the nation to function the way it does. By further ostracizing them from the “public” and what the “public” can “benefit” from, he further cements their position in society, which is codified through legislation as not being a part of society, not deserving of what society is deserving of, and solely (un)regarded for their production capabilities and the financial comfort that production enables for the U.S. This venue for securing the undocumented population’s positioning within society, made so by the endangerment Obama’s legislation submits them to, not only evidences overt structural violence, but dehumanization. If they are simply in society for sake of production, and their health or lives are not valued, what more is this legislation framing them as besides less than human? Besides cogs in the American machine? ObamaCare evidences extreme nationalism and an obscene obsession with capital here, which establishes a frightening Darwinian conclusion – those with residency who qualify for public benefits or can afford private insurance will live, and undocumented immigrants, who can likely do neither, will die. This legislation emphasizes undocumented immigrants as simply a means for acquiring wealth. Once they have thrown out their backs or experienced heat stroke producing for the U.S., their work here is done. Santos may be right. The American health system or simply the American system at large would treat a dog better than they would an undocumented member of our communities, schools, workplaces, or neighborhoods. ObamaCare
evidences governmental negligence with respect to the health of a significant population of this nation that is directly responsible for the success of this nation, thereby validating it as an example of structural violence.

Health Insurance - Simply a Benefit

While both Javier and Santos had different things to say about our project, they were not expressly against it. While Javier said health insurance would not drastically change his life, Santos expressed that providing workers with health insurance would put more pressure on the companies to have higher standards of health and safety to avoid receiving frequent claims about work injuries that then they would be charged for. It would also minimize the cost, increase security, and quite simply, Santos explained, workers wouldn’t mind making 10 dollars an hours as long as that came with a good health plan. In other words, minimum wage would be more livable, if workers had the security of knowing that if they got hurt they could easily access health care that wouldn’t totally deplete their paycheck that month, or worse, expel them indefinitely from the workforce. Such peace of mind would be invaluable in light of all the other fears and threats at play when they clock in every morning. Javier related health insurance to his own personhood and how it would not affect his life. He did not have the sociological imagination that Santos did when it came to what health insurance coverage could potentially do for the warehouse industry. Javier stressed the importance of maintaining his body in good condition and said that having health insurance might encourage him to visit the doctor “every 20 years”. As stated previously, Harry argued that a good health plan would allow the comfort and support needed for workers to speak up for justice as well as change the calculation for people considering taking on second jobs or dealing with other ancillary daily costs.

Immigration Reform
Santos stresses the importance of immigration reform coming first before health care reform. Reform must occur, and then “all the holes,” like health care can then be filled. His outcries for recognition, an ability to qualify, a diminishing of institutionalized fear signifies a need for immigration reform, not wider access to health care. Improved healthcare for undocumented immigrants, though beneficial in a variety of ways, is a band-aid solution of sorts; an acquiescence to the state of the “immigrant class” that needs alternatives to what should be their right as members of society. What needs to happen first is the blatant recognition of our need for undocumented immigrants, which would manifest in the excision of the “un.”

Javier’s response to our research as well as ObamaCare seems to stem from his overarching compassion for all human beings. When asked about his thoughts on undocumented people being excluded from the ACA, he responded as follows:

Humans too, two hands, two feets, stomachs, two eyes nothing is different, feelings. It is very important because the immigrant people living here pay taxes, insurance, it’s a big contribution.

While it is apparent that our nation excludes the undocumented population from the rights and privileges the rest of us receive, Javier is tuned into something deeper. Not only does he acknowledge the inherent injustice of excluding the undocumented population, but he also makes reference to the similarity amongst all of us and the need for this to be recognized and respected. Javier is unintentionally calling for immigration reform here. He is demanding that the undocumented population be recognized as human beings, made up of the same parts as documented citizens. Javier also recognizes the huge economic contribution that the undocumented population makes, and asks for recognition of this in the form of equal rights for all who are within US borders.
Discrepancies on the Project between Workers and Administration

Through our interview process, we discovered a disconnect between what our supervisors thought was important and what the community leaders at WWU thought was important. While our supervisors were focused on getting the undocumented members of the community health insurance, the community was much more interested in achieving immigration reform. Javier and Santos saw the number one priority as immigration reform, while Harry and Elizabeth pushed us to research health care and insurance options for undocumented peoples. Having assumed that everyone was on the same page, we were baffled by the miscommunication. Upon further examination, however, we realized that there is a complex set of factors contributing to the differing views, including academic capital, positionality, and administrator/worker dynamics.

One way to analyze this scenario is to examine the relevance of academic capital in this situation. Academic capital is the transmission of knowledge via schools and other academic institutions. However, “…scholastically recognized knowledge and practices tends to be applied beyond the bounds of the curriculum” (Bordieu 1986) extending the boundaries of the information learned within the school to other areas of life. Academic capital allows for an increased interest in academic topics as well as an increased access to the terminology, themes, and information provided within these topics.

While Santos and Javier have no more than a high school education, they are tremendously involved with the organization on the ground. Talking to community members and getting new recruits to be involved with WWU are their main functions within the organization. These skills are extremely valuable and important to the development of WWU. While their interpersonal aptitudes are invaluable, they do not spend their time behind a desk or reading about new developments in national news. As college graduates and higher-level employees of
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WWU, Harry and Elizabeth are privy to information that Santos and Javier are not necessarily aware of. Harry and Elizabeth work as administrators within the organization, planning and researching how to best benefit the community of warehouse workers they serve. These two higher-level positions call for less time interacting with community members however, they allow for more time to be spent on researching policy. The difference in priorities among administration and WWU community leaders can be in part attributed to academic capital.

The relevance of academic capital can be traced back to the reason why Harry and Elizabeth were able to get hired for their positions at WWU. Both college graduates, they had impressive resumes that qualified them for administrative positions. The jobs they have at WWU call for them to research policy and be in-tune with what is going on with immigration reform as well as information about grants that pertain to the warehouse workers population. These positions are made available to them based on their possession of academic capital.

One of the most important aspects of the push for health care is the timing. With the implementation of the ACA, grants are being doled out for health insurance to communities who can justify a need and a wide base of people who will be supported. Harry and Elizabeth recognize this opportunity to get their workers covered using grant proposals. The other aspect of the equation is that Harry recognizes that large-scale immigration reform is not on the table at the moment. While he is equally adamant (as Santos and Javier) about getting meaningful immigration reform on the political agenda, he is aware that this is going to be a substantially long and difficult process. In the meantime, health insurance for undocumented workers is very possible right now due to the highlighting of health insurance nationally with the implementation of the ACA.
It is not to say that Santos or Javier are not perfectly capable of attaining this information and understanding the point of view that Harry and Elizabeth share, but their focus within the organization is different. The differing degrees of academic capital influenced the viewpoints of each party.

Another way of exploring the differing opinions between the administration and the community leaders is the difference in positionality amongst these two groups of people. While Harry and Elizabeth are both actively united against the injustice imposed upon warehouse workers, they have not worked as a part of the warehouse industry. Both Javier and Santos have worked in warehouses and have been exposed first-hand to unsafe and unjust conditions. Perhaps the exposure to the workplace and the extreme injustice that Javier and Santos have seen makes them less willing to see their fight in anything other than black and white terms. Due to their connections with community members and perhaps even family members, getting health insurance for the undocumented population hardly seems like an appropriate fight when something so much larger is at stake. In this explanation, we do not argue that Harry and Elizabeth are incapable of understanding Santos and Javier’s point of view, but similarly to before, that they are working in different capacities and come from different places which lead to the different priorities.

Another way to analyze the scenario is that the administration may have simply not been in meaningful communication about their current agenda with health care. This may be in part because it is in its infancy, or because they are wary of letting their workforce down if a WWU health care package never materializes. While workers are currently attending health and safety meetings and developing claims against their place of work, they may not be privy to the connectedness between the health and safety initiatives and the eventual implementation of a
tangible health care benefit program that WWU could provide – and how it all fits into the “make warehouse jobs good jobs” (warehouseworkerunited.org) organizing regime. Priviness aside, the administrators simply have yet to develop that association, which is likely a part of the overall lack of communication, which may be a good thing at this point in the process. The health and safety trainings, as detailed previously, aim to sensitize workers to their bodies, the effect their employment has on their bodies, and how to be self-advocates for their health by attuning themselves to the various health hazards in the warehouses. Because an eventual health care plan will offer some much needed stability that according to Harry, could enable workers to stand up for themselves without such indoctrinated fear, they could finally put the health and safety trainings to use in a powerful way.

**Personal Reflections**

Despite the understanding we have developed of the disconnect between the desires of the community and the desires of WWU administrators, we still wondered if a research project on immigration reform would have been met with more enthusiasm from the workers, reflecting their more authentic interest and desire in that legislation. Our research would have then been more grounded in the desires of those working in the warehouses daily, rather than those who represent them. Taking information from our supervisors and running with it in this instance was not conducive to supporting the community in the way they most desired. Our lack of involvement in the preliminary identification stage of Berg’s model of research clearly put us at a disadvantage. Our assumption that Harry’s delegation of the project meant that the community had already explicitly expressed a need for broader access to care was naive. Still, our positionality as new interns and fundamentally as “outsiders,” would have made our questioning of the project we were assigned a bit inappropriate.
Still, adopting a bird’s eye view perspective, and one that can take the future of the organization into account, our work benefited the community as we were able to map the health care facilities in the community (of which the community can access if necessary). We were able to create a document that can be utilized in grant applications for funding, and we analyzed a disconnect in the makeup of the organization that could be easily and effectively ameliorated.

**Recommendations**

The discrepancies found between the community leaders and the administrators are not as simple as a miscommunication, but are products of academic capital, positionality, and a need to be sensitive about making promises concerning something that is still new and uncertain. So, how can administrators and workers go about reconciling differing priorities in a constructive way so that WWU is truly serving their community in the way they want to be served?

Our recommendation for reconciling this difficulty is the use of comprehensive community meetings where in administrators explain long-term plans and community members give feedback and have the opportunity to tell administrators what they think is most important. Due to the administrator’s possession of academic capital, their priorities are different from those of the WWU community. Administrators need to be clear with the community about why their goals are as they are. Another crucial piece to the puzzle is sharing as much of the reasoning with the community as possible. That being said, the community needs a space to voice their opinions so the administrators are able to take that into account. Both parties need a venue where they are able to clearly and directly communicate their desires. Seeing as the community has a great relationship with the administrators, we think it would be entirely plausible to hold meetings where all parties feel comfortable speaking up about their desires.
The other thing that will help to remedy the disconnect is bringing an active awareness to both parties differing positionalities. Within this paper we have pointed out the differences in positionality that could potentially lead to the differing perspectives. We urge both parties to be aware of and critical of their positionalities. One way to encourage this awareness is bringing positionality into the conversation during the community meetings. Perhaps at the beginning of the community meeting the administrators could outline the idea of positionality and everyone could give a brief background of their positionality. This would not only serve as a great community-building activity but would offer all parties invaluable information about their peers.

It is our thought that with increased community/administrator involvement, the gaps within the organization can be closed. We believe that this will benefit the organization because everyone will be involved and aware of the long-term objectives WWU hopes to ascertain. As the administration hopes to serve the community the best way they can, it is important that these are open and consistent lines of communication set up so all those involved will have adequate chances to voice their concerns and hopes for the future.

Appendix

WWU Report for Blue Shield of California (attached):

One of our tangible contributions to WWU was the report we created about healthcare options for the warehouse community in the San Bernardino county area as well as the Inland Empire. When we began creating our report at the beginning of the semester, we were under the
supervision of Harry. With his direction, we were instructed to do research on the ACA and become experts, as well as provide a case for why our workers would fall through the cracks and how specifically Kaiser Permanente could prevent this from happening by offering insurance to our community. Throughout the process, however, not only did our supervisor on the project change but so too did nearly all of our direction. When Elizabeth became our point person for this project, she decided that a better way to frame the research would be in terms of the “safety net” programs that are available to our community currently. By providing an in-depth report on the lack of health care clinics for our workers, we could make the case for multiple grants that our community is in desperate need of increased options. After extensive research on the ACA and the lack of worker’s compensation availability, our research was thrown out and we essentially started from scratch creating the report cited within this paper.

Although it is necessary to be flexible because of the constant change going on concerning the issue of healthcare, it was frustrating that we were misguided initially because we spent over 40 hours each working on the report and getting it ready for the Kaiser presentation that never came to fruition. While we were able to create a document that was later used to support the community in a presentation for a grant, it was de-motivating to know that what we had originally been working extremely hard to create was of no use to the community.

In producing the report, Danielle and I spent a significant amount of time attempting to contact the clinics that San Bernardino County claims to have available at low or sliding-scale costs. The information that we gathered about services offered, and the ability to contact these clinics was from calling the clinics ourselves. There was no comprehensive database accessible to the public outlining services offered at the various state-run or private clinics. The report that we created is the closest thing to a comprehensive overview of the services available to San
Bernardino County residents who do not have access to health insurance. The information that we were able to gather often depended upon who picked up the phone and what they knew most about within their office.

The bilingual H Street Clinic, in San Bernardino, serves a minimum of 20 people per day. They accept straight Medi-Cal and also those who are uninsured. The clinic has received grants for funding in the past, but mostly functions on patient’s co-pays and insurance reimbursement.

The information we gathered about the H Street Clinic is valuable in terms of our report, but it is also very useful in the broader sense of providing information about health services to the residents of San Bernardino County.

The report has sections describing the demographic of the San Bernardino/Riverside County area for the purpose of acknowledging it’s vastness as well as its extreme poverty. The report ends with a summary of what the community needs from grants such as Blue Shield of California.