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Health Care Needs and Access Among Warehouse Workers in Southern California

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Introduction

The logistics industry is a central driver of economic development in Southern California, especially the Inland region, which encompasses eastern portions of Los Angeles County, and the entirety of Riverside and San Bernardino counties. Employment in that region's sprawling warehouses arguably promises residents a measure of economic stability that has been difficult to find following the 2008 economic collapse that caused unemployment rates to exceed 15 percent in some parts of Southern California. The catch is that developments in automation technologies increasingly reduce the number of relatively high paying jobs available, warehouses rely heavily on temporary workers, and wages for blue-collar warehouse workers are persistently low. Research shows that the annual income among blue-collar warehouse workers in Southern California is not even half of that prevailing in the logistics industry as a whole (DeLara 2013). Surveys also suggest that most blue-

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collar warehouse workers lack employer-provided health insurance (Allison, Reese, and Struna 2013).

This report extends extant analyses by asking how well warehouse jobs provide a living wage and good benefits, including health insurance to cover or offset medical expenses. It responds to concerns common among labor scholars and activists alike regarding health care access and needs among warehouse workers. More specifically, it provides and explains the main findings from an original survey of blue-collar warehouse workers and follow up focus group discussion conducted in the fall of 2013. UC professors and undergraduate interns in collaboration designed the survey with staff at the Warehouse Workers Resource Center (WWRC), Warehouse Workers Resource Center, a non-profit organization formed in 2011 that provides legal assistance, information, and other resources to current and former workers in Southern California's warehouses. Those surveyed included workers served by WWRC and their associates, who are more likely than the average blue-collar warehouse worker to be immigrants and temporarily employed (Allison et al. 2013; Paul et al. 2010). While not a representative sample of all blue-collar warehouse workers, the survey sample captures a particularly vulnerable segment of the region's blue-collar warehouse workforce.

In summary, survey findings indicate that those served by WWRC and their associates not only earn low incomes, but also need health insurance and greater access to medical care for themselves and their family members. Consistent with research to date (Bonacich and DeLara 2009; DeLara 2013), most of the 224 survey respondents worked full-time and earned an average annual personal income of \$18,765. This income would be just below the federal poverty line for a family of three (U.S. Department of Health & Human Services 2014) during the period covered by the survey. About half of those surveyed were employed through temporary agencies. Most were immigrants and Latino men with high school educations or less. Despite working nearly full-time, only 35 percent of the total sample had health insurance when surveyed. Among those with

insurance, about one-third received publicly subsidized health insurance, while one-third lacked vision and dental care. Most (60 percent) reported that they had ever waited until their injury or illness was severe before seeking treatment due to the lack of health insurance, while about one-third had done so in the past year. Of those with family members in their household, 64 percent reported that they had at least one family member who was uninsured. Nearly half of those surveyed reported that a family member had delayed seeking medical treatment needed because of the lack of health insurance. Findings from our focus group discussion highlighted both the financial and personal costs of inadequate health insurance coverage as well as perceived workplace hazards that make the lack of health insurance particularly troubling.

The next section provides a review of previous research on the quality of blue-collar warehouse jobs in Southern California. This research suggests that these jobs often fail to provide a living wage and customary benefits, including health insurance. This review is followed by a discussion of our survey data and findings, which deepen extant research by examining warehouse workers' access to health insurance relative to medical needs and health care concerns. These results are used in the final section to suggest implications for regional economic development and public policy. We argue that while the implementation of the Affordable Care Act (ACA) may help to improve warehouse workers' access to health care, the concentration of temporary, immigrant workers among this group suggests that the effects of the ACA in this sector of the logistics industry are likely to be limited and uneven.

Blue-Collar Warehouse Jobs in Southern California

Currently, more than 40 percent of the goods arriving at the Long Beach Harbor-Port of Los Angeles – which accounts for approximately 25 percent of the United States' maritime trade– flow through the warehouses and distribution centers of Southern California (Gilmore 2011; Southern

California National Freight Gateway Collaboration 2011). Warehouse developers have been particularly attracted to Inland Southern California because of its proximity to the Long Beach Harbor-Port of Los Angeles complex, and the abundance of relatively inexpensive real estate and cheap labor there (Bonacich and Wilson 2007). The logistics industry as whole includes procurement, purchasing, inventory management and warehousing, distribution and transport, financial and human resources, customer support among the wide range of occupations responsible for moving goods from sites of production to retail stores. More than 100,000 of these workers were employed in Riverside and San Bernardino Counties in 2012 (DeLara 2013).

Blue-collar employees in warehouse and distribution centers (hereafter, simply “warehouses”) receive, store, and maintain inventories of products for distribution to big box retail and wholesale stores, and prepare, assemble, and package the goods for sale (Gonos and Martino 2011; Struna et al. 2012). Because the demand for retail goods fluctuates, warehouses and third party logistics (3PL) firms depend heavily on temporary agencies to recruit workers. This practice complicates unionization and makes it difficult to hold retail companies accountable for the treatment of the warehouse workers they depend upon (Bonacich and Wilson 2007; Gonos and Martinez 2011). Most blue-collar workers in Inland Southern California’s sprawling warehouse complexes are Latino, male, and have, at most, a high school education (Allison et al. 2013; Bonacich and DeLara 2008). About one-third of these workers are women (DeLara 2013). An estimated 25-40 percent of these workers are immigrants (Allen 2010; Allison et al. 2013).

Economic analysts regard the expansion of the logistics industry as a means of increasing employment opportunities and in situ job training for these workers (Hagan 2013; Tasci and Smith 2014). They frequently tout the \$45,000 middle class income associated with the logistics industry as a whole, which would include managers, skilled labor, and other highly paid workers, and suggest that expanding this industry is key to Southern California’s economic development – especially,

Blue Collar Warehouse Jobs*

- Industrial Truck and Tractor Operators (Forklifts)
- Laborers and Material Movers
- Packers and Packagers
- Shipping, Receiving, and Traffic Clerks
- Stock Clerks and Order-Fillers

*Adapted from DeLara 2013

Riverside and San Bernardino counties (Husing 2004, 2013). Big box retailers, such as Amazon and Walmart, arguably do offer better wages for the warehouse workers they employ directly than is found in warehousing, more generally, or even in other industries, such as retail, that require similar levels of education and training. Yet these figures are also misleading because

they can include wages for managers and other highly educated or skilled employees, and obscure annual earnings, which depend on hours and length of employment (Fox 2013).

Current research finds that annual earnings for most blue-collar warehouse workers in Southern California continue to fall far short of a middle class income approaching the California median of \$57,000. Using data provided by the American Community Survey, DeLara (2013) reports that the average blue-collar warehouse worker directly employed by companies makes \$22,000 annually; those hired by temporary agencies can expect to earn an average of \$10,067 annually. These figures include blue-collar warehouse workers employed 20 or more hours per week. Like other temporary workers (Dietz 2012), temporary blue-collar warehouse workers in Southern California tend to work fewer hours and to earn lower hourly wages than workers directly employed by companies. In fact, 70 percent of temporary warehouse workers reported that they worked less than 10 months during the past year, while nearly 40 percent were employed less than 30 hours per week (DeLara 2013).

A UC-Riverside survey of blue-collar warehouse workers in Inland Southern California, similarly finds that they earn low wages, and lack standard health care benefits (Allison et al. 2013). Most, or 61 percent, of workers surveyed for that study reported being employed through staffing agencies rather than directly by warehousing facilities or major retailers. On the basis of survey

results, Allison et al. (2013) calculated an average hourly wage of \$10.46, with direct hires earning \$12.56 per hour, on average, compared to \$9.42 per hour for temporary workers doing the same job. Most survey respondents, or 64 percent, said that they did not receive employer-provided health insurance. While 50 percent of direct hires reported having medical insurance, only 20 percent of temporary hires did so (Allison et al. 2013). This latter finding is consistent with other research showing that temporary workers are one-third less likely to have access to employer-provided health care compared to regular employees (Dietz 2012).

Data and Research Methodology

Review of the scholarly research on wages and benefits in Southern California's warehouses demonstrates that although warehouses provide jobs, these jobs do not always ensure a living wage and adequate health care. In an effort to develop a more complete picture of warehouse workers' socioeconomic situation, with an emphasis on their health care access and needs, UC faculty, undergraduate interns and volunteers, WWRC staff, and warehouse workers collaborated to administer a survey of current and prior warehouse workers in fall 2013. Nine undergraduate students enrolled in a UCR research internship and eight worker leaders active in WWRC were primarily responsible for recruiting survey respondents and administering the survey from October to December 2013; they were assisted at peak times by 17 student volunteers. Surveys were completed in both English and Spanish and typically during health and legal clinics organized by WWRC, although interns and worker leaders were encouraged to use their personal and workplace networks to expand the pool of potential respondents. Like other researchers studying low-wage immigrant workers (Milkman, Gonzalez and Narro 2010), this survey research design leveraged personal networks in order to overcome workers' reluctance to complete surveys due to the precariousness of their employment and/or immigration status. In addition, respondents who

completed the survey received a \$15 grocery store gift card; they were also offered the opportunity to earn an additional \$5 gift card for referring a friend or family member (up to three) who also completed the survey. This recruitment strategy yielded a sample size of 224 workers who were either currently or formerly employed as a warehouse worker in Los Angeles, Riverside, or San Bernardino Counties.

In an effort to explore preliminary survey findings in greater depth and broaden our practical understanding of warehouse workers' perceived health care needs, interns also facilitated a focus group discussion with four current and former warehouse workers. Three out of the four participants lacked health insurance. The conversation lasted more than one hour and was conducted entirely in Spanish. It was later transcribed, translated into English, and coded in terms of common themes. Overall, the conversation revealed important relationships between the working conditions of warehouse workers, their arguably greater need for a wide range of health-related services, and dissatisfaction with both the lack of health insurance and alternative options for necessary care.

Survey Findings

The full sample of survey respondents includes both warehouse workers who were recently employed in warehouses (within the past year) as well as those who worked at a warehouse at some point during their adult lives. This section reports finding the sample as a whole, and for just the recent warehouse workers in order to better gauge employment conditions and health care access in the warehousing sector of Southern California's logistics industry. Among the 224 total current and former workers surveyed, 161 were employed in warehouses within the past year. Although former workers were mostly employed in warehouses within the past five years, nine percent of the overall sample had not been employed in a warehouse for five or more years.

Demographics and Wages

Consistent with extant studies, the results of this survey indicate that Southern California's warehouse workers are predominantly young Latino males who are not educated beyond high school (Allison et al. 2013; Bonacich and DeLara 2009; DeLara 2013). However, the percent that claimed to be immigrants (77 percent) is much higher than previous estimates suggest is true of the overall warehouse workforce in this region (Allen 2010; Allison et al. 2013). It is likely that temporary workers are also over-represented in our sample compared to the blue-collar warehouse workforce as a whole because the WWRC has focused on serving temporary and immigrant workers within the industry, groups that are particularly vulnerable to labor law violations (Dietz 2012; Milkman et al. 2010).

Table 1 (below) provides information on these workers' demographic characteristics, which were essentially unchanged when recent warehouse workers were considered separately. Respondents who reported being employed in a warehouse recently were, on average, a year younger than the sample as a whole, whose average age was 36. The majority of former and current warehouse workers who responded to our survey (86 percent) were Latino, and most (77 percent) reported being immigrants. About 57 percent were male. Most (nearly 57 percent) of all respondents had a child 21 or under, and so remained potentially responsible for the family's health care coverage. Regarding educational attainment, a relatively large number (about 41 percent) never attended high school; roughly the same proportion did attend high school, and most of those (more than 60 percent) earned a diploma or GED. Of the remaining 17 percent of the respondents who attended college, 41 percent left with a four-year degree.

Table 1: Warehouse Workers' Demographic Characteristics

Age	All Warehouse Workers		Workers Employed W/In One Year	
	Mean		Mean	
Average Age of Worker	36.32		35.16	
Nationality	Number	Percentage	Number	Percentage
Immigrant	172	76.60%	122	75.78%
Race or Ethnicity	Number	Percentage	Number	Percentage
Latino/a	191	85.65%	135	84.38%
African American	2	0.90%	1	0.63%
Asian	0	0.00%	0	0.00%
Caucasian American	5	2.24%	5	3.13%
Multi-Racial or Bi-Racial	2	0.90%	2	1.25%
Other	23	10.31%	17	10.63%
Total	223	100.00%	160	100.00%
Gender Identity	Number	Percentage	Number	Percentage
Male	127	56.70%	93	57.76%
Female	97	43.30%	68	42.24%
Total	224	100.00%	161	100.00%
Children Under 21	Number	Percentage	Number	Percentage
Has Child Under 21 Years of Age	122	56.74%	87	56.86%
Highest Level of Education	Number	Percentage	Number	Percentage
Less than High School	91	41.18%	64	40.00%
Some High School	36	16.29%	22	13.75%
High School Diploma or G.E.D.	56	25.34%	43	26.88%
Some College	23	10.41%	20	12.50%
College Degree	15	6.79%	11	6.88%
Total	221	100.00%	160	100.00%
Student Status	Number	Percentage	Number	Percentage
Part-Time	12	6.15%	8	5.67%
Full-Time	6	3.08%	6	4.26%
Not in School or Graduated	177	90.77%	127	90.07%
Total	195	100.00%	141	100.00%

As Table 2 (below) indicates, most of these warehouse workers (72 percent) were employed in a warehouse in the past year, while another 19 percent were employed within the past five years.

Table 3, also below, shows that most workers surveyed (63 percent) reported being currently employed full-time; 11 percent reported part-time employment, while the remaining 21 percent were unemployed. Similar patterns obtained among recent warehouse workers, although more enjoyed full time employment, which bodes well for health care access going forward. Table 3 also shows that half of all respondents (50 percent) were employed as temporary warehouse workers; nearly as many respondents in the sample (49 percent) were hired directly by the warehouse company (the remaining one percent experienced both avenues of employment). Slightly fewer of the recent warehouse workers (45 percent) were employed in warehouses through a temporary agency.

Table 2: Warehouse Workers' Working Conditions

When Last Employed In Warehouse	Ever Worked in Warehouse	
	Number	Percentage
Within One Year	161	71.83%
Within Five Years	42	18.75%
Five to Ten Years Ago	13	5.80%
More Than Ten Years Ago	8	3.57%
Total	224	100.00%

Table 3: Employment Status of Warehouse Workers

Employment Status	Ever Employed in Warehouse		Employed in Past Year	
	Number	Percentage	Number	Percentage
Part-Time	25	11.16%	21	13.04%
Full-Time	141	62.95%	111	68.94%
Not Working	48	21.43%	26	16.15%
Other	10	4.46%	3	1.86%
Total	224	100.00%	161	100.00%
Direct Hire or Temporary Agency	Number	Percentage	Number	Percentage
Direct Hire	102	48.80%	86	53.42%
Temporary Agency	105	50.24%	73	45.34%
Both	2	0.96%	2	1.24%
Total	209	100.00%	161	100.00%

Regardless of how survey respondents were hired and their employment status, their wages remain much lower than the \$12.43 (for a single person with no children) - \$13.44 (for each of two

adults in a family of four) considered sufficient to cover necessary expenses for residents of Riverside and San Bernardino counties (Insight Center for Community Economic Development 2013). Table 4 (below) displays findings from survey questions concerning workers' wages.

Warehouse workers employed during the past year earned an average hourly wage of \$9.64, which is generally accurate for the sample as whole. Overall, these workers normally spent 40 hours per week on the job, although they reported working slightly less during the past year and the past week. The average personal annual income was \$16,315, while the average household income was \$23,202, which suggests that survey respondents tended to be the household's primary earner.

Notably, as previous research suggests, such averages are well below the \$45,000 average earnings found among all logistics workers (DeLara 2013). The average income among these blue-collar warehouse workers is below the federal poverty line for a family of three, while their average household income is just below the federal poverty line for a family of four (U.S. Department of Health & Human Services 2014). As Table 4 notes, average hourly wages for workers hired directly by the warehouse where they were employed was \$10.49, with a slightly higher wage of \$10.75 per hour reported for recent workers. Temporary warehouse workers earned, on average, \$1.60 less. As a result, direct-hires annually earn nearly \$5,000 more than temporary warehouse workers for similar jobs.

Table 4: Warehouse Workers' Work Hours, Wages, and Income

	Ever Worked	Employed in Past Year	Direct Hires	Temp Hires
Hours, Wages and Income	Mean	Mean	Mean	Mean
Hours Per Week Recent Job	36.59	33.53	35.56	31.45
Hours Per Week Normally Worked	40.13	35.68	38.67	31.51
Most Recent Hourly Wage at Current Warehouse	\$9.63	\$9.64	\$10.49	\$8.83
Most Recent Hourly Wage	\$10.01	\$10.03	\$10.73	\$9.15
Personal Income on Last Year's Taxes	\$16,394.97	\$16,314.67	\$18,765.37	\$13,872.04
Household Income on Last Year's Taxes	\$23,062.62	\$23,202.3	\$23,459.76	\$22,204.12

Health Care Access and Utilization

This survey was administered just before most elements of the ACA were scheduled to be fully implemented; in fact, survey teams used events organized by WWRC specifically to educate members about affordable health care options. As such, we did not necessarily expect high rates of health care access, even though, on the basis of income alone, many of those surveyed might have been eligible for publicly funded health care. Rather, the survey provides a snap shot of health care needs and access that may be used later as a baseline for anticipated increases in warehouse workers' efforts to secure affordable health insurance, and to gauge whether those increases are being met by employers or public programs.

Per the results reported in Table 5, (below) just over one third (35 percent) of current and former warehouse workers reported having medical insurance, which is the same for recently employed warehouse workers. This finding compares poorly with an overall medical insurance coverage rate of about 85 percent in the United States and 80 percent in California (DeNavas-Walt et al. 2013; U.S. Census Bureau 2013).

Among those with insurance, only 15 percent were provided with health care through their place of employment, which has been the norm in the United States since World War II era wage controls prompted employers to offer benefits packages in lieu of higher pay. Another 7 percent reported having medical insurance through a family member's job, resulting in 22 percent with employer-provided health insurance. About 11 percent received publicly subsidized health insurance, such as Medi-Cal or the Inland Empire Health Plan. Only 1 percent purchased their own health insurance policies. Similar patterns were observed among recent warehouse workers, although a slightly smaller percentage (13 percent) were "covered" by their own jobs, a reduction in coverage

that appears to have been offset by a slightly higher percentage (8 percent) who were carried on a family member's medical insurance policy.

This remarkably low rate of coverage (35 percent) among these (mostly Latino) workers is even lower than the 68 percent of working-age Latinos with health insurance found in a recent national survey; this percentage decreases to 50-55 percent among those earning \$25,000 or less (Cornelius 2000). Lack of access to employer-provided health insurance tends to be more common among Latinos in than any other widely represented racial or ethnic group in California (Greenwald et al. 2005). In contrast, nearly half (48 percent) of all working age adults interviewed by the California Health Interview Survey had access to health insurance through their own job (Lavarreda et al. 2012: 45). National surveys indicate that 55 percent of all U.S. residents (including children and seniors) had employer-based health insurance through their own or a family member's job, 33 percent received public health insurance, and 10 percent purchased their own insurance (DeNavas-Walt et al. 2013: Table 8).

Table 5: Health Insurance

Insurance Provided By	Ever Worked		Employed In Past Year	
	Number	Valid Percentage	Number	Valid Percentage
Has Insurance (any type)	79	35.43%	56	35.00%
<i>Private Plan (any type)</i>	51	22.87%	35	21.88%
<i>Worker's Job</i>	33	14.80%	20	12.50%
<i>Family Member's Job</i>	15	6.73%	13	8.13%
<i>Privately Purchased</i>	3	1.35%	2	1.25%
<i>Public Program</i>	25	11.21%	18	11.25%
<i>Other/Don't Know</i>	3	1.35%	3	1.88%
Has No Insurance	144	64.57%	104	65.00%
Total Respondents	223	100.00%	160	100.00%

That so many (65 percent) of those surveyed do not have medical insurance is particularly significant considering the importance of expanding access to affordable health care to the nation's

current policy agenda. It is, therefore, important to understand why health care access is so low. Table 6 (below) provides the main reasons provided for lack of health insurance among those who did not report having it. Most (66 percent) reported, simply, that they could not afford to purchase insurance. This finding is consistent with the result of a recent survey of employed adult Latinos in California, which found that cost was the most commonly cited primary reasons for lacking health insurance, followed by the lack of employer-provided health insurance (Greenwald et al. 2005). Sixteen percent attributed their lack of insurance to their citizenship status. The remaining eight percent explained their health care situation in terms of their employment status or job loss. A similar pattern obtains among recent warehouse workers, although a slightly higher share (18 percent) attribute their lack of health insurance to their immigration status. Note that the survey limited respondents to providing only the *primary* reason for not having health insurance. As such, any reluctance to admit their immigrant status openly may have yielded under-reporting with respect to the actual percentage that are ineligible for publicly provided health care because of that status.

Table 6: Health Insurance Barriers Among the Uninsured

Reasons for No Health Insurance	Ever Employed in Warehouse		Employed in Past Year	
	Number	Valid Percentage	Number	Valid Percentage
Cannot Afford	88	65.67%	60	63.16%
Not Eligible Due to Working Status	11	8.21%	9	9.47%
Not Eligible Due to Health Condition	0	0.00%	0	0.00%
Not Eligible Due to Citizenship	22	16.42%	17	17.89%
Family Situation Changed	0	0.00%	0	0.00%
Do Not Believe in Health Insurance	1	0.75%	1	1.05%
Switched Insurance Companies	1	0.75%	1	1.05%
Can Get For Free	1	0.75%	1	1.05%
Other	10	7.46%	6	6.32%
Total	134	100.00%	95	100.00%

Importantly, survey respondents, who also participated in the follow up focus group discussion, reported that the lack of health insurance presents both financial and psychological pressures. For example, one participant told us that a co-worker was heavily indebted to a hospital that treated him when he was seriously ill, leaving him with a monthly payment of \$30 that would last for years. Another participant, who does not have health insurance, emphasized the anxiety associated with this situation when explaining that, “I do worry a lot, and I go to bed praying that I won’t get sick the next day because without insurance, I would have to pay a lot. So it’s very stressful.” Focus group participants’ comments also reveal their perception that those who have private insurance tend to get treated “better and faster” at medical facilities.

All insurance policies are not equal, of course, a situation that the ACA was designed, in part, to address. Table 7 (below) summarizes the perceived deficiencies in medical insurance coverage among former and current workers who had insurance at the time they were surveyed (about 35 percent). It shows that one third or more of those with some form of health care plan claimed it did not cover dental care, vision care, chiropractic services, or substance abuse rehabilitation services.

Table 7: Health Insurance Coverage Gaps Among the Insured

Health Insurance Does Not Cover	Ever Employed		Employed in Past Year	
	Number	Valid Percentage	Number	Valid Percentage
Medical or Clinic Visits	6	7.14%	4	7.14%
Alternative Medicine	19	24.36%	11	21.57%
Hospitalization	10	12.05%	7	12.50%
Emergency Care	5	6.17%	4	7.27%
Dental Care	28	35.00%	22	40.00%
Vision/Eye Care	29	34.94%	22	39.29%
Chiropractor	23	32.86%	14	29.17%
Mental Health Care	18	26.09%	11	22.92%
Substance Abuse/Rehabilitation	21	33.87%	13	31.71%

Note: Percentages above are valid percentages (based on the number of respondents, which varies by question). These responses are not mutually exclusive, so they do not sum to 100%.

All things related to health care access considered, Table 8 (below) indicates how recently survey respondents consulted a doctor for any reason. Although over half (51 percent) of all warehouse workers in our sample, and a barely higher 55 percent of those employed within a warehouse during the past year, report not having regular check-ups, most (67 percent) had visited a doctor within the past year, while one-third had not done so. In comparison, a national survey administered in 2011 indicates that 82 percent of adults in the United States had visited a doctor or other health care professional within the past year (U.S. Department of Health and Human Services 2012, Table 37). Just two percent of those we surveyed claimed never to have gone to the doctor, double the percentage found among all U.S. adults (U.S. Department of Health and Human Services 2012, Table 37.).

Table 8: Health Care Use

	Ever Employed		Employed W/In One Year	
	Number	Percentage	Number	Percentage
Most Recent Doctor Visit				
Never	5	2.30%	4	2.58%
One Year or Less	145	66.82%	101	65.16%
More than One Year Less than Two	24	11.06%	16	10.32%
More than Two Years Less than Five	26	11.98%	21	13.55%
More than Five Years Ago	17	7.83%	13	8.39%
Total	217	100.00%	155	100.00%
Regular Check-Ups and Exams				
No	108	50.70%	85	55.19%
Total Respondents	213	100.00%	154	100.00%

In light of their lack of health insurance, immigrant status, and the time constraints full time workers with families face, more generally, we might reasonably expect that even those with medical insurance might delay dealing with their health care challenges. Table 9 (below) reports the percentage of warehouse workers who reported delaying medical treatment. Overall, 36 percent reported that they had delayed receiving medical treatment they felt they needed during the last year;

this result is similar to the proportion of workers (35 percent) who reported ever delaying getting prescription medicine. These results are virtually the same for our subsample of recent warehouse workers. In comparison, a national survey administered in 2007 indicates that only five percent of the U.S. civilian, non-institutionalized population delayed or were unable to get needed medical treatment during the past year, while only three percent report any delay or inability with respect to obtaining necessary prescription medicines (Chevarley 2010). Closer to “home,” results from a 2011-12 survey of Californians indicates that 16 percent of surveyed adults in the same age range as our sample (18-72 years) indicated that they delayed or didn’t get needed medical care, while 12 percent delayed or didn’t receive prescription medicine they needed (California Health Interview Survey 2014).

Table 9 additionally indicates that 60 percent had ever waited until an injury or illness was too severe to ignore before seeking medical treatment. That about 47 percent of all warehouse workers (46 percent of recent workers) reported having at least one family member who had delayed medical treatment until an injury or illness was severe due to lack of health insurance coverage suggests that what our survey tells us about warehouse workers may as well reveal broader trends among the region’s blue collar workforce.

Table 10, also below, provides some information about why respondents put off seeking medical care. Costs and lack of medical insurance trumped severity of an illness as motivation for survey respondents to get the health care they required. Just over half (51 percent) of those who delayed reported that they did so because customary medical care was too expensive, or they did not have health insurance. Thirty-nine percent of those who failed to obtain prescription medicine when needed provided these same reasons. A barely higher 41 percent of recent workers did likewise. One focus group participant was explained what it is like to experience this situation this way:

I have a sort of liquid accumulated here in my arm. ... I need surgery, but how do I do it if I do not have health insurance? ...I imagine that a surgery has to cost [a lot]...I do not know when I will have the opportunity to have it taken out.

Hearing this, another participant, who had health insurance (through his family) at the time, was grateful to be able to receive affordable medical services when he needed them.

By way of comparison with these findings, a 2001 survey of California residents in the same age range as our sample found that only 24 percent of surveyed adults who delayed or were unable to obtain medical advice or treatment did so because they could not afford it, did not have health insurance, or their insurance would not cover it; only 27 percent of Californians who delayed or were unable to obtain prescription medicine did so for these same reasons (California Health Insurance Survey 2014).²

Table 9: Delays in Receiving Medical Care

Delayed Treatment	All Warehouse Workers			Workers Employed in Past Year		
	Number	Total	Percentage	Number	Total	Percentage
Delayed Treatment in Past Year	75	211	35.55%	55	153	35.95%
Delayed Prescriptions in Past Year	72	206	34.95%	52	148	35.14%
Ever Waited Until Severe Injury Or Illness Due to Lack of Insurance	98	164	59.76%	72	140	51.43%
Family Member Ever Waited	73	154	47.40%	50	109	45.87%

Note: Total refers to total respondents for each question.

Table 10: Reasons for Delays in Receiving Medical Care

Delayed Treatment Because of Cost/Insurance	All Warehouse Workers			Workers Employed In Past Year		
	Number	Total	Percentage	Number	Total	Percentage
Cost/Lack of Insurance Was the Reason for the Delay of Treatment	98	194	50.52%	71	139	51.08%
Cost/ Lack of Insurance Was the Reason for the Delay of Prescription	74	188	39.36%	55	133	41.35%

Note: Total refers to total respondents for each question.

² Multiple reasons were coded separately in the CHIS survey as were other types of reasons for delaying or inability to obtain needed medical services.

The lack of access to standard health care insurance among the warehouse workers who completed our survey is clear in Table 11 (below), which summarizes our finding with respect to where respondents most frequently and last went to receive health care. Only 15 percent of survey respondents sought care most frequently from a personal doctor; another 11 percent sought care from a public hospital, which, in combination with associated urgent care facilities for after hours care, is the gold standard of medical insurance coverage. This situation compares poorly to the 74 percent of survey respondents in a national survey who indicated that their usual place for obtaining health care is at a doctor's office or HMO (U.S. Department of Health and Human Services 2012, Table 32). In terms of the types of facilities where warehouse workers were most frequently treated, nearly half (47 percent) went to a free or low-cost county clinic, while nearly ten percent went to a hospital emergency room.³ Even more concerning is that nearly one-quarter of those surveyed were seen by ER staff during their most recent illness. In contrast, a national survey of adults found that 21 percent usually sought health care at a clinic or health center, while slightly less than 3 percent went to a hospital emergency room or outpatient department (U.S. Department of Health and Human Services 2012, Table 32).

Emergency rooms' mandate to provide health care pursuant to the Emergency Medical Treatment and Labor Act (EMTALA)⁴ ensures uninsured people (including undocumented immigrants) with access to urgent care. The relatively high rates of recourse to emergency health care could be related to our respondents' tendency to delay seeking medical treatment (see American College of Emergency Physicians 2012), and their inability to obtain medical care through other sources. While research on emergency room usage indicates that even though up to 90 percent of emergency room cases could have been handled in a doctor's office, many people do not realize

³ Some of the 'other' responses included clinics, including clinics provided by their employer and WWRC, or that the respondent did not identify as a "county clinic."

⁴ The EMTALA ensures that anyone who comes to an emergency department, regardless of their insurance status or ability to pay, must receive a medical screening exam and be stabilized.

how minor their injuries or illness are until they have been admitted and evaluated by ER staff

(Sommers and Boukus 2012).

Table 11: Types of Medical Providers Used

Types of Medical Provider	Those Ever Worked in Warehouse				Those Worked Within Past Year			
	Last Illness	Percentage	Treated Most Frequently	Percentage	Last Illness	Percentage	Treated Most Frequently	Percentage
Emergency Room	46	24.47%	19	10.44%	35	26.32%	17	12.98%
County Clinic	81	43.09%	91	50.00%	56	42.11%	60	45.80%
Public Hospital	16	8.51%	20	10.99%	12	9.02%	15	11.45%
University Doctor or Hospital	2	1.06%	1	0.55%	1	0.75%	1	0.76%
Personal Doctor	25	13.30%	29	15.10%	17	12.78%	22	16.79%
Botanica	0	0.00%	3	1.65%	0	0.00%	3	2.29%
Chiropractor	3	1.60%	1	0.55%	2	1.50%	0	0.00%
Other	15	7.98%	18	9.89%	10	7.52%	13	9.92%
Total Respondents	188	100.00%	182	100.00%	133	100.00%	131	100.00%

Much as our survey respondents' lack of medical insurance, in part, "explains" their choices among health care providers once they are injured or ill enough to seek medical treatment, so does their immigration status potentially reveal something about their access to health care outside of the United States. Although undocumented immigrants do account for some of these trips south of the U.S. border, this option is, in practice, more common among legal immigrants whose cost-benefit analysis of seeking medical treatment in Mexico versus closer to home in the United States is identical to non-immigrants' except for, possibly, access to nontrivial personal and professional networks, Spanish language facility, etc. The Mexican health care option tends to be used by the uninsured and under-insured with sufficient disposable income to cover travel costs or that live near

the border and middle class individuals and families seeking cosmetic and other treatments not covered by insurance (Dalstrom 2012; Medina 2012).

Specifically, as indicated in Table 12 (below), just 11 percent of warehouse workers surveyed had ever traveled to Mexico to obtain medical treatment; nearly twice as many (20 percent) had done so to obtain prescription medicine, a pattern that is less pronounced among recent workers. Among those traveling to Mexico for medical treatments, survey respondents indicate they did so to obtain various types of medical services that are more affordable there than they are in California without health insurance, including: surgeries, treatment for stomach and back problems, setting broken bones and dislocated shoulders, antibiotic treatment for infectious illnesses, dental care, or eye exams. A participant in the focus group discussion provided this description of his own experience traveling to Mexico for medical care:

I needed a surgery and ... I asked for insurance [at work] but it was costly. It would come out to \$300 per week. ...I had to save money and I had to go to Mexico and pay a private doctor so he could do the surgery on my tumor.

Table 12: Travel to Mexico to Receive Medical Care

Traveled to Mexico For:	Number	Percentage	Number	Percentage
Medical Treatment	24	10.71%	17	10.56%
Prescriptions	32	14.29%	21	13.04%
Total	224	100.00%	161	100.00%

In response to the lack of medical insurance coverage among those surveyed and constraints on their access to alternative health care options due to costs, time, geography, and/or immigration status, we asked about the measures taken to avoid or delay seeking medical treatment. Table 13 (below) suggests that warehouse workers surveyed habitually monitor their activities to avoid

potentially dangerous situations. More than half (53 percent) of the entire sample “very often” or “always” does so, a proportion that is somewhat lower among more recent workers (47 percent).

Table 13: Frequency of Self-Monitoring Activities

How Often Are Activities Self Monitored?	Ever Employed in Warehouse		Employed in Past Year	
	Number	Percentage	Number	Percentage
Never	39	18.31%	32	20.92%
Rarely	28	13.15%	21	13.73%
Sometimes	32	15.02%	27	17.65%
Very Often	32	15.02%	20	13.07%
Always	82	38.50%	53	34.64%
Total	213	100.00%	153	100.00%

Reflecting on the extent to which our results might generalize to a larger population of the region’s working class, Table 14 (below) shows that among all former and current warehouse workers living with family, 64 percent had at least one family member who was uninsured. Among recent warehouse workers, this percentage was virtually the same (61 percent). Among the 119 workers with a child under 21 years of age in the household, 29 percent had at least one uninsured child. About 68% of the 142 workers with a working-age relative in the household had an uninsured relative in that age range. Of the 10 workers with a relative 65 years or older in the household, 40% had an uninsured elderly relative. For the United States population as a whole, health insurance coverage is lowest among working age adults compared to children and seniors, who are more likely to qualify for publicly subsidized health insurance programs (DeNavas-Walt et al. 2013).

Table 14: Family Members Without Medical Care

Warehouse Workers Family Members Without Care	All Warehouse Workers		Workers Employed in Past Year	
	Number	Percentage	Number	Percentage
Warehouse Workers With at Least One Family Member Without Care	105	64.02%	71	60.68%
Total Respondents with Family Members in Household	164	100.00%	117	100.00%

Unaddressed Health Concerns: Work-Related Injuries and Illnesses

The survey was sufficiently comprehensive to identify and document warehouse workers' health care needs and access in terms of health insurance and other known resources for securing medical treatment in Southern California; however, it proved inadequate with respect to capturing what warehouse workers themselves regard as critical health care issues. Specifically, participants in the focus group discussion pointed out the health risks associated with their places of employment. In their opinion, warehouse work is so physically demanding and dangerous that prevention of injury and illness should be pro forma, and provision of health insurance should be a priority. Focus group participants agreed that that they were not adequately trained or informed about workplace safety. One worker said that "they don't give us training of anything; they don't even warn you about the dangers that are present inside warehouses, or what the containers have when you open them or anything."

The workers who participated in the focus group raised numerous specific warehouse hazards that underscore the dangers inherent in their workaday lives. Back and other injuries associated with "lifting heavy things" were not unexpected, but researchers were surprised to learn that the presence of "oil on the floor, knives that can cut, dust, and broken pallets" is commonplace in some contemporary warehouses. One worker who participated in the focus group explained that:

What I do is bring down boxes... I have cuts from the boxes and it's dangerous.

There are times that boxes can fall down to us.... During the heat, there are people that suffer dehydration.

Another said that, "all of us who work at warehouses encounter a lot of dust and that [affects] our allergies or asthma." In addition, focus group participants reported that some supervisors pressured them to work quickly at difficult tasks, and verbally abused them for failing to do so, which created a level of psychological stress that endangered their physical health. One of the workers summarized the situation by saying that, "the danger is always there for all of us who work at warehouse because there are a lot of forklifts that can run over us. There are chemicals that can burn, and an accident can happen at any time."

The situation inside warehouses described by focus group participants has been documented in studies that focus on workplace conditions experienced by temporary workers, generally, and temporary warehouse workers, in particular (Grabell, Pierce, and Larson 2013; Struna et al. 2013). Such workers tend to experience a high rate of workplace injuries. A survey of 103 temporary workers employed in Inland Southern California warehouses found that nearly 65 percent reported experiencing or witnessing at least one injury in the workplace within the last year. Most commonly, these injuries were to the hand, foot, or back. Regarding perceived causes of workplace injuries and illnesses, nearly 81 percent identified dangerous machinery as a cause of these problems. More than half (55 percent) attributed them to substances, including dust, animal droppings, and cleaning solutions. Nearly one in four identified dangerous conditions or tasks as the cause of workers' injuries and illnesses (Struna et al. 2012; Warehouse Workers United and Cornelio 2011).

Other research also indicates that temporary workers face a higher risk of workplace injuries compared to permanent employees, in part due to their lack of training or protective equipment (Benavides et al 2006; Grabell et al. 2013a, 2013b; Park and Butler 2001; Smith et al 2010). A review

of workers compensation claims in California finds that temporary workers are 50 percent more likely than permanent employees to be injured on the job, and twice as likely to suffer from heat exhaustion (Grabell, Pierce, and Larson 2013a). A related multi-state study found that when age, gender, and occupation are controlled, temporary workers experience *four times* the risk of workplace injuries compared to their counterparts with permanent employment (Grabell et al. 2013b). These figures likely underestimate the risks of workplace injuries among temporary workers because many such workers fear losing job opportunities if they file workers' compensation claims. Temporary workers also tend to be less educated, less unionized, and less likely to speak English compared to permanent employees, all of which tend to reduce knowledge about workers' compensation and how to achieve it (Grabell et al. 2013a).

Taken together, the results of our focus group discussion and current research suggest that improving warehouse workers' health requires more than improving their access to health insurance and medical services. It also depends on ensuring warehouse workers receive appropriate training and equipment, and enforcement of health and safety regulations within warehouses..

Conclusions and Implications

This survey project has been motivated by the major role of the logistic industry in the economic development of Inland Southern California, which some claim will provide good jobs for the region's predominantly Latino and large (over one third) working class population (Florida 2013; Hagen 2011; Williams and Spagat 2013). Unfortunately, the potential for blue-collar warehouse workers to land on ladders from the warehouse floor to more skilled positions with middle class incomes is increasingly stymied by developments in automation technologies and the industry's heavy reliance on temporary labor pools. Despite the claims of warehousing boosters (Bernstein 2013; Hagan 2013), research demonstrates that the annual income among the mostly blue-collar

warehouse workers in Southern California is less than half the average income reported for the logistics industry as a whole (DeLara 2013). Surveys also suggest these lower incomes are not routinely bundled with employer-provided health insurance (Allison et al. 2013).

This report responds specifically to concerns that Southern California's poorly paid blue collar warehouse workers lack access to standard health care options necessary to protect them from the high costs of medical care in the event that they become ill or injured. It provides the results of a mixed methods, community based research project that integrates a survey of warehouse workers with a focus group discussion intended to provide depth and greater meaning to the survey findings. The survey and focus group was designed and implemented by UC professors and undergraduate interns in collaboration with WWRC staff. Survey respondents and focus group participants included warehouse workers served by the WWRC and their associates, who are more likely than the average blue-collar warehouse worker to be immigrants and temporarily employed (Allison et al. 2013; Paul et al. 2010). The study consequently and significantly captures a particularly vulnerable segment of the Southern California's blue-collar warehouse workforce.

In short, the study suggests that there is a tremendous need for health insurance and medical care among blue-collar warehouse workers in Southern California. Most of the 224 survey respondents are Latino men with a high school education, who worked full-time warehousing jobs and earned an average annual personal income of \$18,765. About half were employed through temporary agencies. Despite working nearly full-time, only 35 percent had health insurance, which includes publicly subsidized programs such as Medicaid; an even smaller proportion reported having dental and/or vision care plans. These figures are far beneath the medical insurance rate of 85 percent found among the U.S. public (DeNavas-Walt et al. 2013). Moreover, only 12 percent of recent warehouse workers surveyed had employer-provided health insurance, about one-fourth the percentage found among working age adults in California (Lavarreda et al. 2012: 45). In the absence

of health insurance coverage and/or the high cost of medical treatments needed, 36 percent delayed seeking medical treatment until their injury or illness was severe in the past year, compared to only 18 percent of U.S. adults (U.S. Department of Human Services 2012, Table 37). About 13 percent of recent warehouse workers received medical services most frequently from the emergency room, a figure that is more than three times that found among a national sample of U.S. adults (U.S. Department of Health and Human Services 2012, Table 32). Warehouse workers interviewed for this study report that the psychological stress associated with not being able to afford medical treatment when needed compounds the physical and other hazards common to warehouse work. Other research has found that those who do not have health insurance have less access to medical care, higher incidence of serious illness, and higher mortality rates (Cornelius 2000; Greenwald et al. 2005).

Although it is comforting to believe that the ACA will, ultimately, cure all health care policy ills; however, it is likely to have, at best, mixed results in terms of improving warehouse workers' health and well-being. On the one hand, with proper outreach, the ACA might improve health care access for those documented workers employed at least 30 hours per week by warehouses or temporary employment agencies where 50 or more people regularly work, if health insurance plans and their deductibles are reasonably priced given the relatively low incomes earned by most blue-collar warehouse workers. While the ACA will increase some full-time warehouse workers' access to employer-provided health benefits, temporary and part-time workers will more likely be covered through expansions of Medicaid. In fact, tax regulations actually give employers of "variable hour" labor up to a year to determine workers' status as full-time employees, which will probably undercut temporary workers' access to employer-provided benefits (Hancock 2013).

On the other hand, the ACA's perverse incentive structure has already prompted employers to use part-time and temporary labor in order to avoid the costs of providing employees' health

insurance. Even temporary agencies are likely to reduce workers' hours in order to dodge the ACA's requirements for employer-provided health insurance (Gamage 2013; Hancock 2013). This strategizing could worsen poverty and economic insecurity among warehouse workers, even as some full-time warehouse workers gain greater access to health insurance. Only eligible for emergency Medicaid and a few other limited health benefits, undocumented immigrants will continue to rely heavily on emergency services and health clinics for medical care; increasing funding and outreach for such services remains vital to improving their access to health care (Greenwald et al. 2005). By giving workers a greater voice on the job, unionizing warehouse workers would also help to further improve their access to health insurance and improve workplace safety.

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