



Healthcare Disparities in San Francisco: Unmasking Inequities and Advocating for Reform

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Abstract. This essay explores the ongoing issues with healthcare access in San Francisco, focusing on how marginalized groups, like racial minorities and the poor, often face greater challenges in getting the healthcare they need. Despite San Francisco's diverse population and wealth, inequalities in healthcare have worsened during the COVID-19 pandemic, leading to higher rates of infection and death among these communities. The essay points out that the city's healthcare system isn't equipped to handle these challenges and argues for significant changes. It calls for a deeper look into the root causes of these healthcare gaps and urges for policy reforms that make healthcare access fair for everyone. By doing so, the essay aims to raise awareness about social injustice and motivate everyone to work towards a healthcare system that truly serves all citizens.

Keywords: Healthcare deficiency, marginalized people, vulnerable, inequality, San Francisco.

1 Introduction

In the city of San Francisco, the reality of accessing healthcare is far from equitable, with long delays of appointments waiting, or being unable to get primary and specialty care which becomes a serious social issue. As this research says, “Long delays or complete inaccessibility to primary and specialty care are common across the United States.” (Cyr et al.) [1] Vulnerable populations, including the elderly, women, children, racial and ethnic minorities, the poor and homeless, and those with residual medical history, are often deeply affected by these healthcare system deficiencies. It affected every aspect of life, threatening people’s health. Even though the city of San Francisco has a great reputation due to its global popularity and worldwide migration, these disparities still exist, especially in medically underserved urban areas.

Moreover, the COVID-19 pandemic has revealed the crucial fact of the health inequalities experienced by racial and ethnic minority groups in the United States. What’s more alarming is that people in these communities were disproportionately infected and died due to the virus. Even though it is in a diverse and affluent city like

San Francisco, equitable and convenient access to treatment and vaccination is still elusive.

The roots of these inequalities in healthcare are found deep and widespread, embedded within historical and contemporary structural racism in the US society and healthcare systems. In San Francisco, as well as the rest of the nation, the unequal allocation of resources and power caused unequal social, economic, and environmental conditions, known as the social determinants of health. ("Communities in Action: Pathways to Health Equity") [2]. The COVID-19 pandemic only aggravated these disparities. As stated by Meghana Keshavan, "Black Americans have been dying at about 2.4 times the rate of white Americans." (Keshavan) [3] Under the influence of discrimination, black individuals bear greater systemic barriers to their access to resources, such as high-quality health care.

In San Francisco, it's important to never underestimate the impact of healthcare system deficiencies on marginalized populations. This article aims to provide a comprehensive reflection of the community by examining the current state of living conditions of these people and identifying the gaps and inequities that exist in society.

Based on this feedback, it is hoped that an awakened understanding of social injustice will alarm people, making an awareness and progressive improvement of the structural, systemic, and institutional issues of the healthcare system and human rights inequality. The COVID-19 pandemic has only exacerbated existing disparities and disproportionately impacted marginalized communities. As medical anthropologist Clarence Gravel pointed out, thousands of people could have been spared if black Americans had the same mortality rate as white Americans. So as other marginalized people.

Therefore, it's imperative and significant to eliminate the structural discrimination that causes health inequality in San Francisco. By deeply studying the root causes of social injustice and advocating for reform policies, a more equitable healthcare system can be achieved which ensures the well-being of all residents regardless of race, ethnicity, or economic status.

2 Social Analysis

2.1 On a Historical Aspect

The COVID-19 pandemic has highlighted and exacerbated the existence of social injustices in the health care system. Long-standing historical issues of inequality, systemic racism and disparities in access to health care have been exposed, which underscores the urgent need for systemic and institutional reforms. This part will specifically address the historical causes and consequences of the deficiency in accessing healthcare for people in San Francisco, especially the marginalized population, and future developments and trends for forming a better healthcare system and environment for people to access life-saving tools.

In an aspect of historical influences, racism towards the colored population is an important factor for African American groups to access health care during COVID-19 pandemic. As the data have shown, COVID-19 disproportionately impacts people

of color, with African American dying at nearly twice the rate of their share of the population. (Blewett et al.) [4] African American have more difficulty accessing healthcare services than other races of color. This is a reflection of the disadvantaged position of African American in society on the one hand. On the other hand, it shows the fact that the social inequities against African American have become pervasive throughout the pandemic. This social injustice issue seriously jeopardizes African Americans civil rights and personal security.

African Americans are at greater risk of social jeopardy in similar circumstances. The responses for COVID-19 pandemic includes curfew, lockdowns and restrictions on large gatherings, which has been proved as the most effective strategies for controlling the spread of COVID-19. (Davis et al.) [5] However, it requires government timely intervention and policy implementation, to provide for the need for equitable access to health care services, improved public health infrastructure, and a stronger response to the social injustices in the health care system.

2.2 On an Economical Aspect

The pandemic also highlighted the financial burdens that many Americans faced with health care. It is well known that the American healthcare system has a reputation for being advanced but expensive. Nearly one in five Americans (18.8%) experienced a high cost in healthcare, which becomes a huge burden in their life. (Blewett et al.) [4]

When the people of a country cannot even guarantee their own health and safety, the corresponding policies and measures formulated by the government and institutions deserve critical reflection. For marginalized populations or unfairly treated people of color, no-health factors such as food and insecure housing issues simultaneously exacerbate their inability to face the pandemic. (David et al) [5]. People in these groups tend to keep working in jobs like home health care during the pandemic, which makes it more risky for them to get illness. Therefore, financial burdens and poor living conditions increase the need for a complete health care system in the society.

Moreover, the unjust economic structures and systems exacerbated the incomplete healthcare issues. For example, the healthcare system relies on private insurance or out-of-pocket payments, creating barriers for those who cannot afford insurance or high costs of healthcare, which benefits the insurance and medical industries while disadvantaging low-income and uninsured populations. Inadequate public health infrastructure also has a negative impact on people. There are limited allocations for public health infrastructure and services, which means that states often lack the resources needed to implement necessary disease control measures without federal support. This underinvestment in public health services further deepens health care disparities.

2.3 On a Political Aspect

The political landscape put lots of efforts to mitigate the disparities in healthcare, particularly highlighted through the example of California's 2021 health care legisla-

tion and San Francisco's response to COVID-19, reflecting the interplay between legislators, policies, and policy beneficiaries. First of all, let us focus on the policies made to improve people's rights and experiences in accessing health care during COVID-19 pandemic.

The healthcare legislation passed in California in 2021 given the following instructions on the acceptance of medical services for the public. Firstly, through telehealth adoption, people can have wider access to healthcare services, especially for those in remote or underserved areas. Secondly, by expanding health care access and coverage to reduce the number of uninsured individuals, which is a critical issue for marginalized populations such as the people of color. The legislation also promotes transparent and fair billing practices. This policy aims to protect people from predatory bills that can lead to medical debt, disproportionately affecting low-income families. Last but not least, it empowers patients in their healthcare decisions, which is essential to patient's rights to decide what's beneficial for them. However, there are some deficiencies and injustice exposed that proves people are not actually benefiting from these policies. First and foremost, there is potential division in digital usage for accessing health care. For example, old people have problems with the use of electronics. Many elderly people who live alone have little use and understanding of electronic devices and therefore they are unable to obtain medical coverage in a timely manner through this method. Despite efforts to expand access, systemic barriers still prevent equitable healthcare coverage, particularly for low-income groups and racial minorities. (Guerrero et al.) [6]. As claimed above, the uncompleted medical measures have a lack of care for low-income people, which was a major concern during the pandemic. Based on these realities in health care, legislation, health care agencies, private groups, public health agencies, and regulatory agencies should maximize their roles and do their best to reform the inequities that have arisen in our society and to stop ignoring marginalized populations. Ultimately, a home for all will be created in the United States, a land rich in culture and history.

2.4 On a Cultural Aspect

The cultural aspect, including social opinions, views and attitudes, largely shape and influence patterns of healthcare injustice. This part will particularly introduce the health care deficiency through the mistrust of medical mechanisms, discrimination and differing political views. These cultural factors lead to disparities in health care access, quality and outcomes, especially among socially disadvantaged groups or marginalized groups.

Ironically, marginalized groups such as low socioeconomic status and LGBTQ individuals have mistrust in medical systems, which is a profound cultural reality that affects health care experiences and vaccinations. (Allen et al.) [7] This distrust is rooted in historical and contemporary experiences of discrimination, exploitation, and unfair treatment in healthcare services, and could directly or indirectly lead to concerns about the motivations and willingness of these people in accessing health care services. The everyday racism faced by the black community can also lead to mistrust in the health care system, which plays a significant role in vaccine refusal among

African Americans. One survey highlights that 65% of democrats believe that blacks are treated unfairly compared to whites when seeking medical services, while only 11% percent of republicans hold the same view. (Blendon et al.) [8] This difference in percentage underscores how political views reflect cultural attitudes about healthcare equity and discrimination.

Thus, addressing healthcare requires not only policy interventions but also efforts to shift cultural attitudes. Building trust within marginalized communities, acknowledging and solving medical mistrust and discrimination are the key steps in achieving a more just and equitable healthcare system.

3 Faith Analysis

While we are learning about the basic concept of social injustice, and introducing what is happening along with the deficiency of the healthcare system in the United States throughout the COVID-19 pandemic, it is also crucial to analyze the issue mentioned above through the teaching of faith. By analyzing scriptural texts and religious doctrines, we can uncover how faith influences attitudes towards the vulnerable and marginalized, thus guiding our actions to create a more just and equal society. This part will specifically aim on what the bible, catholic social teaching, and the five Lasallian core principles teaches on how to view social injustice issues.

The Bible, as the most popular material in practicing morality and ethics, states more than once about the importance of helping the poor, vulnerable and marginalized. As mentioned in the Bible, “Do not rob the poor, because he is poor, or crush the afflicted at the gate, for the LORD will plead their cause and rob the life of those who rob them.” (Proverbs 22:22-23)⁹ God teaches us that the one who treats the poor badly will ultimately be punished, which highlights the moral duty of protecting the poor and those in need. Relating to the healthcare system that needs to improve, it is necessary to ensure equitable access for all particularly the economically disadvantaged.

God’s love for us is based on our behavior of practicing faith in God by helping others when they are in need. When one day people lose their ability to love others, they lose God’s love as well, which is perfectly addressed by this quote, “But if anyone has the world’s goods and sees his brother in need, yet closes his heart against him, how does God’s love abide in him?” (1 John 3:17) [9] God teaches people to always keep their heart open when they see anyone needs help. Every single one of us is responsible to help others. It is the ethical duty of a man with heart. Beside the function of individuals, the Bible also teaches that the society, institutions, and government play a crucial role in solving social injustice issues. “We all have different jobs in society. Individuals, structures, institutions, or governments but we all function differently and cooperate. Therefore, if we stand together and fight for a common goal, nothing is impossible to achieve.” (Romans 12:4-5) [9] Solving problems of a social nature requires the common efforts of all mankind. The Earth belongs to everyone, and therefore everyone is responsible for social problems.

The Lasallian Five Core Principles also calls for the public attention on concerns for the poor and social justice. It states that “The poor, the neglected, the less appeal-

ing or talented, the marginalized, and all who endure social injustice are evident, clear priority in the planning, approach, exercise and evaluation of Lasallian Ministries and those involved in them. They are our heroes.” (Lasallian Five Core Principles) [10] The key problem of the healthcare system in America is that it ignores the poor and marginalized as part of the society. This teaching underlines the need for the healthcare system to prioritize those who are most at risk of being overlooked or underserved. Through concern for the poor and social justice, we hope to create an inclusive community.

Community is at the heart of all Christian education and especially Lasallian education. “Relationships are the privileged means of the educational encounter, and inclusion is the privileged means for realizing their transformative potential. We educate together as one community and in association with our other communities.” (Lasallian Five Core Principles) [10] An inclusive community means everyone is involved. However, in today's society, marginalized populations are grossly neglected and unfairly treated, resulting in the inability to receive timely and effective healthcare services. Community shapes individuals, however it requires each of us to build a healthy and helpful community before it contributes back to young generations.

Last but not least, the Catholic Social Teaching addressed that the role of the ruler of the nations is to serve all people in the society. The power comes with the responsibility to take care of all people's good, but never should only be a ruler's own good due to selfishness. “Rulers should, nevertheless, anxiously safeguard the community and all its members.” The rulers' job is to rule the society, thus they are directly responsible for any social issues. “the community, because the conservation thereof is so emphatically the business of the supreme power, that the safety of the commonwealth is not only the first law, but it is a government's whole reason of existence.” Government runs the country. They should consider the plight of the underclass while benefiting the other citizens. “And the members, because both philosophy and the Gospel concur in laying down that the object of the government of the State should be, not the advantage of the ruler, but the benefit of those over whom he is placed.” On a moral level, everyone is affected by social welfare. At the same time, we need to take care of those around us, especially the marginalized, and help them in any way we can.

4 Pastoral Analysis

The current state of health care in the United States reveals a complex social injustice and systemic failure.

The social analysis highlights a heavy financial burden on individuals, families, and governments as a result of inefficient health care systems. Studies have shown that a single-payer, universal health care system could save 13 percent of national health care expenditures, which equates to more than \$450 billion per year. Such a system would require less money than what is currently paid for by employers and families through health care coverage, as well as existing government allocations.

This shift would provide the greatest relief to low-income families. In addition, ensuring that all Americans have access to health care could save more than 68,000 lives and 1.73 million years of life each year. (Galvani et al.) [11]

Faith analysis emphasizes the moral and ethical responsibilities to address the inequalities based on the principle of bible, compassion and care for the vulnerable. Jesus taught us to care and look after those in need. Reforming the healthcare system is a concrete action that reveals this spirit. As the bible said, “Whatever you did for one of the least brothers and sisters of mine, you did it for me.” (Matthew 25:40) [9] In conclusion, these analyses suggest that the health care system is in need of profound change that emphasizes equity, access, convenience, and comprehensive care. As a human being with faith and justice, we should advocate for systemic change that addresses economic and social determinants that prioritizes human dignity and well-being.

Many methods are currently aiming at reducing healthcare inequalities. Large hospitals and healthcare systems are called to use their immense wealth and influence to address social health drives such as poverty, inequalities and racism. Time magazine notes that “The biggest hospitals and healthcare systems—even those technically listed as non-profits—have billions in cash and investments on their balance sheets, and some rang up record surpluses during the pandemic” (Donald M. Berwick and Michelle A. Williams) [12] Therefore, they should call the public to address and prevent diseases caused by poverty, racial inequality and isolation as aggressively as they treat cancer, so more people would benefit when they face large epidemic diseases like COVID-19.

In addition, efforts to improve cultural bias in healthcare are also underway, trying to create a more inclusive and respectful healthcare environment. How to Improve Access to Health Care System states, “To reduce implicit bias in healthcare, leaders must continue to devote efforts to training staff in cultural competency and to creating policies that do not perpetuate racial bias.” Moreover, expanding translation services would provide a safe environment for patients to share their concerns, which are key measures to improve patient comfort and health outcomes (How to improve access to health care: Issues & Potential Solutions) [18].

Despite these efforts, there are still lots of challenges remaining. Powerful lobbies and competing interests pose significant challenges to comprehensive healthcare reform. The Harvard Health Blog points out, “Other countries have approached healthcare quite differently, including single-payer, government-run systems, or a mix of private and public options. Perhaps some of the most successful can serve as a model for us. (Robert H. Shmerling) [13] In addition, the COVID-19 pandemic exposed critical weakness in the healthcare system and caused public support for reform.

However, there are also opportunities. The pandemic has highlighted the severity of racial inequalities in healthcare, bringing greater attention to the importance of addressing them. As Harvard Business Review states, “The COVID-19 pandemic has starkly illuminated the profound racial disparities in healthcare, and these must be rapidly addressed to achieve health equity.” (Harrison) [14] As there is a growing recognition of the need in healthcare delivery, business leaders are also being encour-

aged to play an important role in their communities by creating opportunities to improve overall health by supporting the basic conditions in their communities. (U.S. Health Disadvantage: Causes and Potential Solutions) [15]

To create a more just and efficient healthcare system, several steps must be done. Firstly, adopting a single-payer universal healthcare system can address economic inefficiencies and healthcare inequities. Research indicates, “The entire system could be funded with less financial outlay than is currently incurred by employers and households through healthcare premiums, as well as existing government allocations” (Galvani et al.) [11]. Secondly, the healthcare system must invest in addressing social determinants of health such as housing, nutrition, and education, which have profound impacts on health outcomes. Thirdly, enhancing cultural competence and reducing implicit bias within healthcare institutions can improve patient trust and accessibility. Leaders must continue to invest in staff training and develop policies that do not perpetuate racial bias. To conclude, practical steps include advocating for policy changes, increasing funding for community health programs, and implementing comprehensive cultural competence and bias training programs. Policymakers should prioritize these areas and collaborate with community and healthcare leaders to develop sustainable, patient-centered solutions (Government) [17].

The deficiency of the healthcare system in America requires brave and compassionate actions. As Erin Fuse Brown aptly stated, “In the U.S., healthcare is often treated like a market when in fact it is not. If anything, it’s a failed market” (Ridderbusch) [16] We must rethink our approach, viewing healthcare as a fundamental human right rather than a good. Let us challenge ourselves to envision and work towards a healthcare system that truly serves everyone, embodying principles of justice and equity. The time for change is now—let us rise to the challenge and ensure that every American has access to affordable, accessible, and equitable healthcare.

5 Conclusion

This essay highlighted the ongoing healthcare disparities in San Francisco, especially among the marginalized community such as racial minorities, the economically disadvantaged, and other vulnerable groups, which are inequality issues that has been further exposed and exacerbated by COVID-19 pandemic, revealing a systematic failure within the city’s healthcare system. It is sad to see such significant barriers to healthcare access exist for so long and deeply rooted in historical and ongoing social injustices despite San Francisco’s global reputation as a progressive and affluent city.

The analysis on historical facts and current situations underscore the urgent need for systemic reform to address these inequities. Changes in policies must focus on eliminating cultural and racial discrimination, improving access to affordable healthcare to ensure that all residents receive equal treatment regardless of their backgrounds. Moreover, the essay emphasizes the importance of overall reforming methods that consider the social determinants of health, such as housing, education, and economic stability, which are crucial in achieving long-term health equity.

Ultimately, by having a deeper understanding of these issues and advocating for comprehensive reforms, we can work together towards creating a healthcare system in San Francisco that truly serves all residents, promoting health, dignity, and justice for everyone.

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