Science, San Francisco, and Health Care

Paul Ward

People of many walks of life have been attracted to the San Francisco Bay Area by its legendary attributes. These attributes have not gone unnoticed by those trained in medicine and in turn have contributed to the creation of an unequaled array of medical services generally available to the people of San Francisco's environs.

Especially since World War II, the Bay Area has attracted a wealth of medical manpower and substantial sums of money to build elegant edifices devoted to inpatient care, to educate the elite of the medical science universe, and to create centers of specialized care that are the envy of the medical world. Needless to say, there is available the highest quality outpatient care for those with the means and knowledge to obtain it.

Given today's state of the art, this mass of medical excellence has almost everything in terms of diagnosis and treatment that a human being could reasonably expect. However, if the story is told in terms of each individual's opportunity to understand and to gain appropriate access to the care system, then the theme created conveys a less rosy picture.

Although perhaps not so severe as in some other communities, the problems of access, organization, and distribution of care have proved difficult to eradicate. Like most of our nation's communities, San Francisco has relied predominantly on voluntary arrangements among providers to create a coherent system of care. Although this has worked for certain segments of the population, it has at the same time created a geographical imbalance of services and a resource utilization problem that will require years of effort and tons of patience to overcome.

Focusing on the City of San Francisco, the past decade has seen a boom in hospital construction. But if you divide San Francisco into two roughly equal parts (that is, the area north and west of Market Street and the area south and east of Market Street), it can be seen that 20 of the city's 22 hospitals are in the section north of Market Street. Additionally, there are approximately 2000 private physicians, or 1 per 210 population, practicing north of Market while there are approximately 100, or 1 per 2800 population, practicing south of Market. There are many qualifications that can be placed on these numbers, such as the high degree of specialists north of Market and the fact that they may take referrals from a larger area than San Francisco. Nevertheless, the almost unbelievable imbalance can be seen.

In addition, the population south of Market Street is the lower income group; thus, transportation costs further aggravate access to care.

Health care planning activities came too late and lacked the sanctions to do much about the cause of imbalance. It is ironic, however, that the health care planning effort began to gain some notice about the time San Francisco County decided to replace the 822-bed San Francisco General—the historic county-owned hospital which is one of the two hospitals south of Market and is that area's major health resource—with a new institution at the same site. About the time planning gained recognition it was becoming apparent that San Francisco had too many hospital beds. Hospitals were beginning to experience a low occupancy rate as a result of overbedding, a factor which inevitably causes the escalation of hospital daily charges per patient. Thus, within planning circles there began a debate over whether or not bond issue money, which the voters had approved in 1962, should be used to build the planned 500-bed replacement for the existing outdated San Francisco General edifice. The concern over too many beds almost caused plans for the replacement structure to be abandoned, but finally the pro-San Francisco General forces won and 10 years after the voters approved the bond issue a new, modern edifice is rising among the red brick of the old.

San Francisco General is a teaching hospital operated by the city's Health Department and affiliated with the University of California School of Medicine. San Francisco General has had its ups and downs in terms of controversy, but no one can deny the value of the services it has rendered to the citizens of San Francisco. To list some of the many excellent inpatient programs [such as the trauma service, chest service, the clinical laboratories, the isotope facilities, the radiology department, coronary care unit, intensive care unit (including one for the newborn)], the chronic dialysis center, the wide-ranging research units, and the instructional opportunities provided to at least 175 undergraduate students per year only begins to indicate its value to the community. But valuable as these services are, the test for San Francisco General will be to organize the outpatient services needed to fill the gap in the area south of Market Street.

San Francisco General and the Health Department have long provided a good emergency service for the city. As is the case in most metropolitan areas, demands have been placed on the emergency rooms and the hospital's specialized clinics for general outpatient services. This demand intensified in the 1960's and the need to provide training for physicians devoted to family practice became more apparent. San Francisco General opened a comprehensive ambulatory care clinic in January 1969. Within one month 5000 patient visits were recorded. As a result of the clinic opening, for the first time in years visits to Mission Emergency did not increase. By 1971, the clinic was recording 9500 visits each month. Later, a night medical clinic was opened which was filled on its first night and remained fully utilized.

In late 1970, it appeared to many who had looked at San Francisco's health care problems that, despite the new clinics, the most pressing needs were still the outpatient needs south of Market Street. Discussions and planning occurred that led to the development of a proposal for funding aimed at "family-based primary health care services" provided in satellites located throughout the area south of Market Street and operationally attached to San Francisco General for tertiary care, referrals, and management support.

The author is executive director of the California Committee on Regional Medical Programs.
The Office of Equal Opportunity funded the proposal which combined the health department, the hospital, the medical school, and California Regional Medical Programs as partners in the undertaking. Work has begun on the creation of a new division within the hospital known as Outpatient and Community Services and, thus far, two clinics several blocks from the hospital in neighborhoods of highest need are partially set up and operating. In addition to medical diagnostic and treatment services, they will provide mental health and dental services. The care is to be oriented toward understanding the patient's family setting; that is, knowledge of the patient's family relationship, social and economic resources, and cultural values.

Hopefully, the need for services south of Market Street can be met in time through the cooperation of the public agencies involved. But the need for an overall organizational and development plan for the rendering of health services to avoid future imbalance was never more apparent than it is in San Francisco.

This is one of a series of special statements on different subjects prepared as background information for AAAS members and other readers of Science in anticipation of the forthcoming AAAS meeting.

**SCIENCEPHERE '74**

The AAAS Annual Exposition of Science and Industry was first organized in 1924 and was continued through the 1971 meeting in Philadelphia, Pennsylvania.

The Association was not able to hold an Exposition in conjunction with the 1972 Annual Meeting in Washington, D.C. We did find that a large number of our attendees missed the chance to meet those who produce and distribute the tools and materials of science. Because of an overwhelming number of requests from the registrants, the Association is pleased to initiate **"SCIENCEPHERE '74."**

"SCIENCEPHERE" is uniquely different from the old Exposition. Yes, we still plan to have large numbers of publishing firms plus a cross-representation of industrial and instrument companies exhibiting. But "SCIENCEPHERE" will provide us with the means of expanding the formal symposia by providing visual structures illustrating various aspects of the program. Many of the special exhibits have been specially designed and built just for "SCIENCEPHERE '74."

Another special feature of "SCIENCEPHERE" will be a representation of regional activities. We plan to highlight a number of programs in and around the Bay Area.

"SCIENCEPHERE '74" is just a start. With proper guidance, we plan to have the exhibit take its rightful place within the Annual Meeting.

If you cannot visit us on Monday, come early on Tuesday morning, 26 February, and enjoy a complimentary continental breakfast in the Hilton Plaza Hall, and plan on visiting with the representatives of some of the following companies:

- **Academic Press, Inc.**
- **Ann Arbor Science Publishers, Inc.**
- **Department of the Army, OR&D**
- **Columbia University Press**
- **Control Data Corporation**
- **Encyclopaedia Britannica, Inc.**
- **W. H. Freeman & Company**
- **Holt, Rinehart & Winston, Inc.**
- **Institute for Scientific Information**
- **C. V. Mosby Company**
- **Oak Ridge Associated Universities**
- **W. B. Saunders Company**
- **Time-Life Libraries, Inc.**
- **U.S. Department of Commerce—NTIS**
- **University of California Press**

"SCIENCEPHERE '74" was announced in the 30 November issue of *Science*. Subsequent issues will carry further listings of exhibitors and other information on Tours and Special Events.

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**The San Francisco Symphony**

Tickets are now available for a performance by the San Francisco Symphony at the Opera House on 1 March 1974 at 8 p.m. Guest conductor for the evening will be Edo de Waart; piano soloist: Philippe Entremont.

**Program:**

- Mendelssohn—"Ruy Blas" Overture
- Prokofiev—Piano Concerto No. 3
- Dvorak—Symphony No. 6

Prices: $4.50 or $7.00 (All tickets must be ordered before 1 February)

Requests for tickets should be sent, with remittance, to:

Miss Jane Kingston, Room 70A-3307
Lawrence Berkeley Laboratory
University of California
Berkeley, California 94720

**Note:** Checks should be made payable to the San Francisco Symphony Association. Please enclose stamped addressed envelope with your remittance.
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Science 182 (4118), 1280-1281.
DOI: 10.1126/science.182.4118.1280