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## Economic and Social Inequality in San Francisco

A Case Study of Environmental Risks in the City's Mission District

Raquel Pinderhughes <sup>Ⓞ</sup>

### I. Introduction

Differential patterns of exposure to environmental risks are rooted in historical and contemporary economic and social arrangements of inequality. These arrangements structure and determine which groups have the power to construct and maintain safe and healthy environments and which groups lack the power necessary to influence the quality of a community's local environment.<sup>1</sup> Thus, the heightened health risks which people of color and low-income people are subjected to as a result of disproportionate exposure to toxins, and the lower aesthetic quality of their communities, are a direct result of economic and social arrangements of power and the inequitable distribution of resources in our society. In addition, the specific needs of residents in disadvantaged communities are rarely taken into account in the identification of local environmental health problems, studies of health outcomes or the design of interventions and/or mediations.

This article focuses on a case study of disproportionate exposure to environmental health risks in San Francisco's Mission District, the city's Latino residential and business enclave. It frames disproportionate exposure to environmental risks in the Mission district within the context of socioeconomic inequality in San Francisco and social and economic inequities between the city's White and non-White<sup>2</sup> populations. It is based on two separate ongoing studies conducted by the author. The first study examines poverty and social inequality in San Francisco by analyzing demographic data of the changing social and economic conditions among the city's Whites, African Americans, Latinos and Asian American/Pacific Islanders.<sup>3</sup> The second study examines environmental health risks in San Francisco's Mission District. It is based on an analysis of both quantitative and qualitative indicators of these risks in the District.<sup>4</sup>

### II. Economic and Social Inequality in San Francisco

An analysis of the data on the economic and social status of racial/ethnic groups in San Francisco reveals that, over the past two decades, there has been a significant increase in the economic and social polarization of San Francisco's popula-

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1. *See, e.g.*, ROBERT D. BULLARD, *DUMPING IN Dixie: RACE, CLASS AND ENVIRONMENTAL QUALITY* (1990), ANDREW HURLEY, *CLASS, RACE AND INDUSTRIAL POLLUTION IN GARY, INDIANA, 1945-1980* (1995), and BUNYAN BRYANT, *ENVIRONMENTAL JUSTICE: ISSUES, POLICIES AND SOLUTIONS* (1995).

2. The term "non-White" is used to refer to people of African American, Latino and Asian/Pacific Islander descent.

3. RAQUEL PINDERHUGHES ET AL., *THE LATSTAT REPORT, POVERTY AND SOCIAL INEQUALITY IN SAN FRANCISCO: FOCUS ON LATINO FAMILIES AND CHILDREN* (1996).

4. Raquel Pinderhughes, Unpublished study (on file with the author).

tion. The gaps between rich and poor, between the haves and have-nots, between Whites and non-Whites, has widened as economic and social inequality has increased along racial and ethnic lines.

In 1980, Whites earned \$8,792 more than Latinos. In 1990, they earned \$16,797 more than Latinos. In 1980, Whites earned \$7,750 more than Asian/Pacific Islanders, in 1990 they earned \$15,532 more. In 1980, Whites earned \$8,710 more than African Americans, in 1990 they earned \$16,368 more. Whites were the only group to experience a decline in the number of persons and children living in poverty while the poverty rates of other groups increased or remained steady. In 1990, 8% of White children were living in poverty as compared to 20% of Latino children, 16% of Asian/Pacific Islander children and 41% of African American children.<sup>5</sup>

In addition to earning more money, as a group, Whites in San Francisco are older, less likely to live in families, have low unemployment rates, high rates of school achievement, high rates of home ownership, own homes with the highest median housing values and have the lowest rates of overcrowding in the City.<sup>6</sup> In contrast, non-white groups in San Francisco earn considerably less than whites, have significantly higher rates of poverty, lower rates of school achievement, higher rates of unemployment, and larger numbers of people living in overcrowded housing conditions.<sup>7</sup>

Rising economic and social inequality in San Francisco is related to federal, state and local economic trends, changes in the structure of the nation's labor market, and changes in national economic and social policy over the last two decades. In the last twenty years, the nation's social welfare programs have been cut back, while tax rates on higher income recipients have been reduced. In addition, most public service employment programs have been eliminated, with a dramatic decrease in well-paying blue collar jobs in the manufacturing sector and an increase in low wage service sector employment, and continuing labor market discrimination.<sup>8</sup>

The twenty-year period also was characterized by rising inequality of both individual earnings and family income as well as a growing gap in living standards between the wealthy and everyone else; the middle class declined and low-wage jobs proliferated. At the same time, important shifts occurred in the composition of United States families based

on the age of the head of household (which decreased), and type of family head (wherein the percentage of husband-wife families declined while the percentage of female-headed households increased). When the data are disaggregated by the race and ethnicity of the head of family, economic deterioration is even more pronounced and it is clear that poverty and inequality in the United States increased significantly more among minority families than among White families.<sup>9</sup>

In addition, social inequality increased during a period of steady disinvestment in the state of California in areas such as education and infrastructure. Over the past twenty to thirty years the state has slid from its post-World War II position as a leader among the states in human resource and infrastructure investment. Through the 1950s and 1960s, California and its local governments created an outstanding elementary and secondary school system and developed a high-quality, broadly accessible higher education system. The state made substantial investments in infrastructure projects, providing the basis for solid economic growth, a good quality of life and a favorable climate for business. Since 1970, however, the quality of state and local public services has fallen below the national average in education and infrastructure. With the reduction in social services and educational resources, the safety net for poor families and children has been eroded.<sup>10</sup>

During this period, San Francisco's labor market has become increasingly stratified. At one end are well-paying, relatively stable jobs, requiring high levels of education. These jobs are held predominantly by well-educated, White workers. Although many of these jobs may be threatened by future changes in the nation's political economy, currently they provide these workers and their families with income security, health insurance and pensions in old age. As a group, White workers in San Francisco earn two times what non-White San Francisco workers earn. On the other end are low-paying, unstable jobs held predominantly by the city's less educated, native-born and immigrant people of color. In stark contrast, workers in these jobs are highly vulnerable to labor market swings, earn low wages (often so low they cannot lift a family above poverty), and frequently lack health insurance and pension plans. An average Latino worker in the Mission District earns only \$8,000 annually.<sup>11</sup>

5. PINDERHUGHES, *supra* note 3, at 36 and 41.

6. *Id.* at 8.

7. *Id.*

8. UNEVEN TIDES: RISING INEQUALITY IN AMERICA (Sheldon Danzinger and Peter Gottschalk eds., 1993).

9. Lynn Karoly, *The Trend in Inequality Among Families, Individuals*

*and Workers in the United States: A Twenty-Five Year Perspective*, in UNEVEN TIDES (Sheldon Danzinger and Peter Gottschalk, eds., 1993).

10. IRIS LAV, EDWARD LASERE AND JIM ST. GEORGE, A TALE OF TWO FUTURES: RESTRUCTURING CALIFORNIA'S FINANCES TO BOOST ECONOMIC GROWTH (1994).

11. PINDERHUGHES, *supra* note 3, at 74.

Locating quality affordable housing in San Francisco is difficult for all racial/ethnic groups due to the high values of urban property. As a group, Latino residents in the Mission District face significant socioeconomic obstacles which inhibit their ability to afford quality housing. These factors include: low-paying jobs, low per capita and family income levels, high rates of families living in poverty and the large size of families. In addition, the Latino population has a large proportion of immigrants—both documented and undocumented—many of whom have limited occupational opportunities available to them due to language barriers, lack of skills or experience. Their job opportunities are also limited by labor market discrimination related to race, ethnicity, language and/or immigration status. Consequently, many Latinos, especially renters, are living in housing that is beyond their means. In 1990, 10,018 Latino renters (48% of the Latino renting population), regardless of income, were paying 30% or greater of their income for gross rent.<sup>12</sup> According to the Department of Housing and Urban Development's standard of affordable housing, this means they were paying more than they could afford.<sup>13</sup>

### III. The Mission District

The Mission District is one of 13 districts in San Francisco. Nestled between Potrero Hill on the east, Bernal Heights on the south, Noe Valley and the Castro District on the west and Civic Center on the north. Over the past two decades, the composition of the district's population has changed significantly. During this period, Whites moved out and Latinos, predominantly from Central America, and Asians, predominantly Chinese, moved in. The District is the city's Latino enclave, one of its major commercial districts and one of its poorest communities. While the Mission District's population is ethnically and racially diverse, it is the district in which the majority of the city's Latino residents reside and Latinos comprise the majority of the District's population.<sup>14</sup>

Overall, the Mission District has high rates of poverty, high rates of unemployment and underemployment and low levels of school achievement. Its residents are also more linguistically isolated than

the overall San Francisco population. More than half of all residents in the district (62%) speak a language other than English at home, and almost a quarter of all Mission District residents (24%) report they are linguistically isolated as a result of not speaking English.<sup>15</sup> On average, in 1990, a Mission resident earned \$11,819, compared to \$19,695 in the city overall.<sup>16</sup> In 1990, almost a quarter of all Mission residents were living below the poverty line. Rates of poverty are high among both female-headed and married-couple families.<sup>17</sup> The District is a "medically underserved area"<sup>18</sup> and, overall, the health of its residents is poor compared to the health of residents in the city overall.

Seventy percent of the Mission population is non-White.<sup>19</sup> Of non-Whites, 52% are Latino.<sup>20</sup> Latino residents who were born in the United States compose the majority of the District's Latino population, but the Mission District is also home to thousands of recent Latino immigrants and undocumented refugees overall. Latino residents in the Mission District have low per capita earnings, limited English language ability and low rates of school achievement. They have limited access to health care due to barriers of poverty, immigration status, unemployment, language and lack of medical insurance. Chronic health problems among Mission residents are exacerbated by these same factors. Further, since the passage of Proposition 187<sup>21</sup> in 1994, the numbers of Latino immigrant clients accessing the District's community clinics and public health centers has decreased, presenting another barrier to access to health care.

#### A. Environmental Risks in the Mission

One consequence of socioeconomic inequality is a structural/economic constraint which limits low-income people from settling in those neighborhoods with low levels of environmental hazards. Environmental hazards are disproportionately located in low-income communities because of lower property values, less expensive rents, zoning regulations which encourage mixed residential and commercial use, residents who do not have enough political power to determine patterns of industrial location, and discriminatory land use patterns.<sup>22</sup>

12. *Id.* at 86.

13. *Id.* at 87.

14. *Id.* at 60.

15. *Id.*

16. *Id.* at 74.

17. *Id.* at 80.

18. MISSION NEIGHBORHOOD HEALTH CENTER, CLIENT PROFILE REPORT (1991).

19. PINDERHUGHES, *supra* note 3, at 59.

20. *Id.*

21. Proposition 187 was enacted by general election on November 8, 1994. Although it is currently being challenged in state and federal court, the Proposition's intent is to deny basic public services such as social services, education, and health care to those persons determined by state authorities to be in the country in violation of federal immigration laws.

22. See generally BULLARD, *supra* note 1.

The Mission District is one such community. Rents in the district are among the lowest in the city. The District has a long history of mixed residential/commercial use, many residents in the district are not registered to vote and the City has not been sufficiently attentive to residential needs for housing, education, job training, etc, for many decades. In this sense, the disproportionate exposure of Mission residents to environmental risks is directly the result of wages too low to allow for settlement in environmentally safer, healthier neighborhoods, combined with low levels of political power that could be otherwise utilized to effect policy changes in land use, pollution control, etc.

Although data comparing exposure to environmental health risks among the city's White and non-White residents is not available, a preliminary analysis of the residential patterns of White and non-White residents indicates vast differences in residential exposure rates between the city's racial/ethnic groups. The majority of the city's White residents live in areas which do not contain significant environmental health risks, while many of the city's non-White residents live in the Mission, Chinatown and Bayview/Hunters Point, the districts which contain the highest levels of environmental contaminants and air pollutants in San Francisco.

### 1. Health Status

Overall, the health status of residents in the Mission District is poor. Residents in the District have high rates of tuberculosis, asthma, HIV disease, low birth weight, diabetes, sexually transmitted diseases and dysplasia, hypertension, pediatric upper respiratory infections, acute pharyngitis, gastroenteritis, bronchitis, and dental caries.<sup>23</sup> Lead poisoning is a problem for many children in the District. Seventy-four percent of the homes in San Francisco were built prior to 1950 and lead has also been found contaminating local playgrounds and in the imported tableware used by many Latino residents.<sup>24</sup> A survey in the Mission District reported that 10% of the 418 children screened in 1993 had elevated lead levels.<sup>25</sup>

The Mission Neighborhood Health Center (MNHC), which is located in the center of the Mission District and is the most frequently used health facility by Latinos in the district, reports that their client population has high rates of the illnesses previously mentioned.<sup>26</sup> The vast majority (92%) of the Center's clients are Latino; most are immigrants or undocumented refugees. The majority of the Center's clients

live well below the poverty level. Many do not qualify for MediCal or, if they do, it is for limited MediCal [coverage] such as pregnancy-related services or emergency services. In 1990, 57% of the MNHC clinic users were under the poverty level, 39% were between 100% to 200% below poverty and 4% were over 200% below poverty level.<sup>27</sup> According to Center reports, the patient population is becoming increasingly more poor; currently the proportion of users with incomes under the poverty level is over 60%.<sup>28</sup>

Many of the illnesses presented at the Center are related to, or compounded by, exposure to environmental contaminants. Besides the susceptibility factors of poverty and immigrant status, many clients have chronic health conditions, such as asthma, that increase susceptibility to the effects of environmental pollutants. Young children, under the age of six years old, and women between the childbearing ages of twenty and thirty-four, compose a significant group of clients in the district. Many of the illnesses that clients present could be exacerbated by environmental exposures, including, for example, respiratory ailments among young children and hypertension, upper respiratory, positive PPD and high-risk pregnancies among women of childbearing age.

### 2. Environmental Health Risks

Residents in the Mission District are exposed to a range of environmental contaminants. They include: heavy metals, industrial chemicals, solvents and other pollutants which pose a risk to human health. Air pollution is one of the most significant problem in the district. The Mission is bordered on the east and the north by Highway 101. Sixteenth Street, which cuts through the heart of the District, is a major east-to-west thoroughfare in the city. Both 16th Street and Mission Street are primary bus routes; there are at least 5 major bus routes on Mission alone. Cesar Chavez Street (formerly Army Street) and South Van Ness are also major traffic thoroughfares. The city's major bus terminal (MUNI) is located in the District at 16th Street and Harrison. The city's central auto-refinishing area is located in a dense residential area of the Mission; residents who live in this area are regularly exposed to solvent and paint emissions from dozens of small and large auto body and auto paint shops.

Environmental risks in the Mission are not limited to outdoor air pollutants. Many households and institutions regularly use over-the-counter toxins to clean grimy surfaces and kill bugs and

23. MISSION NEIGHBORHOOD HEALTH CENTER, *supra* note 18.

24. Personal communication with Fred Tsui, California Tableware Project.

25. Personal Communication with Charlotte Farretti,

Founder, Mission High School Health Clinic.

26. MISSION NEIGHBORHOOD HEALTH CENTER, *supra* note 18.

27. *Id.*

28. *Id.*

rodents. Rodents are a significant, and growing, problem in the Mission District due to the fact that so many people live in overcrowded conditions and there are so many restaurants and fast food chains.

In addition, many Mission residents are exposed to environmental contaminants in the course of their daily work. The population is heavily represented in the service sector; approximately 70% of Latino/as in San Francisco work in the service sector.<sup>29</sup> Included in this category are: building maintenance workers; auto refinishing workers; food, hotel, and restaurant workers; hospital, convalescent home and health assistant workers; textile workers; garden, farming, and fishing workers; janitorial workers; retail sales workers; and furniture makers. Many Latino men who reside in the Mission are employed in small auto refinishing (body and paint) shops located in the District. As mentioned earlier, the Mission District is the city's central location for auto repair and auto painting. Fifteen percent of San Francisco's textile workers are Latino/a.<sup>30</sup> A smaller number of Latino residents in the District work in the electronic industry, mainly women between the ages of twenty and thirty-four (prime childbearing age).<sup>31</sup>

Traditionally, occupational and environmental health issues have not been linked together. The two areas are regulated by different agencies, risk exposures are assessed differently, with significantly different abilities to assess penalties for violations of the law, as well as different levels of government funding. Yet case studies, like this one, reveal that communities most affected by environmental health and occupational health issues are often the same.

#### IV. Conclusion

Exposure to environmental health risks can be traced to historical and contemporary economic and social arrangements of inequality which structure and determine where people reside, as well as determining which groups have the political power to construct and maintain safe and healthy environments, and which groups lack the power to influence the quality of their residential environment. The heightened health risks which people of color and low-income people are subjected to as a result of disproportionate exposure to toxins, and the lower aesthetic quality of their communities, are the result of economic and social arrangements of power and the inequitable distribution of resources in our society.

The trend toward increasing social and economic polarization among San Francisco's racial and ethnic groups will persist if reductions in social services continue and more jobs with reasonable wages are not created for working class and poor Latinos, African Americans and Asian/Pacific Islanders. Confronting basic economic and social inequalities in San Francisco will require strong governmental, community and corporate action.

Among the policies which could potentially improve the social and economic conditions of families living in poverty and reduce the levels of economic inequality in San Francisco include: raising the minimum wage; enforcing existing wage and occupation and safety regulations; increased public and private investment in education, infrastructure, income supports, health care, job development and training; and economic development in communities heavily impacted by poverty.

Greater efforts are required to engage communities in effective and fair public participation and decision-making. Such efforts could help to begin to reverse the effects of the existing high levels of economic and social inequality, and the resultant lack of political power in poor and working class communities.

Confronting basic inequities in exposure to environmental health risks in San Francisco requires strong public and private sector action. This action must be informed by, and developed in response to, community participation and community needs. It is critical for communities to participate as equal partners at every level of environmental decision-making.<sup>32</sup> Moreover, environmental risks must not simply be redistributed to other communities; instead risks must be reduced or eliminated at their source.

Public participation is becoming widely accepted in diverse policy fields. However, in the environmental arena, public participation is structured to encourage communities to address selected risks locally through public hearings and related forums. In this process, communities are often invited to rank risks on the presumption that limited resources are available for environmental protection. This forces choices to be made between risks to be managed and mitigated without first exhausting all strategies for increasing total resources available, or recognizing that pollution prevention may increase resources by reducing the need for governmental regulation and mitigation. In addition, while in theory the emphasis on public participation is positive, in practice, poor and working-class communities are

29. PINDERHUGHES, *supra* note 3, at 31.

30. Pinderhughes, *supra* note 4.

31. *Id.*

32. CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY, CALIFORNIA COMPARATIVE RISK PROJECT REPORT: TOWARD THE 21ST CENTURY: PLANNING FOR THE PROTECTION OF CALIFORNIA'S ENVIRONMENT (May 1994).

often unable to participate on an equal level with representatives from industry, government, the scientific community, and more affluent communities. Nor are such poor and working-class communities able to make recommendations which might require extensive resources to eliminate the problems at their source. Therefore, the structure of environmental decision-making must be redesigned so that communities can make recommendations which do not pit one environmental hazard against another, and one community against another.

Disproportionate exposures to environmental health risks can only be eliminated through efforts which enhance the power of poor and working class communities to shape their environment. Information and knowledge of local and regional environmental conditions must be made available to community activists in an accessible form. Strategies for risk reduction and pollution prevention should be crafted by community members with the assistance of environmental experts. Environmental policy advocates and policy-makers must encourage and support the full participation of community members at every level of the policy process. At every discussion about environmental problems there must be significant community representation. This representation can not just entail a voice at the table. Rather, the representation must be structured to give community representatives the power to influence which strategies are adopted to address environmental problems and how they are implemented.