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DRUG POLICY IN THE TIME OF AIDS: The Development of Outreach in San Francisco

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In 1985, the National Institute on Drug Abuse (NIDA) funded an ethnographic research project in San Francisco to study the needle sharing behavior of injection drug users (IDUs). The goal of the research was to develop a strategy to slow the spread of HIV among this hidden and hard to reach population of drug users and their sexual partners. This small-scale project grew into a model intervention in which bleach, condoms, and street-based education by outreach workers were employed to inform IDUs of the risk of AIDS and of methods for protecting themselves. The "reach and teach bleach" model was adopted by NIDA and implemented in a number of American cities. This study describes the development of the model intervention, the adoption of the model by NIDA as part of its National AIDS Demonstration Research (NADR) project, and the political circumstances under which the city of San Francisco applied for the NADR grant. Drawing on Social Worlds/Arena theory, and based on extensive interviews and participant observation, a sociohistorical analysis examines the initial development, implementation, and disintegration of the model outreach project and the impact of the program on drug policy in the city of San Francisco.

Although signs of a deadly new disease were first identified in 1981, and clinical concerns that an epidemic was spreading within the homosexual community surfaced a year later, social and political factors inhibited government leaders from acting rapidly to halt the spread of the disease. For example, in the early stages of the epidemic in San Francisco, efforts to close gay bath houses were successfully opposed by the gay community which saw it as an attack on their civil rights (Fitzgerald, 1986). Similarly, governmental programs for stopping the spread of the HIV among injection drug users (IDUs) were difficult to implement. Needle exchange schemes were seen as sanctioning drug use, and some claimed that distributing bleach or teaching addicts to "shoot drugs safely" constituted a form of genocide against minority communities (Quimby and Friedman 1989). This article examines the administration of drug policy and AIDS prevention in San Francisco

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between 1985 and 1990, the period during which the "second wave" of AIDS was spreading among IDUs and their sexual partners.

Political and governmental leaders have not wanted to be identified as promoting the activities of IDUs, a fact which helps explain why a systematic prevention program against HIV has been slow to develop (Perrow and Guillen 1990). In the absence of political leadership but faced with a rapidly spreading epidemic, agencies charged with protecting the public developed two policies which substituted research for intervention. First, commissions and expert panels were convened to study the problem and make recommendations. Thus, the Surgeon General completed a report in October of 1986 (although the government delayed distributing it nationally through the mail for a year), and a year later the report of the Presidential Commission on AIDS was submitted (Watkins, 1988). Another study group that began in 1989, the National Commission on AIDS (1991, p. 1), has issued several reports, with the following point among its strongest: "The failure of the Federal government to recognize and confront the twin epidemics of substance use and HIV infection has become glaringly apparent to the Commission throughout its nearly two years of hearings and site visits." The appointment of commissions was strategically appealing to the government because it created the appearance that something was being done while buying time, and avoiding commitment to politically unpopular interventions.

In the second strategy, the government approached the spread of HIV as a *research problem*, not as a public health emergency that called for an immediate, coordinated, national prevention effort. Demonstration research projects were funded to examine strategies for changing the risk behaviors of various populations. For instance, in January, 1987 the National Institute on Drug Abuse (NIDA 1987, p. 1) announced it would fund projects in five cities to "Demonstrate the effectiveness of comprehensive community-based outreach . . . strategies in reducing the spread of AIDS among intravenous drug users and their sexual partners." NIDA (1987, p. 2) invited respondents to submit grant applications to investigate "the use of indigenous outreach workers to identify, reach and communicate with i.v. drug abusers and associates in their natural communities." Preventing the spread of AIDS among IDUs involves a touchy social issue, teaching drug users how to sterilize equipment for injecting illicit drugs. Funding "demonstration research" enabled government agencies to take action while being able to deny that efforts to help injection drug users "shoot up safely" reflected official policy. Due to early promising results, and no visible public objections, NIDA expanded the program in 1988 to outreach projects operating at more than 60 sites in nearly 50 metropolitan areas (Brown 1991, p. 2).

The following sociohistorical analysis examines the development and ultimate disintegration of a NIDA outreach demonstration AIDS project in San Francisco, one of the five original sites funded in 1987. Drawing on Social Worlds/Arena theory (Strauss 1978, 1984; Maines 1991), the analysis is able to examine much of what government sponsors, like NIDA, routinely rely on and take for granted in funding demonstration projects.

First, sponsors assume they can largely set the terms that different parties will abide by in being brought together to work in a given social arena, like AIDS. For example, in announcing funds for supporting outreach demonstration projects, NIDA (1987, p. 12) required applicants to show "[e]vidence of coordination/collaboration with appropriate drug abuse and public health agencies, community organizations, social service agencies, educational institutions and law enforcement authorities." In applying for support, NIDA

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(1987, p. 3) required applicants to draw other parties into the drug policy/AIDS arena by drafting cooperative agreements, including the "development of a comprehensive resource network that will integrate activities of hospitals, agencies, and community organizations in the target area." In contrast, Social Worlds/Arena theory emphasizes that the basic relationship among different parties drawn into any given arena is one of conflict, not cooperation and collaboration, and that the latter cannot be avoided by a formal requirement to get along:

> The generic social process is assumed to be intergroup conflict unless and until the data prove otherwise . . . For example, Strauss and his associates (1964, p. 3) called a psychiatric arena they studied a "field of battle" among groups . . . committed to different psychiatric ideologies and agenda . . . (Clarke 1991, p. 129).

Second, in funding demonstration projects, government sponsors bring researchers, community members, service professionals, and others together on the assumption that such a broad mix will provide the social supports and stability necessary for implementing and sustaining an intervention. In this sense, demonstration projects are politically appealing because of their democratic appearance (Larsson 1990) and because they "attempt to involve the perspectives of those people traditionally labelled the 'subjects' of research into the organization, design, and implementation of a research project" (Pederson, Roxburgh, and Wood 1990, p. 268). For example, in NIDA's (1987) grant announcement, researchers were required to coordinate their efforts with drug abuse and public health agencies, community-based organizations, and indigenous outreach workers. Thus, demonstration projects appear to offer a democratic division of services and activities serving a common goal. However, in applying Social Worlds/Arena theory, a much more likely expectation would be that such collaborations are "unstable mixtures," as Room (1990, p. 19) described them, "of two and usually three mismatched frames of reference and agendas: those of the community members, those of the change agent, and those of the researcher/evaluator." In addition, NIDA (1987, p. 3) called for the use of outreach workers to *bridge* the very different social worlds involved, especially "to identify, reach and communicate with intravenous drug abusers and associates in their natural communities." Such bridging work would include *referring* IDUs to drug treatment programs, *recruiting* IDUs for interviews by researchers, and *networking* among community-based organizations on behalf of clients. However, as Social Worlds/Arena analyses have documented, "bridging work in the AIDS arena is unusually problematic . . . [because of] the vast social gulf separating a number of the social worlds in question, with all the attendant possibilities for mutual misperception, projection and mistrust" (Suczek and Fagerhaugh 1991, p. 161). Thus, Social Worlds/Arena theory would suggest that demonstration projects, by their very nature, cannot be expected to enjoy stable social supports, and projects that require substantial bridging work can be especially afflicted by organizational conflict and personnel crises.

Third, governmental sponsors assume that the structure of intervention projects involving different parties will follow closely the organizational design described in the grant applications they jointly submit. For this reason, applicants are required to go to great lengths describing the distribution of responsibilities, lines of accountability and oversight, and the entire administrative structure of a proposed project (U.S. Department of Health and Human Services 1991). In response, applicants invariably include very elabo-

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rate organizational descriptions and charts in their grant proposals. However, Social Worlds/Arena theory holds that, as Clarke (1991, p. 137) observed, "Students of organizations well know that unlike their charts, even formal organizations are typically messy, sloppy social entities with highly porus and fuzzy boundaries."

Finally, sponsors require demonstration projects to collect data and evaluate their own impact and performance. It is assumed that project staffs, given their professionalism and training, will carry out such evaluations in a detached, objective manner. Thus, NIDA (1987, p. 7) required the following for each outreach project:

> The process evaluation which is the responsibility of each grantee should be designed to determine the effectiveness of the program in achieving local objectives . . . Techniques used in the evaluation should be described and data collection forms and systems elaborated.

Given the typical conflict among parties within social arenas, fueled by possible deep-rooted antipathies and mutual distrust, Social Worlds/Arena theory would hold that evaluation efforts become highly sensitive, strategic activities yielding reports that parties hope to use to strengthen their relative position and leveraging power over one another. Such reports become what Star and Griesemer (1989) call "boundary objects," things that sit at and demarcate junctures where different social worlds meet within arenas. As the analysis below reveals, when demonstration projects are subjected to evaluation, the conflicts within an arena that underlie the agreements different parties make to "collaborate and coordinate with one another" become exposed.

Efforts in San Francisco to expand AIDS prevention services to IDUs from a small-scale pilot project to the entire metropolitan area began in 1986. An important part of this effort was the submission of a grant application in response to NIDA's request for proposals to fund demonstration outreach projects (Evans and Feldman 1987). As was required, the proposal described both the detailed intervention plan and evidence of collaboration and coordination with appropriate drug abuse, research, community service, and public health agencies. Analysis of the proposal and its aftermath indicates that in the pursuit of governmental funding, research projects, service agencies, and community-based organizations may agree "on paper" to certain cooperative arrangements, but such agreements can mask many areas of long-standing conflict. As Social Worlds/Arena theory would hold, these conflicts can be expected to resurface upon receipt of funding and critically shape the implementation and development of the project. Thus, while centripetal forces can bring various parties and agencies together in a given arena, much stronger, long-standing centrifugal forces can work to hinder their ability to cooperate over time.

METHODOLOGICAL NOTES AND CHRONOLOGY

The high priority NIDA placed on the evaluation of demonstration projects brought us together as collaborators in 1988. In February, Margolis was hired by the Youth Environment Study (YES) as an in-house program evaluator. YES was one of six agencies that had formed the MidCity Consortium to Combat AIDS, and one of the directors of YES, Harvey Feldman, also served as MidCity's director. The year before, YES/MidCity had agreed to "coordinate and collaborate" with San Francisco's Department of Public Health

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(DPH), and Bayview Hunters Point Foundation, for the purpose of submitting a joint grant application to NIDA to implement a demonstration outreach project. The grant application had two principal investigators (co-PIs): Feldman from YES/MidCity, and Patricia Evans from the DPH.

Margolis was experienced in conducting formative-summative evaluations (Scriven, 1967). Such studies utilize continuous qualitative and quantitative data probes, with periodic feedback from evaluators to agency staffs, for the purpose of improving programs while in progress. The method contrasts with purely summative evaluations that judge the overall value of a program *post facto*. Formative-summative evaluations are thus a form of action research in which evaluators and program staffs can assume more active roles in improving programs as they are being implemented.

By virtue of his experience, Margolis was well aware of the tenuous position in-house evaluators can have in their work, especially when their employers find their evaluations to be critical of program practices, or when administrators seek access to evaluators' data in order to identify employees who voice complaints about an organization. Thus, before accepting his job with YES/MidCity, Margolis obtained a verbal agreement from the directors that all notes, tape recordings, or transcripts he generated in interviewing staff members belonged to him alone, and that the directors had no right to see them. Margolis required such autonomy in order to guarantee confidentiality to program staff and other professionals whom he would need to interview.

Part of Margolis' job was also to write a social history of the demonstration project, including a description of the horizontal linkages and relations between YES/MidCity, the DPH, Bayview, and other agencies. At the time of Margolis' hire, the demonstration project should have been operating for six months but, in fact, it was still stalled, for reasons described below. From within YES/MidCity, Margolis began taking notes of the conflicts that were building between the YES/MidCity directors and officials at the DPH/Bayview over the delays in implementing the demonstration project, a conflict that would eventually lead YES/MidCity to conspire to cut the DPH/Bayview out of participating in the second and third years of the demonstration project.

Four months after Margolis' hire, Broadhead began an study of YES/MidCity. Broadhead had submitted a grant application to NIDA to do an independent history of the demonstration project and to study how the agency would be training and supervising outreach workers to develop trusting relationships with IDUs in active drug and other hustling scenes. Broadhead (1987, p. 17) also proposed examining how the project would be evaluating itself, and especially the extent to which, and in what ways, "the inhouse evaluation may systematically generate findings that reflect positively on the project."

In studying the history of the project, *per se*, it made sense for the two of us to collaborate, and our mutual autonomy from the project guaranteed that we could share notes and equally protect respondents' confidentiality. Thus, throughout the summer and fall of 1988, we jointly interviewed everyone who had participated in the development of the outreach model, except the co-PI at DPH and Bayview's director. Because YES/MidCity was now in open conflict with the DPH and Bayview and secretly working to terminate the relationship, Feldman asked us to postpone interviewing either official until the "divorce" was final. Not wishing to influence or aggravate the conflict in any way, we agreed to this request. In the meantime, our interviews with the principals of YES/MidCity proved to be extremely lively, primarily because they occurred in the midst of, or shortly after, YES/MidCity's conflict with the DPH and Bayview. The YES/MidCity

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respondents expressed strong convictions about the part they played in developing and implementing the outreach intervention, about what had gone wrong between YES/MidCity and the DPH/Bayview, and about who deserved most of the blame for the fallout among the agencies.

Also, during the fall, 1988, YES/MidCity conducted a two week outreach training session in which Broadhead and Margolis' collaboration took a strange twist. Broadhead, as a participant observer, underwent the training to become certified as an outreach worker, while Margolis and other staff members of YES/MidCity conducted the training. Margolis' primary role, however, was conducting an in-house evaluation of the training, which he did by video-taping all of the various program sessions.

While Margolis was writing up his evaluation of the training program, YES/MidCity succeeded in divorcing the DPH and Bayview from the demonstration's second and third years. Feldman thus informed Margolis in November, 1988 that it was then acceptable for him to interview various officials at the DPH and Bayview in order to collect the remaining data on the history of the project's first operating year.

When Margolis approached the co-PI at the DPH, and Bayview's director, both were skeptical of the objectivity he could bring to the task of analyzing the project's history, given that Margolis was an employee of YES/MidCity. However, Margolis assured them of the autonomy of his position and that he took seriously the professional obligation to write a fair and balanced account of the interagency problems that plagued the first year of the demonstration project. Margolis noted that, because both respondents were public officials, he intended to quote them by name in public documents (such as this one), but he promised that the tape recordings and transcriptions of the full interviews would remain confidential. Much to their credit, both agreed to the interview and were extremely forthcoming.

Margolis completed the interviews at approximately the same time he finished the evaluation of the training program, and he submitted the evaluation report to the YES/MidCity administration in December, 1988. Margolis' (1988, pp. 38–41) evaluation was based on thorough documentation and it was critical of certain program areas, pointing out that the training was "losing sight of our specific mission and target groups," that some of the training staff had "attitude problems," and that "[t]he trainers established a great social distance from the trainees. Those 'taking the training' tended to sit apart and not participate." As a participant "trainee," Broadhead found Margolis' evaluation to be balanced, well-intended and constructive, especially considering that, from Broadhead's point of view, the training had been very poor. Margolis (1988, p. 2) submitted the evaluation to YES/MidCity as an in-house document prefaced with the follow proviso: "Criticism and self-criticism are positive processes intended to improve the training program."

Several events followed in rapid succession, and Broadhead interviewed Margolis and several other YES/MidCity staff members as they unfolded. First, upon receipt of the evaluation report, Feldman and the director of the training program, Pat Norman, closeted themselves for several hours. When they emerged from their meeting, it was clear that they did not see Margolis' report as a good faith effort on behalf of YES/MidCity's survival, and Feldman came after Margolis. As Margolis described:

> Pat Norman flipped out and decided [the evaluation] was a "hit piece," and Feldman concurred. Harvey came to me and said you can't show this piece to anyone else at all.

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> This is a totally secret document and no one else is to see it . . . Pat Norman had obsessed all over about how I was a threat to the organization, and if this paper ever got out our reputation would be trashed in the community, and that I had to be brought under control (personal interview, February 24, 1990).

The way in which Feldman attempted to deal with Margolis made matters worse, a result that became characteristic of Feldman's decision-making later on in directing YES/MidCity. As Margolis explained:

> At exactly the same time that I submitted the evaluation report, I had done the interviews with [the co-PI at DPH and Bayview's director]. After his meeting with Norman, Feldman walked right into Patrick's office [another YES director] while we were having a meeting and said to me, "I want the tapes and I want the transcripts." And I said no. And we had a face down. And Patrick tried to mediate it, but ultimately there wasn't anything to mediate; there wasn't any possible ground between those two things . . . At that point my relationship with Feldman was finished. [In his eyes] I had declared myself disloyal (personal interview, February 24, 1990).

Feldman subsequently banned Margolis from the outreach training program. In later training cycles, Margolis was never again called upon to participate, and the training program was allowed to conduct its own in-house evaluations which were consistently positive from then on. Margolis was also never again allowed to attend any of the board of directors' meetings of either YES or MidCity, even though it was his responsibility to write the complete history of the YES/MidCity demonstration outreach project. However, Broadhead was attending the meetings, so the data necessary for our collaboration on the history of the project continued to be collected.

Apparently, Feldman and Norman believed that Margolis was intending to give the evaluation of the training program to the DPH/Bayview in order to discredit YES/MidCity, though Margolis had no reason to do such a thing. YES/MidCity was his employer and Margolis thoroughly believed in the outreach model. He had praised the project at professional conferences and in several developed manuscripts, some which were later published (Margolis 1989a, 1989b, 1990, 1991). Margolis also had complete faith in the potential of formative-summative evaluations to improve the project over time.

Even though months earlier Feldman had agreed to Margolis' demand for complete autonomy as in-house evaluator, Feldman later demanded the tapes and interview transcriptions by arguing, as Margolis recalled, that Margolis had produced them as a YES employee and, "as the co-principal investigator, I [Feldman] have ultimate control over all research done in the agency"(personal interview, February 24, 1990). When Broadhead asked Feldman why he tried to gain control of Margolis' data, Feldman said he was sure the interviews contained ethnic and other slurs against him, and disparaging statements about YES/MidCity. Feldman implied that he could use those comments to embarrass and discredit the officials at DPH/Bayview, whom he considered to be enemies.

In early 1989, based on the interview data we had gathered and our observations of the first operating year of the demonstration project, we wrote a long first draft of the analysis below, and distributed it to all of the respondents for their reactions. Corrections of dates, agency titles, terminology, and some factual details were provided, but nothing that challenged the accuracy of the analysis. The co-PI at DPH and Bayview's director expressed considerable appreciation for the analysis because much of what had happened

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was the result of actions taken against them by YES/MidCity that had been planned and executed in secret. The only respondent who reacted negatively to the analysis was Feldman who complained, "You make it sound like we're a bunch of white, hippy researchers who got their ass kicked," and, "We come off as naive and not understanding the bureaucratic establishment . . . I consider myself a pretty experienced, bureaucratic war horse" (personal interview, March 1, 1989).

The manuscript then sat until the three year demonstration project ran its course. Margolis' position at YES/MidCity became so untenable he resigned in February, 1990. Broadhead discontinued his formal participant observation a month later, although he and Margolis continued to keep in close contact with several of the outreach workers and many of the project administrators, and also with one another, primarily via BITNET. In addition to the formal interviews, the final analysis below is based on the observations we made, and the numerous discussions with staff members that, in fact, still continue, concerning the events that brought the model outreach demonstration project to combat AIDS in San Francisco to its knees at the end of 1990.

INSIDE AND OUT OF SAN FRANCISCO'S DRUG POLICY ARENA

While clustering in various intercity areas, groups such as IDUs, prostitutes, runaway youth, discharged mental patients, and homeless people do not typically function as communities. At least in the United States, these groups have neither the political nor economic organization to pressure city and county agencies for redress or to request special programs; nor are they, themselves, organized. Thus, for IDUs in particular, drug treatment clinics have claimed to speak for them based on their in-house client statistics and research. In San Francisco, the Bayview Hunters Point Foundation and the Westside Community Health Center have traditionally been considered expert in the needs of African-American drug users, 18th Street Services spoke for the needs of gay IDUs, and Larkin Street Youth Center for drug-using, runaway youth.

In San Francisco, the bulk of local funds for both research and treatment were administered by Community Substance Abuse Services (CSAS), a division of the DPH, and CSAS has relied heavily on studies collected by drug treatment agencies. Because directors of treatment programs were perceived by city officials, including the Mayor and the Director of the DPH, to be drug abuse experts, treatment directors were appointed to the advisory boards of CSAS which funded drug treatment programs. In essence, a publicly funded treatment industry has dominated the drug research and service arena for years. When AIDS began to infect IDUs, the drug treatment industry was clearly in position to exercise enormous influence in deciding governmental policies on what to do about it.

Since the 1960s, San Francisco has developed a social world of counterculture drug researchers and intellectuals who have worked to "humanize" drug policy and enforcement. The Haight-Ashbury Free Medical Clinic was one of the first organizations epitomizing this social world. The clinic got its start in the late 1960s by offering nonjudgmental assistance to young people experiencing drug reactions from LSD and other substances. As drug-use patterns changed to include methamphetamines, cocaine, and heroin the clinic developed additional treatment modalities. In the early 1980s, researchers identified with the counterculture began working to develop innovative ways to stop AIDS from spreading among IDUs. While the group was diverse, composed of sociologists, ethnographers, psychologists, and epidemiologists, its members were in

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general agreement that legal persecution of persons who use psychoactive compounds in nonmedical settings was counter productive to the task of AIDS prevention. They also agreed that AIDS prevention interventions should be offered independently of detoxification or drug treatment. They argued that once IDUs were infected with HIV, treatment for using drugs became a moot point. The specific group of researchers who developed what came to be called the San Francisco outreach model, shared a broad philosophic perspective which ran counter to the ideology of law enforcement, public health, and clinics that dominated the drug abuse arena.

First, the researchers advocated a nonjudgmental view of drug use, best evidenced by their use of the term drug *user* rather than addict or abuser. In keeping with this perspective, they proposed ethnographic studies to understand "from the inside" the various cultures of IDUs (Feldman and Biernacki 1988; Wiebel 1988). Ethnography is grounded in the methodological decision to treat IDUs as rational human beings situated within communities. It is the opposite of treatment perspectives, which involve evaluating, diagnosing, warning, and rescuing persons who are seen as "controlled" by drugs.

Second, to one degree or another the researchers asserted that drug policies of prohibition and criminalization do more harm to people than drugs do. Some of the researchers took the position that, "Drugs don't kill people, drug policies kill people." The researchers, thus, implicitly accepted "labeling theory" and the social construction of deviance (Becker 1963; Lemert 1967).

Third, the researchers criticized as "blaming the victim" the law enforcement paradigm which defines drug use as criminally deviant behavior (Ryan 1971). When confronted by the AIDS epidemic, most of them supported the "Dutch Model" of needle exchange (Buning, van Brussel, and van Santen 1988), which was flatly rejected by the groups that have traditionally dominated the drug abuse arena: the San Francisco treatment industry, the Mayor's office, and the DPH.

Fourth, many of the researchers rejected the medical paradigm that defines drug use as "disease" or pathological behavior (Conrad and Schneider 1985). They were particularly critical of the description of drug use as an "epidemic," pointing out that "epidemic" is a metaphor when applied to drug use, while it is clearly accurate in describing the spread of HIV (Sontag 1989). They pointed out that "epidemic" was not even a particularly apt metaphor for drugs since their use declined throughout the 1980s (Goode 1989; NIDA 1988).

Fifth, while the Haight-Ashbury Free Medical Clinic offered a treatment philosophy based on a "chemical dependency" model similar to "12 step programs," many of the researchers criticized the current treatment ideology. For example, they disparaged the concept of denial. "Denial is a river in Egypt," was a common quip. The researchers rejected the concept because clients "in denial" are perceived to be lying to themselves, thus the treatment professional's task is to help them face reality. In this model, "reality" and "truth" become the property of professionals who reserve the power to define clients' behavior as deviant (Peele 1989).

Finally, while some of the researchers supported methadone maintenance, most viewed it as a social-control mechanism that demeaned and oppressed users by switching their dependency on one drug for another, rather than offering users a method that led to personal empowerment or recovery (Rosenbaum and Irwin 1982).

Because of their "outsider" relationship to the drug policy arena, the researchers' concerns for IDUs deepened into vocal opposition as the specter of AIDS emerged among

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drug users. They reasoned that cessation of drug use, the overriding goal of those who dominated the drug policy arena, was far less important or possible than preventing the spread of AIDS. The researchers were particularly critical of what they termed "the arrangement," the way in which city funds were allocated to drug treatment programs. Their opposition became two-fold: (1) lobbying the DPH to base future funding on detailed studies of out-of-treatment IDUs rather than on clients in treatment programs; and, (2) opening funding channels for alternative programs promising different models to reach IDUs.

Entering the Drug Policy Arena

The first attempt in San Francisco to study IDUs in order to design an effective health message about AIDS began as a cooperative effort between the city and the researchers. In mid-1983, officials at the DPH became aware that NIDA was interested in funding research on AIDS and injection drug use, although no formal announcement had been issued. The information was passed on to John Newmeyer, an epidemiologist with the Haight Ashbury Free Medical Clinic. Newmeyer contacted Harvey Feldman, who had recently completed a small, ethnographic study of young drug users in three of San Francisco's ethnic communities. Feldman's Youth Environment Study (YES) had implemented a "detached worker" project, a throwback to many similar projects established in the 1960s. YES had deployed outreach workers in various communities to give youths the "straight facts" about drug use, free of scare tactics and distortion. The outreach workers also tried to keep some of the youths busy doing things like playing basketball, painting street murals, and throwing block parties. In their self-assessment of the project, Feldman, Mandel, and Fields (1985) claimed that such early intervention efforts reduced youths' illicit drug use and deviant behavior.[1]

Together with an analyst at the DPH, John Watters, the three researchers wrote an unsolicited grant application to NIDA that proposed three things: (1) to conduct an ethnography of inner-city communities describing injection drug practices and social networks; based on this data, (2) to develop a media outreach strategy that would inform IDUs of the risk of AIDS and methods for protecting themselves; and, (3) to evaluate the impact of the intervention.

As the project was being negotiated, tensions within the city concerning policies to combat HIV among drug users escalated rapidly. As Watters explained:

> When you looked at the [epidemiological] indicators, you saw these asymptotic increases in mortality in emergency room admissions due to amphetamines and cocaine. You saw that heroin death and emergency room "admits" peaked in the mid-1970s and has been dropping off ever since. Nevertheless, 80 percent of the funds that were being spent in San Francisco, and 90 percent of the treatment slots, were for heroin addicts. There was no correlation between the expenditure of funds and the need indicators (personal interview, August 4, 1988).

It was clear that AIDS was established in the city's IDU population. By the end of 1985, 20 heterosexual IDU AIDS cases had been diagnosed, an additional 257 gay or bisexual cases reported histories of injection drug use (SFDPH 1991). The public health implications were alarming. Unless action was taken immediately, the disease would likely progress to the level of New York City, where infection rates approached 50% for

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some IDU groups (Stoneburner et al. 1988). The spreading infection heightened the researchers' concern that funding for AIDS would be monopolized by the treatment industry. The data indicated that only 25% of IDUs were in treatment, and the majority of out-of-treatment users were not interested in enrolling. Combating the spread of HIV among IDUs via the treatment industry, therefore, did not make sense (Watters, Newmeyer, Biernacki, and Feldman 1986). Yet, as Newmeyer viewed the situation:

> The treatment people were the establishment. They felt that any money that comes in for AIDS prevention should go to them. They're the old boys in the field. So it's the old boy network that wanted to prevail and get all of the new monies (personal interview, August 5, 1988).

The threat of the epidemic, added to their overall critique of city drug policies, increased the researchers' sense of solidarity and their identity as an insurgent group with a political mission. They felt they had little choice but to adopt a confrontational strategy toward those who dominated the drug policy arena. Public criticism of procedures and administrative personnel were used as tools to force a reconsideration of existing budgets and to release funding for new programs to address the epidemic among out-of-treatment IDUs. Past criticism of city policies had focused on the difficulty of initiating new programs to respond to the changing nature of drug use. Now, in various governmental hearings soliciting public opinions, the researchers began raising charges of impropriety and conflict of interest. They pointed out that the directors of two major treatment programs also served on the DPH's Drug Abuse Advisory Board that determined the city's drug action plan. They charged that the directors were in the position of applying for money one day, then voting to approve their own requests the next. Similarly, the researchers were harshly critical of the practice of using data from these same treatment programs to justify their continued funding. In March, 1985 Feldman (1985a, p. 6) testified before the Board of Supervisors:

> [T]he preponderance of data that has been used to support the drug services being funded has been taken almost exclusively from the records of the organizations which are already funded by the Division of Drug Programs . . . No matter how sincerely objective service providers may be, there is a natural tendency to concentrate on their own agencies' needs rather than the broader community needs.

Later, Feldman testified to the Planning Committee of the Advisory Committee on Drug Abuse. This time, he charged that politics had led to the failure to develop a county-wide needs assessment to serve as the basis for prioritizing and implementing an overall and systematic strategy. He noted that heroin was no longer the major drug problem in the city but that a flood of cheap cocaine had contributed to widespread poly-drug use. He reiterated that methadone treatment programs had become bureaucratic structures lobbying for funding at ever increasing levels. Moreover, considering that most IDUs were not in treatment, expanding treatment slots would not reach the majority of IDUs. Feldman (1985b, p. 8) argued that the county had neither plans nor priorities beyond "continuing funding to existing providers."

The policy of confrontation worked, but it engendered a residue of bitterness and unwillingness to cooperate that hindered the development of drug policy. During the spring of 1985, as the first ethnography-outreach project began, an angry confrontation

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occurred when the researchers met with the director of Drug Programs in CSAS and the director of one of the city's detoxification programs. As Watters described, the researchers were warned that they would not be able to complete their research: "You won't be able to go into any clinics in San Francisco unless you agree to stop attacking the Department of Health and stop attacking (the detoxification clinic)" (personal interview, August 4, 1988). In this instance, lack of cooperation produced an unintended, beneficial consequence. The NIDA research project began to draw a sample of out-of-treatment IDUs from one of the transient hotels in the Tenderloin for interviewing and serological HIV testing. This was the first of such sampling in the country.

It is important to note that the researchers' movement into the social world of out-of-treatment IDUs greatly shaped the development of the project. The researchers realized that people on the streets were aware and worried about AIDS, and anxious to help do something about it. This was an exciting, creative time for the researchers. They were interviewing and drawing blood samples from IDUs in the community, and the ethnographers were returning from the field with descriptions of needle-sharing behavior. Drawing on their various disciplines and the field data, they began developing what eventually became the "reach and teach bleach" outreach model that NIDA later adopted as one paradigm for the national demonstration effort to combat AIDS (Broadhead 1991; Newmeyer 1988). The researchers' experiences at this time heightened their sense of mission and their identity as an insurgent group employing social science to save lives and change the direction of drug policy in San Francisco.

Battle Lines are Drawn

While the research was going on, an important funding opportunity occurred. In late 1985, the California legislature passed Senate Bill 1251, which appropriated $400,000 for the city of San Francisco to create programs to educate IDUs about AIDS. The program was to be administered by the DPH, who contacted drug researchers and service providers and asked for applications. This was the first state money available for AIDS prevention among IDUs, and several groups responded with proposals.

The researchers formed an organization called The MidCity Consortium to Combat AIDS and submitted a proposal to the city based on their emerging outreach model. MidCity, governed by an executive board representing a variety of agencies, was created specifically to apply for the 1251 and other possible funds because the executives felt a coalition had a better chance to compete with other city agencies. MidCity was composed of the directors of six research and social service agencies. All but one of the MidCity executives, however, were white males. Attempts were made to involve additional organizations representing San Francisco's communities of color, but they were not successful. MidCity quickly gained the reputation of being a "white" agency, a serious political liability in a city as ethnically diverse as San Francisco.

In one attempt to broaden its executive board, MidCity approached the Bayview Hunters Point Foundation to see if it would join the consortium. Bayview runs one of the major drug treatment facilities in San Francisco. With a staff of 150, it is also one of the largest and most powerful African-American organizations in the city. Its director, Shirley Gross, offered a number of reasons why Bayview declined to participate. Most importantly, the newly formed MidCity had inadequate financial resources and would be unable to "bank-

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roll" projects of any size. Gross' reasons for declining also included politics, power, and organizational status:

> The reasons we had no interest, (1), is we had our own consortium. (2), The agencies that were a part of the consortium . . . didn't have any political profile. They didn't have any public track record, as such, in substance abuse, and they were not programs that had any particular involvement around minority issues. So it would not have served any useful purpose to us to be a part of something else. My contention is that Bayview, which is at this point about a five and a half million dollar operation, does not need to attach itself to somebody else's umbrella. We form umbrellas (personal interview, December 9, 1988).

Bayview had administered a drug treatment program for 20 years. Now a deadly disease was abroad in its client population, and the Foundation was becoming increasingly concerned about fighting it. At the same time, Bayview's director viewed MidCity as a group of white male researchers who were draining resources from the African-American community. She was very clear that African-American researchers and community organizations should administer studies directed at the African American community. Moreover, Gross considered the laissez faire attitude toward drugs manifested by middle-class "hippies" inappropriate in poor African-American communities where, from her perspective, "drugs kill people just as surely as drug policies do." On a political basis, Bayview was one of the organizations that felt unfairly attacked by the researchers' confrontational tactics, and the director emphasized that Bayview maintained "excellent" relations with all city departments.

Thus, discussions in the drug policy arena over how to prevent the spread of AIDS among IDUs began to pivot around the politics of race, class and gender. As Bayview's director, Gross, explained:

> Basically, what we want to do as Black professionals is to develop ethnic specific research ourselves . . . I'm not bringing any racist white boys out here to do anything so they can stand up and tell a room full of other racist white boys about how much dope black people use, how many different men black dope fiend women sleep with . . . I think that we as a people, in terms of science, have been exploited enough (personal interview, December 9, 1988).

Accordingly, Bayview organized a coalition of agencies under its aegis to rival MidCity called the Multicultural AIDS Needle Users project (MANU).

Competition for the 1251 funding hardened the positions of the contending groups within the expanding arena. Alongside race, class, and gender, arena conflicts also pivoted around fiscal integrity, ethics, and scientific issues including: (1) legitimacy claims over who speaks for IDUs and communities of color; (2) the ethics of research, particularly "nonjudgmental" ethnography versus treatment; (3) political battles over money, prestige and the power of existing groups; and (4) intellectual "ownership" of the outreach model.

Ultimately, the 1251 funds were distributed to a half dozen agencies. Bayview's MANU project received $100,000 to develop multicultural training materials including posters and public service announcements. MANU produced a training manual on AIDS

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prevention, and developed and delivered training to substance abuse program staff. MidCity applied for $119,000 and received half, $57,000, for six months to deliver street-based education. The DPH's piecemeal strategy was disliked by many, and the conflict between the treatment establishment and MidCity intensified. MidCity viewed the award as another example of playing politics with drug money. John Newmeyer explained the researchers' reaction: "MidCity was a new player on the block trying to squeeze into this group of old boys and it seemed to us at that point that we were being grudgingly accepted with half a year of funding" (personal interview, August 5, 1988). Bayview's director, Gross, offered a different definition of the situation:

> [T]he city's health plans have not typically included research, ethnography, to be specific. So [MidCity] is definitely afraid that at some point [they're] going to get cut out of the pie. That's what [their] concern is (personal interview, December 9, 1988).

In April, MidCity hired four additional outreach workers to augment the three already on the street. But the 1251 money was due to run out in October so, in August, the MidCity executives began a public relations campaign to pressure the city to renew their contract. MidCity researchers and outreach workers were interviewed and appeared in several high-profile television news stories on bleach distribution to IDUs. After considerable publicity about the impending loss of support, MidCity's 1251 funding was renewed by the city. MidCity hired several additional outreach workers and expanded outreach services to five neighborhoods. For the first time, most San Francisco neighborhoods with large numbers of IDUs were being regularly visited by outreach workers. However, as social worlds and arenas theory might have predicted (Strauss 1984), the emerging AIDS prevention arena had clear geographical boundaries. MidCity outreach workers avoided Bayview neighborhoods, while the DPH/Bayview outreach workers stayed out of the neighborhoods served by MidCity.

Then, in January, 1987, NIDA's National AIDS Demonstration Research (NADR) announcement for proposals was issued, offering to fund projects at a million dollars a year for three years to evaluate the effectiveness of outreach in combating AIDS among IDUs. Essentially, NIDA began promoting the establishment of demonstration research projects in cities across the country modeled after the one developed in San Francisco by the MidCity researchers. When the Director of San Francisco's DPH learned that both MidCity and Bayview intended to apply for the NADR grant, he proposed that they submit a joint application in which the DPH would serve as fiscal agent (Werdegar, personal interview, September 25, 1989). The announcement required "evidence of cooperative and collaborative agreements with agencies and organizations serving the targeted area, including evidence of coordination with drug abuse and public health agencies." The Director emphasized that the city might not receive any funding if proposals were submitted by competing community groups. He proposed that one application be sent, and that the grant be administered by the DPH's new AIDS Office with subcontracts to MidCity and Bayview. The application would have two co-PIs: MidCity's Feldman, and Patricia Evans, the Associate Medical Director and Chief of Prevention and Education in the DPH's AIDS Office. Evans was an African-American physician with a Masters Degree in Public Health. Her role would be to oversee the administration of the subcontracts with MidCity and Bayview, and serve as liaison between the agencies and the DPH. This arrangement satisfied Bayview as well as MidCity. Thus, previous enemies submitted a

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grant application to NIDA that, on paper, masked substantial interorganizational conflict and distrust.

THE FIRST YEAR OF THE DEMONSTRATION OUTREACH PROJECT

The Struggle for Control

Upon receiving notice that the application had been funded, interorganizational conflict began over how the agencies were going to collaborate. Budgets had to be drawn-up, contracts drafted, and lines of responsibility and authority established. The widely differing perspectives that the three parties brought to the negotiation arena (Strauss 1978), particularly toward the nature of outreach services and one another's capabilities and motives, led to intense disagreement that delayed the project's start-up for eight months. At the end of the first operating year, nearly half of the funds for delivering outreach services remained unspent.

The MidCity researchers felt that because they had developed the outreach model and had largely authored the grant application, they deserved complete control over the hiring, training, and supervision of all outreach workers to be deployed in the community, including those attached to Bayview. MidCity was distrustful of Bayview. It had been rebuffed by Bayview's director when she refused to join the consortium, and MidCity saw the foundation as part of the treatment industry's "arrangement" with the city. The researchers were afraid that Bayview would use the NIDA money to recruit for, and enlarge, its treatment programs rather than deploy outreach workers to work with IDUs on their own terms.

Bayview's perspective was similarly suspicious of MidCity's claims to expertise, particularly because its white male executives claimed special knowledge of African-American drug users. Bayview's director, Gross, was quite candid:

> Harvey [Feldman] really thinks that he invented black folks—that there ain't nothing about black folks and black folks on the street that he don't know . . . Harvey has singularly decided that what drug addicts need, he can provide. And what there is to know about them, he can tell it all. Not only do I resent it, I think that the majority of the providers in San Francisco resent it (personal interview, December 9,1988).

Interorganizational conflict was also fueled by MidCity's status as an "outsider" to the drug policy arena. Other than harshly criticizing the DPH's drug planning efforts and allocation of treatment dollars, MidCity had little contact with the DPH. Except for the recent confrontation that succeeded in channeling some of the 1251 money to fund additional outreach workers, MidCity remained outside the city's drug treatment and service arena. Feldman had hired Patrick Biernacki to help coordinate the outreach project. Biernacki (1986), an experienced field researcher and internationally-known drug expert, was also frustrated by hurdles erected by the city bureaucracy. Neither Feldman nor Biernacki had worked with the DPH bureaucracy and lacked experience in the complex process of negotiating budget approvals and contracts with the city. As Biernacki explained:

> We didn't know that the contract had to go through the Health Commission for approval. We thought that if the Director of Public Health got a grant, he could proceed

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> ahead . . . The proposal had to be reviewed [at the State level] by a human subjects review group, and that you have to submit the proposal a month ahead of time. And we had no idea about this (personal interview, July 22, 1988).

A critical lack of understanding occurred when the MidCity researchers assumed that their counterpart within the DPH would be co-PI "in name only." They based this on their perception that Evans had no experience in drug ethnography or community outreach, and she had not participated in writing the proposal to NIDA. Moreover, Evans would be devoting only 20 percent of her time to the outreach effort while Feldman and Biernacki would be working full-time on the project. Thus, the researchers assumed that Evan's responsibilities as co-PI would be limited to facilitating dealings with the DPH and serving as a liaison with Bayview. As Biernacki explained, "We thought that it would be a 'phantom position' and that she wouldn't play an active role" (personal interview, July 22, 1988).

The perspective Bayview brought to the negotiation arena contrasted sharply with MidCity's. As a major political force in the city and a voice of the African-American community, the foundation was determined to maintain a high profile. Bayview's cooperative relationship with the DPH was the result of having successfully contracted with the city for over 20 years. Instead of being critical of the DPH's response to the epidemic, Bayview was supportive, as explained by Gross, its director: "I think that the city's AIDS department has developed a plan of action around AIDS city-wide . . . They have used their skill to develop this with input from a lot of other people in the community" (personal interview, December 9, 1988).

In contrast, Bayview criticized MidCity because it conducted research rather than provided treatment, which reflect the priorities that dominated in the drug policy arena traditionally, and MidCity did not speak for or represent any community within the city. Bayview dismissed MidCity's claim that it spoke for the out-of-treatment IDU community. Nor was Bayview prepared to defer to MidCity's claims of expertise in conducting street outreach in the African-American community. Bayview's refusal to work under MidCity included a specific aversion to the idea of MidCity hiring, training, and supervising Bayview's outreach workers.

The perspective that the DPH brought to the negotiation arena was that of wanting to coordinate the city-wide development of outreach services, and mediate any possible conflicts that may develop between the organizations conducting the intervention, and among groups in the community. Furthermore, even though NIDA defined the demonstration outreach project as a research initiative, the DPH saw the grant as an opportunity to augment its support of community-based services. As Evans, the co-PI in the DPH, explained: "One of the things that we do in terms of looking at money that comes into the city, even if they're research dollars, is . . . what kind of services is it going to provide? That's what we were looking at with this, to try and provide services" (personal interview, December 9, 1988).

In the past, the DPH had experienced difficult working relationships with communities of color. Evans emphasized that she had been hired to direct the AIDS Office specifically to improve the DPH's relations with all of the city's communities of color and to ensure that they received adequate representation and support. As such, Evans saw herself as responsible for overseeing the smooth functioning of the entire outreach demonstration project, an especially critical task given the bad relationship between the directors of

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MidCity and Bayview. She did not see her responsibilities of co-PI as constituting a "phantom position," or that her position was perfunctory. When contract negotiations began, she would be overseeing the budget and contractual agreements that MidCity and Bayview entered into with the DPH. In being new to her job at the DPH, and an African-American woman, her perspective was shaped by the very difficult challenge she faced: proving that she could "hold her own" in representing the DPH, making the bureaucracy work, and providing a voice within the DPH that would protect the interests of communities of color.

The interorganizational relationship between MidCity, Bayview, and the DPH unravelled further when the group discovered that a serious error had been made in the NIDA grant application. Even though the narrative section of the proposal described a three-year project, the budget that accompanied it, prepared by the DPH, was for only one year. In order for the project to operate for a second and third year, a *competing* continuation proposal would have to be resubmitted to NIDA by April 1, 1988. In a very short period of time, this became the basis for undoing the tenuous relationship that had only recently been negotiated among the parties.

To make matters worse, additional problems arose when NIDA interjected itself in the local negotiation arena and requested significant alterations in the outreach and research plan. NIDA required the creation of a special team of outreach workers to work specifically with the female sexual partners of IDUs. During a meeting with NIDA officials, underlying tensions erupted between the co-PIs. MidCity's Feldman remarked that perhaps the project would be better off if the fiscal management of the grant was taken from the DPH and administered by a MidCity agency. Evans, the DPH co-PI, noted that when the idea was broached, "We just put our foot down and said no! It has to remain within the Department of Public Health" (personal interview, December 9, 1988).

On November 2, 1987 the group met again to discuss the changes that NIDA had requested. Evans agreed to draft a budget for the sexual partners unit. The budget escalated the conflicts further. As Feldman explained:

> When Biernacki and I saw the budget, we blew our stacks because it had taken the sexual partners unit—four outreach workers and a supervisor—and gave it to Bayview, which gave Bayview the lion's share of the grant . . . I said absolutely not! Evans said that I would not be losing any control of it. I said, "Come on, you know whoever controls the money controls the direction of the project" (personal interview, July 26, 1988).

Evans had proposed placing the sexual partners unit at Bayview because of doubts about MidCity's ability to access and work with Latina and African-American women:

> I really didn't feel comfortable with [MidCity] doing it because I didn't really feel that they knew that much about female sexual partners of IV drug users (personal interview, December 9, 1988).

But after a series of acrimonious discussions during which the MidCity researchers furiously asserted that they were the outreach experts, and because they had authored the million dollar NIDA proposal, the DPH and Bayview acquiesced and gave the funds for the sexual partners unit to MidCity (Romero, 1993). The rancorousness of the negotia-

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tions became apparent later as Feldman bragged about the strategy he had used to bully and browbeat the co-PI into submission:

> So I told Biernacki, here's the strategy. I'm going to take her resume in, and I'm going to take my resume, and we're going to just have it out! Who's in charge of this damn thing? I have got to be in charge and she has got to know it . . . So I went in with both resumes and handed my resume to her and said, "I want you to read this." She began to read it. I said, "No, I want you to read it *out loud*." She threw it back at me and said, "I'm not going through this!" . . . I just laid it on the line, that she was presumptuous to think that she had any skills in this field (personal interview, July 26, 1988).

As the DPH co-PI described:

> From the very beginning there was this power struggle . . . because he immediately stated that he was the "Principal Investigator of Record." And I said, "Excuse me! According to our application, we are co-principal investigators!" So I had to deal with that issue to at least establish myself as a co-equal with him. I don't think that he ever accepted that (Evans, personal interview, December 9, 1988).[2]

Delays in Getting the Project Started

Neither Feldman nor Biernacki had experience with large, high-visibility projects, and unfamiliarity with state and city procedures led to unrealistic expectations about how fast they would be able to move forward with the project. San Francisco's Health Commission meets twice a month. Its procedure for contracts requires a budget subcommittee to review and recommend whether a project should be approved. Following that meeting, the full Health Commission then meets to consider the subcommittee's recommendations. Usually all contracts are reviewed and approved in one day. In this case, due to miscommunications between the DPH and MidCity, and Feldman et al.'s lack of experience, it took YES two and a half months after the proposed start date before its budget was approved. The specific contract with the city took even longer.

Then MidCity was notified by the DPH that the research still had to be approved by the State of California's Human Subjects committee. Thus, as Feldman noted, "We hadn't gotten one thing resolved then that came up and, bingo! that pushed us up into January because that's the next time they meet" (personal interview, July 26, 1988). Further, the project's actual contract with the DPH was still being negotiated three months after the demonstration project was to have begun. Interestingly, word from other researchers around the country was that many of the other NIDA projects were also experiencing substantial delays in starting up, and that MidCity's delay was not unusual. Nevertheless, in the heat of the moment, Feldman and the MidCity executives began to imagine that the DPH and Bayview were deliberately conspiring to sabotage MidCity and the outreach effort.

The project received the human subjects approval certificate as expected, but another crisis developed when the contractor instructions were received in January, 1988 from the DPH. The city operates on a cost reimbursement basis. The instructions clearly stated that an agency must be financially prepared to operate on its own funds for the first two months. The question of "fiscal integrity," first raised by Bayview's director, became paramount. MidCity did not have the approximately one hundred thousand dollars needed

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for start-up costs, yet it could not receive funds through the DPH until it had expended them. But, apparently, Feldman and Biernacki did not know this; all they knew was that they could not start up. Several of the other MidCity executives had actually administered contracts with the city, but they allowed Feldman and Biernacki's dark fantasies to dominate the definition of the situation. Financial panic swept through the organization. As the DPH co-PI, Evans, explained:

> It became clear, as we went through this process, that they did not have that kind of capability. Then it became finger pointing, name calling, this whole type of thing. All these other folks got involved, the mayor's office and everybody else (personal interview, December 9, 1988).

Eventually, with help from the mayor's office, MidCity succeeded in obtaining a surety bond that allowed the DPH to issue it a $129,000 advance to cover start-up costs. So, on February 8, the final language was agreed upon and MidCity's contract was brought before the city's Health Commission. While the contract won approval, the African-American and Latino members of the Health Commission criticized the contract, singling out one of the agencies in the MidCity consortium, Feldman's YES. The Commissioners extracted a promise from YES that it would increase the size of its Board of Directors and the number of minority-group representatives on it.

At the end of February, 1988, while MidCity was still waiting to receive its advance from the city, NIDA officials expressed concern about whether the project would meet its research obligations as part of the national demonstration effort. Data collection and analysis should have begun, and it was suggested that federal investigators might have to be sent out. The demonstration project was entering the sixth month of its first operating year, yet it had still not begun. Making matters worse, the mistake in the original budget request meant that it was now time to begin preparing the competing continuation proposal to NIDA for funding the second and third years. Employing the isolationist and combative strategy that had been successful in the past, the MidCity executives secretly decided to drop the DPH as the funding agent for the continuation proposal, and write both the DPH and Bayview out of the intervention effort for the second and third years. MidCity's perspective toward San Francisco's DPH was inconsistent: at times the DPH was viewed as simply incompetent at administering innovative projects. At other times the DPH was described as actively involved in stalling and sabotaging projects that were not part of the "arrangement." As Feldman claimed:

> The aim was to stall the whole thing, to see that it never took place. To discredit YES and cripple us financially so that we couldn't get along. Then they could say that YES is not a suitable agency for this, and let's give it to an agency that can manage it, and turn it over to Bayview (personal interview, July 26, 1988).

Thus, in preparing the continuation grant to NIDA, Feldman and the other MidCity executives decided to drop the DPH as fiscal agent and replace it with Feldman's YES. The MidCity executives deliberately kept the plan to themselves until just before the submission deadline. They hoped for a coup, grabbing control of the entire outreach effort before the DPH and Bayview could do anything about it. Feldman tried to put the decision in a favorable light when he recalled:

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> We agreed originally to go along with the city because it seemed only proper that the Department of Public Health should lead the way in fighting the epidemic. So we gave them a chance. But after they demonstrated they couldn't manage it, we *took* it away from 'em (personal interview, July 26, 1988).

Approximately one week before the submission deadline, the DPH realized what was happening. Much to MidCity's surprise, the DPH co-PI immediately set to work and succeeded in preparing a competing proposal for the second and third years. Thus, two proposals were submitted to NIDA from San Francisco: YES/MidCity's proposal dropped DPH and Bayview, while the DPH's proposal dropped MidCity and subcontracted outreach services to Bayview. The DPH proposed a street-based project that would utilize outreach workers to provide prevention information and materials to IDUs and others to reduce the spread of AIDS. Despite the fact that similar projects had been proposed and funded by NIDA in over 40 cities throughout the country, Feldman charged that the DPH's proposal amounted to "intellectual theft" of MidCity's model. Feldman also asserted for weeks on end that if the Director of Public Health had any integrity he would immediately withdraw the city's competing proposal.

In July, 1988 YES/MidCity was notified by NIDA that their proposal would be funded. The proposal from the DPH and Bayview was approved but received a less favorable priority score. At the end of September, 1988 the outreach project completed its first "operating" year. In actuality, it had operated for only four months and approximately one-third of the project's budget remained unspent. On October 1, 1988 YES/MidCity severed its ties with the DPH and Bayview, and began its second operating year. YES/MidCity had assumed that the unspent funds from the first year would be returned to the federal government. Later, the researchers learned that NIDA had agreed to roll over the unspent funds and assign them to the DPH. The funds were used to support on a reduced scale the approved continuation proposal that the DPH had submitted and the outreach effort it was pursuing with Bayview. Thus, in October, 1988 San Francisco had two NIDA-funded demonstration outreach projects operating. The projects were mutually antagonistic and entirely independent of one another, without coordination or collaboration of efforts to combat the spread of AIDS.[3]

The Demise of the MidCity Consortium to Combat AIDS

After gaining dominance over San Francisco's outreach effort, Feldman's YES, now the fiscal agent of MidCity, became obsessed with maintaining control and maximizing the possibility of being seen, especially by NIDA and other funding agencies, as the only organization in San Francisco working effectively with IDUs. As one of the YES outreach workers observed to Fox (1991, p. 239), "I don't know what the politics of this agency are, except for the politics of getting more funding for AIDS." As Fox (1991, p. 240) further observed, "The Project's calculated emphasis on self-promotion and perpetuation alienates [the outreach] workers who envision their jobs as more altruistic." However, within a year, YES' pattern of conflict in its dealings with agencies outside the consortium infected the inner workings of MidCity itself.

In response to a new NIDA funding opportunity to serologically test and conduct extensive interviews with IDUs for five years, Feldman's YES disregarded the consortium's Principles of Cooperation and submitted a grant application in direct competition with another MidCity agency, John Watters' Urban Health Study (UHS). In doing so, YES

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once again resorted to subterfuge. YES kept secret the fact that it was preparing a competing application and, when pressed by the MidCity executive board, even denied that it was doing so. YES lost the competition and did not receive funding, which was only to be expected; Watters' UHS had been interviewing and serologically testing IDUs in San Francisco since 1985, and had received national and international recognition for its efforts (Cranston, 1989). Yet YES again tried to grab control of this research enterprise. More importantly, competing against another MidCity agency cost YES its only base of support within the city's drug policy arena. By the Spring of 1990, the MidCity consortium had disbanded. Six months later, having failed to secure new funding sources, YES shut down its outreach project and move out of San Francisco.[4]

Although YES, along with the other MidCity researchers, had succeeded early on in devising an innovative method for working cooperatively with drug users, YES' inability to establish working relationships with other agencies in the larger drug policy arena and with its own consortium partners, made it impossible to routinize its position within San Francisco's highly competitive drug policy arena (Fox 1991).

In the final analysis, however, it was the outreach workers themselves who accomplished the most in the three years of the demonstration project's existence. The outreach staff distributed 150,000 bottles of bleach and nearly 300,000 condoms to IDUs and their sexual partners (Broadhead and Fox 1990; Margolis, 1991). More importantly, they made thousands of IDUs aware of the risks they faced, and instructed them in concrete steps that they could take immediately to protect themselves and others from contracting HIV (Broadhead and Fox 1990). Systematic HIV testing of IDUs in San Francisco every year since 1986 has found that the seroprevalence rate has remained around 13 percent to 15 percent (Watters 1987, 1989; Watters Newmeyer, and Cheng 1986b; Watters, Case, Huang, Cheng, Lorvick, and Carlson 1988; Evans, Hembry, Bowser, Gross, and Dasher 1990). Since the beginning of the bleach outreach program, interviews with IDUs has yielded self-reports of using a disinfectant to clean their needles. Cleaning behavior increased from a rate of 13 percent in 1986 to 80 percent in 1989. A substantial percentage of users also indicated that they had stopped sharing needles altogether. At the Sixth International Conference on AIDS in 1990, Watters et al. (1990, p. 4) emphasized that, "Major behavior change [among IDUs] occurred immediately following the implementation of outreach and bleach distribution." In sum, IDUs, a group long thought to be impossible to reach and unwilling to change, rapidly acted to limit the spread of HIV. At the same time, the most uncooperative and difficult groups in San Francisco to work with were the competing professionals, governmental officials, and service agencies, jockeying for position within the drug policy arena.

CONCLUSION

Policy arenas, like the field of AIDS, are characterized by vigorous debates, competition, and political maneuvering around central policy issues. At the outset, the most important members in the arena are existing organizations who have stakes in one or more issues. But evolving arenas begin to draw in other parties who originally may not have believed they were stakeholders. In seeking allies to "get a piece of the action," former competitors or enemies may negotiate uneasy truces.

Although NIDA funding made it possible for cities across the nation to implement programs combining street ethnography, outreach workers, and the distribution of bleach

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and condoms, San Francisco remains an important case because the "reach and teach bleach" model was developed there. The preceding analysis reveals how the model was developed by researchers who were largely outsiders to the city's drug policy arena. NIDA recognized both the innovative model and the value of implementing it throughout the country. However, in the implementation process, NIDA appropriated aspects of the model from the MidCity researchers and offered it back to them and other researchers, with the stipulation that they join forces with other city agencies and treatment programs—groups that the MidCity researchers had battled or circumvented in developing the model in the first place. For a complex of reasons—maverick temperaments, lack of interorganizational experience, turf and funding battles, and the politics of race, class and gender—MidCity, as a consortium, was not able to routinize its position by accomplishing the transition from insurgent outsiders to members of the establishment.

The case study also demonstrates the way in which race and gender, extremely important factors in the drug policy/AIDS arena, were initially ignored by NIDA in the funding of projects to stem the spread of AIDS among injection drug users. Of the seven NIDA projects in the western United States, only one, the project run by San Francisco's DPH, had a PI who was a person of color. And she was bullied and attacked repeatedly by her co-PI at YES, a white male, because she would not accept a token position and forfeit control of the project. In the drug policy/AIDS arena, like other issues affecting communities of color, self-determination has been a constant struggle. The African-American community in San Francisco has been somewhat successful at obtaining political representation, particularly in the area of controlling services to their own community. However, in the eyes of many members of the city's African-American community, NIDA's first award continued a long history of being bypassed by federal agencies.

Unlike the social worlds of gays, or even prostitutes who have formed unions like the national organization, COYOTE, or CALPEP—the California Prostitutes' Education Program in San Francisco—there has not existed a voice in the United States from the social world of IDUs. The result in San Francisco was competition between treatment agencies, community-based organizations, and researchers over who would speak for them. Treatment providers claimed legitimacy based on their history of providing services and political understanding of the city, while the MidCity researchers, claiming to be scientists and experts, argued that only they were capable of representing the social world of drug users in a nonjudgmental way. The stakes in the arena struggle, however, were not merely the health and well being of IDUs, but the competition among agencies to *capitalize* on the spreading epidemic. Financial stakes, in the form of grants and contracts, became proxy variables among competing agencies reflecting professional reputations, organizational growth, and social status within the local, national, and international drug policy arena.

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NOTES

1. In Feldman, Mandel, and Field's (1985) assessment of their project, they apparently were unaware of the body of research that indicates just the opposite of their claims. Studies of detached worker programs in the 1960s and 1970s found that the presence of outreach workers "may inadvertently encourage more deviance that they prevent," as Pfohl (1985, p. 258) summarized. Kassenbaum (1974) and Klein's (1971) review of past outreach evaluation studies found that juvenile gangs who received detached worker services, compared to those that did not, showed no significant differences in their behavior: "In fact, there was some increase in the seriousness of offenses in the gangs that did have a detached worker contact" (Kassenbaum 1974, p. 154). Kassenbaum (p. 155) discussed findings that ran directly counter to Feldman et al.'s claims:

> By arranging activities for gang participation (dances and outings for example), mediating gang disputes, and conferring status on a gang by the presence of a youth worker . . . the program recognizes the gang as an important neighborhood or municipal entity . . . With gang cohesiveness increasing, the likelihood of both intergang violence and collective predatory activities increases.

2. The term "PI of Record" means next to nothing among professionals. Large research projects, particularly demonstration projects, frequently have several co-PIs and co-investigators. The "PI of Record" is someone whose name appears on the cover sheet of a grant proposal. Frequently, it is a person who agrees to lend his or her name to a proposal but may devote only a small amount of time to the actual project.

3. As an indication of problems caused by the lack of coordination, both projects were part of NIDA's National AIDS Demonstration Research (NADR) program. Both were drawing samples of IDUs and interviewing them using standardized instruments from NIDA (Brown 1991). But the lack of coordination meant that neither project had any way of knowing whether their samples were independent, or to what extent they overlapped.

4. YES' funding predicament must have grossly clouded the judgement of its administrators. Watters' UHS had extensive experience in conducting serological tests with IDUs, and disclosing tests results, which frequently requires substantial counseling. The UHS had also conducted highly sensitive, in-depth interviews with IDUs for years concerning their drug use and sexual practices. All of these activities require substantial skill and expertise which the UHS had developed, as well as very trusting relationships within the drug-using community. Feldman's YES, on the other hand, was an outreach project whose staff had no expertise or experience in either formal interviewing, serological testing, or counseling. Thus, competing against the UHS in this research area, and thereby breaking up the MidCity Consortium—YES' only source of organizational support within the city of San Francisco—was a stunning display of self-destructiveness and folly.

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