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ARTICLES

Weathering the Storm: Nonprofit Organization Survival Strategies in a Hostile Climate

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This study examines strategies for organizational survival among community-based nonprofit organizations operating in a political environment antithetical to their missions. Qualitative fieldwork is drawn upon to examine how syringe exchange programs in New York City manage to operate despite government hostility and the disenfranchisement of drug users from policy making. This work examines the presentation of forms chosen by the groups in question, their political machinations and interorganizational relations, and the manner of claims made or not made by representatives of exchange programs in the political arena. Programs are found to have altered their outward appearance and forms away from the needs of their constituents toward protection of state interests, but they have not received very much in return.

The provision of health and social services to unpopular population groups has a long history, much of it defined by moral debates and questions of deservedness. The desirability of various constituencies has an effect on the willingness of governments and communities to take responsibility for their needs, or even to acknowledge an association with them. Prior to the development of the modern welfare state, responsibility for "the needy," was often left to churches, local communities, and families (Dobkin-Hall, 1992). Under present U.S. policy, the federal government has taken responsibility for a variety of social protections and economic safety nets. But, typically, policy makers have

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distinguished between the "deserving poor" and "the general poor" (Lin, 2000), or between those who are in need "through no fault of their own" and those who can be said to have brought their problems on themselves (Waxman, 1977). It always has been easier to invest public money in the well-being of sympathetic groups rather than those who are too closely identified with social problems or social ills. Not surprisingly, within the United States, there also has been a significant racial component to the moral distinctions (Quadagno, 1994).

This study analyzes strategies for organizational survival among community-based nonprofit organizations (NPOs) operating in an institutional environment hostile to their constituency and antithetical to their missions. I approach this question through an organizational ethnography of syringe exchange programs (SEPs) in New York City. In particular, I ask how SEPs have negotiated a relationship with government agencies that allows them to operate despite conditions of hostility and disenfranchisement. I examine the presentation of forms chosen by the groups in question, their political tactics, their interorganizational relations, and the manner of claims made or not made by representatives of SEPs in the political arena. This work also evaluates the relationship between their institutional dependencies and their strategies, and it examines the limitations inherent in these decisions.

Throughout the past 20 years, HIV prevention has been one of the largest growth areas of need throughout the United States and much of the rest of the world. In contrast, the greatest increases in federal spending during this period have related to the "war on drugs." Under the rhetoric of "zero tolerance," which is central to our anti-drug strategies (Office of National Drug Control Policy, 2000), the majority of HIV prevention efforts for drug users, as well as virtually all forms of harm reduction, have been labeled as "attempts to legalize drugs" (Office of National Drug Control Policy, 1999, p. 52). In this environment, SEPs, which have expanded and had moderate success throughout much of Europe, have been described by government officials as a misguided policy that "sends the wrong message to our children by condoning illegal drug use" (Whitman, 1998). Although increased syringe availability has been endorsed by numerous health agencies, including the surgeon general, the Centers for Disease Control and Prevention, the American Medical Association, the National Institutes of Health, the American Bar Association, and the American Public Health Association, it has received almost no support from any elected official and is routinely derided by prominent legislators.

The prevalence of HIV/AIDS among injecting drug users raises a number of difficult social, political, and public health questions. Within the public health sector, these questions occur at the intersection of many much older problems including disease prevention, poverty, racism, drug use, moral contests, long-term financial burdens, adaptation to crisis, and the inconsistent needs of public health versus law enforcement in policies concerning drug

users. Underlying this conflict is the problem of state support for private initiatives whose clients and participants are neither represented nor desired in discussions of public policy. Proposals for controversial interventions such as syringe exchange—in which injecting drug users are given sterile syringes in exchange for used ones in order to reduce the transmission of blood-borne disease—have generated tension between public health advocates and supporters of the war on drugs. Most significant, efforts to implement syringe exchange have forced us to confront our commitment to the welfare of a subpopulation defined principally by their association with a criminal activity.

In recent decades, the prioritization of social welfare spending has become a matter of great political contention. Private organizations that advocate on behalf of disadvantaged and disenfranchised groups define population needs, demonstrate the effectiveness of various interventions, and help to support the growth of mutual aid and empowerment organizations. Many ethnic or cultural minority groups have achieved a place in policy debates only through long-term organized activism targeted against the state (Meyer & Tarrow, 1998). These efforts have successfully redirected some government money, as well as increased the participation of community advocates in policy-planning processes. Among social movements, however, the successful integration of activists into policy processes has been shown to create structural dilemmas for the collective actors involved, as they find themselves compelled to "professionalize" their organizations in order to work with state agencies (Kleidman, 1994). In other cases, elite support may be directed away from the organizations that originally defined the programs and issues toward new groups that distinctly do not share the political perspectives of the initiator movements (Tierney, 1982). More ironically, an increase in popular support and funding opportunities creates pressures on activist organizations to channel their activities into issues with mainstream appeal (Jenkins, 1998). That is, once organized outsiders successfully gain access to political institutions, they often choose to behave more like insiders, shifting their goals from their initial oppositional stances toward claims and forms that are less threatening (Lebon, 1996; Morrill & McKee, 1993). Yet, outsider groups often find it difficult to operate as insiders (Arnold, 1995; Reinelt, 1995).

Institutional theories (old and new) offer a conceptual framework for understanding the complex interactions between institutional centers of power and "outsider" or marginal claimants. At the simplest level, political and social elites have every reason to feel threatened by, and to suppress or co-opt, outsider mobilizations (Selznick, 1949). Because any collective action for the empowerment of marginal groups inherently seeks to redistribute power and influence, those with the most power have the most to lose. Yet, although the direct suppression of challengers may undermine the legitimacy of elite authority, authorities can maintain legitimacy by incorporating selective portions of the outsiders' goals and methods (Jenkins & Eckert, 1986). In certain

cases, elites have been shown to increase their support for the least threatening challenges in response to the presence of a far more threatening claim, a process known as the "radical flank effect" (Haines, 1984). In other cases, the successful professionalization of a radical organization can create spaces for newer, more radical groups to grow (Lune & Oberstein, 2001). In such cases, the overall field of work associated with the challengers benefits by the presence of a group that does not compromise.

There are many reasons why challenger mobilizations might prefer to remain outside of institutional political processes. As the radical flank effect suggests, the vanguard of a collective mobilization can serve the interests of the collective community by honing its edge and by refusing to be the part of the field that collaborates. Alternatively, a radical vanguard also could broker its "activist identity" as a form of cultural capital that elites will pay to share. Described as "radical chic," this process refers to the dynamic by which elites will choose to support challenger movements in order to improve their own image, as long as the radicals are perceived to be socially constructive and the tangible threats to elite privilege are minimal (Silver, 1998). Like channeling, however, both the radical flank effect and the radical chic effect presume that (a) social change requires elite support and (b) that real change will only occur within the comfort zone of the elite supporters.

The interorganizational dynamics cannot be the same for communities, and claims, that lie inherently outside of this comfort zone. This raises new questions about the process of institutionalization. What are the costs to an organization or set of organizations that seek compromise with the state when those efforts are rebuffed? How much goal displacement can a community-based mobilization endure in pursuit of institutional acceptance? How can groups that are politically beyond the pale survive when the institutional elites on whom they depend continue to view their very existence as illegitimate?

METHOD

Research for this study is based on interviews, site visits, and both participant and nonparticipant observations at seven of the quasi-legal SEPs in New York City, and with activists from three illegal exchange operations. A total of 15 interviews were conducted, half of which were on-site at the exchanges. Informants included program directors, outreach coordinators, and street-level service providers. Interviews followed a "focused, unstructured" format (Merton, Fiske, & Kendall, 1989), in which informants are encouraged to use their own terms, definitions, and priorities to address a common set of topics. Informants were asked to address their personal and organizational histories, the nature of any opposition that they faced, who their allies were or are, and the nature of their relationships with program participants, neighborhoods,

community boards, elected officials, police, the Department of Health, and the general public. Although some of the informants spoke only of their present groups, most had worked with a number of different exchange programs over the years and spoke of their experiences with each. All informants were offered confidentiality. Most chose to speak on the record for much of the time, with certain statements kept off the record or simply not for attribution. Therefore, almost all identifying information has been removed from quotes and descriptions, although all of the participating organizations are named.

Interviews and site visits were conducted at ADAPT, New York Harm Reduction Educators/Bronx-Harlem NEP, CitiWide Harm Reduction Program, Foundation for Research on Sexually Transmitted Disease (FROST'D), Lower East Side Needle Exchange Program, and St. Anne's Corner of Harm Reduction (SACHR). Several additional interviews were conducted with former volunteers of the ACT UP/NY Needle Exchange Program, the National AIDS Brigade, and Moving Equipment. Each of these three organizations had been active in the creation of the underground exchange network in New York City, although none of them operates legal exchanges in New York.

The terms "needle exchange program," or NEP, and "syringe exchange program," or SEP, are used analogously by different sources and are treated as interchangeable in this document.

WHY EXCHANGE SYRINGES

U.S. law targets criminal acts, not criminal types. The former may be legislated against; the latter not. Although the use of controlled substances is a crime, being a person who uses or has used drugs is not. Laws against addiction have been enacted on a few occasions in several states, yet, due precisely to the legal distinction between behavior and identity, such laws have not endured. With the 1962 case of *Robinson v. State of California*,[1] the Supreme Court established that laws against addiction as an identity status violated the Eighth Amendment (Pascal, 1988, p. 120). As with homosexuality under antisodomy laws, the courts have affirmed that one can be prosecuted only for engaging in illegal acts, not for being the sort of person who would do that or who has done so in the past. Comparable attempts to criminalize homelessness throughout the country have been challenged or overturned for similar reasons (Ades, 1989; Simon, 1982).

In each of these examples, however, the law may still be used to restrict the visibility of the target populations, be they homeless, gay, drug using, or otherwise marginalized. As long as particular behaviors associated with the groups invite legal sanctions, their individual and collective acts are limited. Since the 1970s, anti-drug legislation has targeted virtually every drug-related activity with a specific law. Apart from the laws against the possession, sale, purchase, transportation, and consumption of controlled substances, most

states and many cities have additional laws and ordinances restricting the possession of drug paraphernalia such as bongs, pipes, roach clips, syringes, cookers, and other implements that are designed to assist in drug use. In the United States, 49 states and Washington, DC, have enacted drug paraphernalia laws, and many states have additional prescription laws concerning "dual use" items, notably syringes, which can have both legal and illegal purposes. Extending this logic slightly, drug users found carrying used syringes have been charged with drug possession based on the traces of drug measurable in the syringe (Abdul-Quader, Des Jarlais, Chatterjee, Hirky, & Friedman, 1999, p. 285). Such laws may be read as attempts to recriminalize addiction as an identity status. Under paraphernalia laws, it is not necessary to catch drug users in the act of purchasing, carrying, or using illegal drugs. If they are carrying drug paraphernalia, such as syringes, then they are subject to arrest. For drug users with previous convictions, this infraction also is sufficient to revoke an existing parole or probation and could lead to lengthy periods of incarceration.

The fear of arrest for syringe possession does not appear to have measurably reduced drug consumption, but it has discouraged injecting drug users from carrying clean needles (Bluthenthal, Kral, Erringer, & Edlin, 1999). Instead, they must either purchase syringes with the drug, which can be done in some shooting galleries but rarely in the streets, or they must reuse others' needles. The motivation to reuse a syringe is rational, and its practical, rather than cultural, significance has been verified by current research on HIV/AIDS prevention. As Koester (1994) summarized, "Syringes are shared because they are scarce, and they are scarce because they are illegal to possess without medical justification" (p. 287). Because syringes are designed to capture, protect, and redistribute blood and blood-borne agents, syringe reuse has been a remarkably efficient means of HIV transmission. HIV may remain viable in a syringe for 4 weeks or more (Abdala, Stephens, Griffeth, & Heimer, 1999).

In response to this situation, drug users and harm reduction advocates have established SEPs, or NEPs, in cities throughout the country since the late 1980s. Injecting drug users can bring their used syringes to the exchange sites and swap them for sterile ones. The used equipment may be tested prior to safe disposal, by which means researchers track HIV prevalence among drug injectors. At most U.S. sites, users also may receive HIV tests if they wish, or receive a referral for medical care or drug treatment, if available. But the primary benefit of SEPs is as an HIV/AIDS prevention measure.

> As needles are removed from circulation (exchanged), the means of circulation time of the needles declines, which is associated with a decline in probability of infection. The provision of sterile needles in exchange for used ones reduces sharing, the number of times contaminated syringes are shared, limiting the number of viral transmission events. (Needle, Coyle, Normand, Lambert, & Cesari, 1998, p. 7)

THE POLITICAL ENVIRONMENT

Throughout the period of SEP formation, particularly the first 10 years, the programs faced considerable political resistance. Congress enacted and repeatedly reinforced bans on federal funding for SEPs or any prevention education that "condones or promotes" syringe exchange. Between 1988 and 1995, Congress voted on nine separate occasions to block funding of SEPs (Donovan, 1996, p. 2). Revisions to the Anti-Drug Abuse Act of 1988, introduced in 1998, specified that SEPs could not be funded until the Secretary of Health and Human Services determined that they effectively reduced the spread of HIV without encouraging further drug use. When the secretary did just that (Shalala, 1998), the law was amended to state that funding would be prohibited regardless of the secretary's evaluation. Legislative and federal policy debates equated harm reduction in general, and syringe exchange in particular, with drug legalization, and dismissed harm reduction policy proposals as "a half-hearted approach that would accept defeat" in the drug war (Office of National Drug Control Policy, 1999, p. 53). Advocates for syringe exchange were routinely branded "soft on drugs."

Government action on HIV/AIDS prevention among drug users has not been entirely one sided, however, and state legislatures have shown more flexibility than the federal level. Furthermore, as the existing programs age, they are increasingly able to refute the worst fears of their critics. Some past opponents, including former New York City Mayor David Dinkins, have even come around to endorsing the programs. Following changes in state law enacted in 2001, pharmacies in New York State now have the option to sell syringes without prescriptions.[2] It is too soon to tell what the impact of this development will be, but over-the-counter sales of syringes are unlikely to replace SEPs for most addicts. As a precedent, however, it represents a tangible case in which government has chosen to overturn an anti-drug policy in favor of an HIV-prevention measure. This change may be considered a measure of the success of SEPs, as syringes themselves appear to be less stigmatized. Comparable challenges to other "zero tolerance" policies also have arisen in the latter half of the 1990s. California and Arizona have approved the use of marijuana for medical purposes, for example, choosing a harm reduction approach in favor of the strict criminal justice policy. And a public discourse on the reform of drug laws has gained ground in many states, including New York (Purdy, 2000).

Syringe exchange itself, however, has not become sufficiently institutionalized into the public health domain to grow or expand. Nine quasi-legal SEPs presently operate in New York City, engaging in three different SEP modalities. Each of these modalities is geographically limited. Storefront exchange sites have fixed locations and offices where participants can come for syringe exchange or a variety of other harm reduction services, counseling, education, or social activities. Street corner (or street-side) exchanges operate smaller, mobile units out of vans or trailers. At a scheduled time and location, mobile

exchange vehicles park on out-of-the-way streets, and workers set up tables, tents, bins, and so forth to construct temporary service offices. Mobile street-based outreach exchanges seek out injecting drug users (IDUs) and others in need of services and try to initiate contact with new potential participants. Street outreach programs target "hard- to-reach" populations, including prostitutes, juvenile IDUs, and homeless people with HIV.

New York SEPs operate under a state waiver from syringe prescription laws. The waiver was enacted in 1992 as part of a declaration by the commissioner of the State Department of Public Health finding New York City to be in a state of emergency with respect to HIV/AIDS. Syringe exchange is not legal under the waiver system, but a limited number of supervised programs, and their participants, are protected from prosecution. The first waivers were granted to formerly underground programs, or to the new agencies formed by underground providers to replace the illegal operations.[3]

The prelegal work constituted a form of civil disobedience. Volunteers referred to these activities as "the underground needle exchange movement." Activists distributed syringes as a form of political protest to call attention to the neglect of HIV/AIDS prevention among this population and, eventually, to force a legal challenge to the state's paraphernalia laws (Elovich & Sorge, 1991). Since 1992, most of the formerly underground programs have reorganized and redefined their exchange operations. Organizations that were once managed by recovering addicts are now run by professional managers with no prior experience in drug issues. Instead, they have implemented formal policies to seek input from the target client population. The conditions for aboveground work require a degree of professionalism and accountability in accordance with the interests of those outside of the affected communities rather than those within. Such organizational changes have been accompanied by operational changes that are more difficult to classify.

SURVIVAL STRATEGIES

In addition to formal changes in organizational structure, the groups operating SEPs have made further accommodations to the change in their legal status. They have altered their goals and tactics, and fundamentally changed the ways in which they present themselves to the outside world. As the priorities of the field have shifted from challenging the law to ensuring survival, the exchange programs have adopted different forms of organization. Although there was a great deal of variability in the informants' views on where syringe exchange was heading, or how best to get there, the interviews demonstrated general agreement as to where the programs had come from and how they presently operate.

The following strategies for organizational survival emerged through interviews and observations at SEPs in New York City. Each of the strategies

was evidenced to some degree at each of the study sites. All of the organizational changes described here demonstrate one characteristic in common: They all represent a move from "challenger" practices that sought to undermine state policy and practices toward conciliatory practices that implicitly or explicitly legitimate the interests of political elites, even at the cost of delegitimating their own constituency. These developments represent more than the familiar practices of professionalization. They indicate active pressures to deny or suppress the political component of syringe exchange in pursuit of institutional détente, and not of institutional acceptance.

REPUDIATE MOVEMENT IDENTITY

Now that the underground exchange movement has become an authorized part of the health care delivery system, its relationship to state agencies has fundamentally shifted. The programs do not make demands or issue threats anymore. Several informants have stated in various ways that although SEPs used to be "a kind of movement," now they rarely attempt to form collective strategies or even to develop consensus positions on policies or practices. Organizers and advocates seldom, if ever, sit down together except in meetings called by the city, to which they are all invited but for which they are not setting the agenda. Under the present arrangement, they discuss catchment areas and budgets, but not policy. You "can't talk openly about needle exchange," according to one long-time participant. And they cannot, or do not, act collectively. As the New York Academy of Medicine found, "While many SEPs have developed effective interventions to reach particular subpopulations of IDUs, no mechanism exists for SEPs to share expertise with one another, or to integrate their expertise and services with the many HIV programs unable to develop effective programs for active IDUs" (Finkelstein & Vogel, 1999, p. 6).

More significant, according to informants' descriptions, the SEPs have become isolated and inner directed, worrying more about their own continuity than about their former missions. Sources at programs that have faced difficulties expressed a particular disappointment that they could not look to one another for support. When the media launch attack stories at one site, for example, most of the other programs try not to get involved, and the targeted program itself will not respond aggressively. Even when deliberate abuses (of fact or reportage) are revealed, the programs are loath to make an issue of it. This change has not been described as competition among organizations so much as a shared pragmatism. "Under [Mayor] Guiliani . . . we wouldn't want to make front page news or the whole thing will be shut down."

Instead, the SEPs have turned toward a quieter style of advocacy aimed at reducing the atmosphere of hostility and distrust, and trying to forge lasting, undemanding relations with other agencies in the health and human services. As one program director explained,

> My board has always been a board that has insisted upon a very low profile for the organization. We don't make a lot of waves and as result I don't know that we have the kind of adversarial relationship with the political system that other programs may have. . . .
>
> You've got to distinguish between political advocacy and the advocacy that is more program related. And I think we do a lot of the latter and we do almost none of the former. I am on the [name withheld] committee of the citywide PPG, and I'm head of the [name withheld] workgroup, and so we push our agenda in that way. And I think that agenda is . . . "you've got to let these people in, you've got to work with them, and we have the ability to teach you how to do that." We do advocacy in that way, and I think that's much more powerful than the other way of yelling and screaming and doing whatever you need to do.

CULTIVATE INVISIBILITY

The principal survival-oriented strategy of the SEPs has been to minimize their visibility. They avoid political entanglements by trying not to be seen and by encouraging communities to forget that they exist. This strategy also allows political elites and state agencies to ignore them. On the streets where the programs operate, organizers had begun to develop this approach long before the waiver. Discussing the early days of the ACT UP/NY and SACHR programs in the Bronx, a former volunteer, now a professional organizer, recalled that "both exchanges had a 'Brigadoon' aspect. . . . A discreetly organized social service entity that appeared weekly in a public landscape."

FROST'D provides harm reduction services to streetwalkers from a mobile site, based in a van. Although they travel to where their target population can be found, they do not do outreach. For although the local communities have grown accustomed to the streetwalkers, organizers fear that syringe exchange might be a problem. Asked about community relations, the program director replied, "I don't think people know we're there."

CitiWide Harm Reduction is unique in that they visit people in their homes, in single room occupancy hotels. Part of their motivation for this approach is to reach another segment of the target population. Specifically, they are seeking out the most underground subgroup of drug users. But they also are responding to the conditions that keep their participants hidden. CitiWide perceives their mission to be a response to police strategies that makes it dangerous for these clients to visit a street-based program. "Police tend to target people based on how they look." The poor, homeless drug users invite examination and interrogation. Their lives constitute probable cause. They are therefore at greater risk to be caught with paraphernalia and to receive harsh treatment from the criminal justice system. The goal of the CitiWide approach is to allow their participants to remain behind closed doors. CitiWide has designed its operational procedures with the explicit goal of providing services without being seen to provide services.

Program invisibility extends beyond the strategies of individual organizations and encompasses most of the policy processes that enable their operation.

> Every year there's a certain amount of state funding for AIDS which doesn't get spent. Those are called the reappropriation dollars, and that's what syringe exchange programs get their money out of. Because that's not part of the budget that gets signed off on. Therefore, it doesn't have to be debated. . . . So that gives you an idea. None of the elected officials are really willing to touch it. And even the ones who are willing to touch it are really only comfortable doing it in indirect ways.

A variant of this strategy, and a reversal of their earlier goal, has been to keep their issues off of the political agenda. In the early days of the Bronx-Harlem program, there was "no need for elite allies." The message to the Dinkins administration was to "just leave us alone." Program organizers sought help merely to "get Dinkins to not oppose it." When they needed additional funding for ancillary health services at the exchange sites, they "sought personal connections through informal networks."

City officials have been willing to assist the development and expansion of syringe exchange in New York, but not in public. One agency director described his system of working with the mayor's office and the Department of Health.

> They help me package the idea and ultimately, help me get some of the money. . . . There is this discretionary money out there, people who are willing to meet with you in some restaurant in Morningside Heights to talk about where do we need to go.

Several of the above-ground programs replaced sites that had been opened by activists prior to the waiver system. The transition from political activism to health intervention meant a shift in strategy from public activism to private acts. SACHR, for example, replaced an ACT UP/NY demonstration site in the Bronx. ACT UP worked "in a public thoroughfare, hence, appropriation of space. . . . SACHR . . . entered into a community space" that was "already organized." SACHR therefore had to make promises and offer protections to their participants and others who allowed them to work there. In contrast, one of their ACT UP contacts, who was still operating as an activist, did press interviews and sought to bring camera crews into the sites. The authorized program had to oppose the activists in order to maintain the acceptance of the local community. They had to channel the work away from a public political model toward a private health services one.

HELP COMMUNITIES MANAGE THEIR DRUG PROBLEM

The population affected by syringe exchange is perhaps the most stigmatized one in the country right now. Not only are drugs repeatedly called the number one problem that the nation faces, but drugs and drug users have been blamed for literally all social ills.[4] They are reviled in popular culture and in politics. Public figures have literally asked why we do not support more policies to kill them rather than protecting their lives.[5] SEP organizers rarely try to mobilize support for HIV prevention among the injecting drug users themselves. Instead, they emphasize the potential benefits that the program provides to others in the community.

The first targets of this new strategy of representation were the police. Despite the state waiver, programs can be shut down easily if the police in the community choose to do so. At one Brooklyn site, the precinct commander "took it upon himself to close the site" on any pretext. Because the waiver is limited to syringe distribution, but the programs also provide clean bottle caps (cookers), this location was temporarily shut down for distributing other paraphernalia. In the early years, one program found that the exchange "exposed users to law enforcement. [The police] would sit on the corner and see who came. They knew that after we left they could get them with paraphernalia." In some cases, the police "used to rip up the cards" that identified users as legitimate exchange participants. But organizers found that the waiver system also provided an opportunity to educate the police.

Program organizers encourage the police to view them as local resources, not threats. Most of the SEPs conduct formal outreach to local police precincts in which they emphasize their ability to serve police interests without undermining enforcement of drug laws. Paramount among these is the legitimate fear of being stuck by an infected needle while patting down a suspected drug user. Outreach workers emphasize that, if the police are known to respect the needle exchange protections, they can simply ask the users to dump their needles before frisking them. Many of the programs also provide the beat cops with sharps disposal boxes into which the users may empty their syringes without any direct contact by the police at all. In a similar vein, but with less discussion, the programs also provide many of the local police with condoms, which also are distributed by the SEPs.

In their dealings with both police and residents, program organizers often find themselves implicitly endorsing negative imagery about drug users in order to project a positive image for the exchange. They phrase their accomplishments in terms of protecting the community from their clients. A concern frequently expressed by community boards, for example, is that the needle exchange will somehow cause an increase in stray needles, particularly in playgrounds. Notwithstanding the fact that used needles have commodity value only at the needle exchange, residents often fear that the program will introduce additional needles into their communities. In response, some programs have asked community boards to identify the high-risk spaces and

existing areas of concern. They can then make a show of sending volunteers out into parks and playground areas collecting and counting syringes. If the areas are found to have improperly disposed sharps, the programs identify those locations to their participants, many of whom will stop off there on the way to the exchange site in hopes of picking up additional needles. In this way, the exchange site can define itself as a program to protect children from needle sticks, with the implication that closing the site would place children at greater risk.

SEPs have had immense difficulty expanding their operations, and very few new sites have been approved since 1992. This means that they have to seek invitations or support from community elites in order to package a successful application. In Bedford-Stuyvesant, for example, informants indicated that the SEP was able to open only because a local doctor who had influence with the community board personally made the case for the health need. Whereas the illegal exchanges used to take over public space, as a political act and a legal challenge, the legal programs negotiate through intermediaries for access to private spaces.

Programs also require acceptance by the injecting drug users in the target communities. Most programs try to identify intermediaries there as well, to smooth the way. One organization explicitly applied the community outreach strategy to a local drug lord. "I educated him on HIV/AIDS to the point that he was asking what he should do about it, which was supporting needle exchange." A Brooklyn expansion site was opened by an informant who used to cop drugs there during his time as a user. He knew the street users, and he could talk with locals to make sure people wanted the exchange program to come in. "The first thing the people there noticed was 'Oh, a Hispanic.' " This gave the program street credibility there that the earlier activist site had lacked.

PRESENT THE SEP AS A GATEWAY TO HEALTH CARE

The provision of accepted forms of health care, at public expense, to indigent drug users has faced considerable controversy and resistance. HIV/AIDS prevention has received little or no popular support anywhere, and it has been opposed in many forms by Congress and local legislatures. The prospect of reducing the spread of HIV/AIDS is not enough to counter these trends. Programs have therefore encouraged the state and other observers to view SEPs as the conduit by which IDUs would be linked to a wide variety of services, treatment, and care. In many cases, these expectations have become requirements for funding and quasi-legal status (Kochems et al., 1996).

In discussing their work, and in program brochures, SEPs emphasize their other accomplishments, such as linking street people to health and social service organizations. Even so, informants acknowledge that their referrals network only flows in one direction. Health care agencies and high threshold drug treatment programs do not openly send clients to syringe exchanges.

One activist endorsed the goal of linking SEPs to the rest of the health care system, but did not feel that these efforts had borne fruit. "Needle exchange programs are regularly funneling people into drug treatment. Drug treatment programs are not funneling anybody back. When you get kicked off the program they don't tell you go to the syringe exchange." Program volunteers also have expressed concerns that some of the health agencies to which they send participants do not want to deal with a drug-using population.

Within New York City, however, there are many agencies whose goals are to find and help the people in need who are the hardest to reach. In many forums, exchange organizations emphasize their unique frontline position and their ability to bring disenfranchised groups into contact with health care. This presents the SEP as a resource to the rest of the public health care system.

> Twenty-five percent of what we do is needle exchange. Seventy-five percent is everything else. [We're] more of a conduit because we have a fundamental belief that lots of the folks we deal with have a deficit in terms of ability to navigate the [public health] system.

DEFLECT ATTENTION FROM GOVERNMENT OFFICIALS

Public health officials and politicians who have advocated on behalf of drug users have been branded soft on drugs or soft on crime. In some cases, law enforcement officials have suggested that the advocates be locked up with the addicts. Those elected officials who take a different view rely on exchange organizations to introduce the necessary data to legislative debates at the appropriate time, so that the officials themselves do not have to do it. Program organizers recognize that as a key component of their viability.

> So M. calls us up and says, "Send someone over here to talk to me, and have them bring all the literature and all the evidence." And so I go over there. . . . Here's the public health information and the Academy of Medicine and the this and the that, all the federal stuff. . . . What she said is, "Look, I don't want to get into a controversy about your program," and I said, "I don't want you to be drawn into it, because if our reputation, our ability to survive becomes hinged to the rise or fall of an elected official, that means that when M. is out of office, our program gets shut down." . . . So we saw completely eye to eye.

One informant described his organization's interactions with government health agencies when they were working on their application for the state waiver. "There were people in the CDC [Centers for Disease Control and Prevention] who wouldn't open their mouths. They pushed it clandestinely. They ghost wrote it. They told us how to do it."

Another source explained that they must understand and to some extent take advantage of the tensions that public officials face in negotiating their own survival.

> You have to distinguish between public behavior and private behavior. In many ways, whether they like it or not, the political establishment supports programs like this . . . because they recognize the problem but they can't say so publicly. We get a lot of support from the city. We don't get direct support for syringe exchange. We get support for supportive services.
>
> Just because people work for a particular administration does not mean they necessarily share. . . . And there are a lot of people in policy-making positions in this administration who really believe that the [SEPs] are right and good and valuable, they can't say so in many words but they can help you out, they can provide you with funding, with moral support and technical assistance and lots of other things.

SEPs have little direct contact with elected officials, and they eschew direct challenges. Most of the underground workers had little or no experience with formal political processes. As one informant noted, "If you're a minority . . . and you're trying to convince White, male legislators, you're not on your home turf." Even after the change in legal status for the exchange programs, neither workers nor politicians sought direct contact. Negotiations, exchanges of information, and program planning usually take place through intermediaries, such as staff members. This gives the SEPs an insider advocate while maintaining an environment of plausible deniability for elected officials.

DISCUSSION

SEPs depend on the ongoing support of state agents, including the police, the mayor's office, the city council, and local district representatives. Although the programs have been endorsed by city, state, and federal health officials, almost no elected official has been willing to visibly support them while in office. Long-time participants, those who have made the transition from activism to services, see this as a defining condition for the operation of all SEPS.

> There is no support from elected officials, or minimal. I can think of some city council members, and some state assembly people, and some state senate people, who've actually been outspoken in their support of the idea of syringe exchange. . . . So I won't say that it's completely hostile. But those guys are definitely operating in a hostile environment.

A crucial aspect of this scenario is that elected officials could face sanctions for appearing soft on drugs if they proposed to assist active drug users, even in a health emergency. The political liability appears to relate to the extent of the disenfranchisement of drug users in the United States. Questions about the logic of syringe exchange as a public health intervention rarely came up during the interviews. Identity politics was ubiquitous.

SEPs have responded to the present political climate by adopting forms of behavior and self-representation that affirms public disdain for drug users, even as they organize on behalf of this population. SEPs thus endorse the conditions that limit their own work, rather than attempt to bring their constituency into the political arena. They serve their present clients, but they do so in a manner that makes it more difficult to reach new populations or new neighborhoods. In particular, SEPs visibly protect the interests of the state officials who invisibly protect theirs.

All of the programs in New York City have adapted their forms and actions to accommodate the hostile environmental conditions, although not all interpret these changes in the same manner. One program director, for example, focused on the long-term viability of syringe exchange as a form of work.

> We need people who are going to try to mainstream it. We need to mainstream it, because if we don't mainstream it we're going to marginalize the people we serve. And those marginalized people are powerless, and the more marginalized you are, the more powerless you are.

In this perspective, the population of active drug users whom the SEPs serve will eventually gain acceptance in the public health care system through the efforts of the exchange programs to foster institutional linkages. There is evidence that this may be occurring, but slowly.

In contrast, a field-worker from a different agency suggested that SEPs could not make a significant difference as long as the users themselves were excluded from the health policy process.

> I think that needle exchanges are partly to blame for this. In the process of saying "there's politics," they cop to the game that somehow it's the injectors' lives we're saving, as though injectors' lives were really ours to give or take, and now we're going to choose to save them even though the injectors themselves have so clearly "put themselves on the course of death."

From this point of view, the professionalization of SEPs can only minimally benefit drug users or affect drug policy. Greater change will require a new discourse on drugs and drug use.

SEPs are tolerated, for the moment, but they can be shut down any time the state withdraws its unusual protection.[6] SEPs are effectively excluded from much of public health services and the drug treatment field. Publicly

supported health service agencies, including hospitals and drug treatment programs, could potentially be accused of violating the terms of their funding if they were to refer clients to an SEP. The hostile legal environment for SEPs further discourages support from other sources, including foundations, potential collaborative agencies, and banks and insurance companies (Burris, Finucane, Gallagher, & Grace, 1996). As a result, SEPs cannot exist without public support from the institutional forces most clearly antithetical to them.

Despite the institutional incompatibility, it has been possible for syringe exchanges to collaborate with state agencies. SEPs and government agencies share an interest in depoliticizing needle exchange. Many elected officials and most public health officials recognize the role of syringe exchange in limiting HIV transmission, just as program organizers recognize the political liability inherent in supporting them. The experience in New York City suggests that political opposition to SEPs has derived more from the unpopularity of their constituency than from disagreement with their basic social role. The problem has been one of political accountability. Within both city and state government, SEPs have found closeted supporters. As SEP advocates and organizers have moved away from visible challenges in the political domain, government agencies have responded by providing other points of access.

For any existing organization, this arrangement has obvious merit. But the pragmatic, short-term benefits carry a considerable political cost. With a legislative sword of Damocles hanging permanently over their heads, exchange programs do what they can to ensure their survival, which necessarily has entailed a depoliticization of their work. The integration of the former underground movement into the margins of the public health care system has placed significant barriers between the advocates and their communities. What was once the syringe exchange movement in New York City has distanced itself from the population in whose name they act. Having won the right to exist, they have retreated from pursuing virtually any other (political) goal. Thus, SEPs have had to participate in their own marginality and invisibility as a condition for what amounts to a reduction of hostilities with state agencies.

CONCLUSION

The founders of syringe exchange in this country were social activists engaged in high-risk activism. Not surprisingly, the quasi-legal programs are run on very different principles and practices. What is surprising is how much the groups have changed and how little they may have received in return. Among other goals, movements for social and political change seek to alter the manner in which their issues are perceived and discussed. They engage in public acts, such as rallies or media events, in order to challenge the status quo and possibly to delegitimate the processes by which routine policies have become routine. In many prominent cases, a period of outsider activism is

followed by a period of compromise or collaboration in which challengers and state actors make concessions to each other and, thereby, acknowledge the legitimacy of each other's interests. This has long been perceived to create problems for challenger groups that do not wish to legitimate state practices. But it may be as great a problem for challenger groups whose legitimacy, or existence, remains unacknowledged by the state.

To some degree, the gradual acceptance of SEPs in the arena of HIV/AIDS prevention has eased the burden on the less radical elements of the field, improving prospects for an ongoing discourse on prevention. But, as a form of compromise, it has not served the SEPs themselves or their primary constituency as well. The professionalization of syringe exchange has not created the exchange of support that many earlier mobilizations have negotiated. In contrast to the civil rights movement, activism for gay rights, and environmental activism, SEPs have yet to even be co-opted.

This process of political retreat is not uncommon, but neither is it inevitable. It does not follow a natural course of development from community-based organization to political player, along the lines of Michels's (1935/1968) "Iron Law of Oligarchy." For SEPs, the course was charted in the early 1990s when New York State declined to reexamine its paraphernalia laws and, in effect, obliged private funding agencies to keep a lid on the groups' activities. By repudiating any responsibility for the public health goals of syringe exchange, placing the burden of protecting the continuity of the waiver system on the volunteers and activists, the state compelled the movement, as a movement, to extinguish itself.

The professionalization of syringe exchange led the SEPs to define themselves in mainstream terms while they were still perceived by others as radical, thereby limiting their options on both fronts. The programs could not have remained radical or refused to work with the waiver system. Such a course likely would have brought an end to the entire form of work. But there might have been other options. Could the groups have held out longer, or somehow negotiated a better deal? That is, could they have bargained their radical chic? Would they have done more if they had received more external support? Even within HIV/AIDS work, many groups were loath to involve themselves in needle exchange politics. Perhaps the field of community-based services for drug-using populations would have been better served by making a greater show of support for the SEPs early on. Finally, might the groups have maintained more of a radical flank while professionalizing? One could speculate that the aboveground SEPs could have done more to preserve and propagate, rather than replace, the underground SEPs. The continued operation of SEPs has contributed to the wider acceptance of other innovations in HIV/AIDS prevention and drug policy. Perhaps the SEPs would have more voice in urban politics if there were someone further out on the edge than themselves.

This study has examined the ways in which nonprofit community-based organizations have attempted to persevere in their underlying mission in a political and organizational climate that is defined by its public insistence that

they be stopped. The question is not whether SEPs can operate or even if they achieve their goals. The SEP experience reflects the highly constrained options for self-organization and mutual aid available to stigmatized and unpopular population groups. Although we might admire the innovations of the organizational leaders who have managed to operate under adverse circumstances, we cannot fail to notice that New York City formally provides SEPs without actually making a significant dent in the need for clean syringes or the prospects for controlling the HIV/AIDS epidemic. The groups exist, but they are, in some respects, more of a hidden population than the drug-injecting population that they set out to serve.

Notes

1. 370 U.S. 660, 82 S. Ct. 1417 (1962).

2. Expanded Syringe Access Demonstration Project, 10 NYCRR 80.137. The change was initiated by the state Department of Health with active support from the governor, and relatively passive support, but only small opposition, from the state assembly. With the Republican governor taking a visible, and somewhat surprising, stance in support of greater syringe access, organized opposition was limited.

3. Not every underground exchange program that applied for a waiver received one. The differences among the various underground programs and how this affected the selection process is but one of the complex issues surrounding the transition of syringe exchange from illegal to quasi-legal status that has yet to be written about. A proper treatment of the interorganizational relations among the prelegal programs is, unfortunately, beyond the scope of this work.

4. As of this writing, the war on terrorism has superceded the war on drugs in popular discourse and law enforcement priorities, but the present text reflects "normal" conditions. See, for example, the 1989 National Drug Control Strategy, which blames poverty, violence, unemployment, and "the fact that vast patches of the American urban landscape are rapidly deteriorating" on the advent of crack cocaine, as though these issues had not existed before 1985 (The White House, 1989, p. 3).

5. Television's Judge Judy famously stated that we should "Give 'em all dirty needles and let 'em die!" (DrugSense, 1999). Former Los Angeles Police Chief Daryl Gates opined that we should take users and shoot them (Kirp & Bayer, 1993, p. 80).

6. Since the time of this research, New York State repealed its syringe prescription laws, clearing the way for over-the-counter sales at pharmacies. Paraphernalia laws remain in effect, but the motivation for threatening SEPs has been greatly diminished.

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