The Politics of Prevention: Ethnographers Combat AIDS Among Drug Users

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By 1985 Western City (a pseudonym) recognized its need to address the increasing prevalence of the AIDS virus among injection drug users (IDUs) and their sexual partners. While previously AIDS had been cast as a gay male disease, presently nearly 30 percent of all diagnosed AIDS cases are attributable to injection drug users, their sexual partners, or children born to them.[1] With the onset of this "second wave" of the epidemic, some educational intervention was clearly necessary to prevent the same tragedy from occurring among drug users as occurred in the gay community. However, experts from the Centers for Disease Control and other agencies felt that this would be an unduly difficult task based on their assumptions that drug injectors would be, for the most part, extremely inaccessible and unconcerned about their health. The task itself was undisputed: this population had to be warned about its potential for the rapid spread of AIDS. The issue became just how the mission should be carried out and who could best do the job.

In an era of "zero tolerance" for even casual drug use in the United States, only the threat of AIDS mandated some humane concern for drug injectors, particularly given the risk to their sexual partners and unborn children. However, the federal government's approach to AIDS intervention in this population had to be consistent with its present hardline policy on drug use. Any intervention plan would have to operate within the confines of the present administration's "war on drugs"; such a contradictory set of conditions could potentially disable efforts from the start. Consequently, one federal solution was to couch AIDS prevention services in "demonstration" research projects in selected major cities.[2] Such a political sleight-of-hand enabled the federal response to circumvent criticism from liberals and conservatives alike.

227

The funding made available by the federal research institute called for research projects to incorporate services and an evaluation of their impact in order to demonstrate how recalcitrant needle users could be reached. Suddenly, experts on drugs, AIDS, and needle-using practices appeared all over, each claiming that their model for intervention would work better than the others.

In this chapter I will outline the arguments and assumptions of two competing approaches to AIDS prevention among drug users. The first part examines the theoretical and subsequent methodological differences between a more traditional public health model for intervention and an innovative outreach strategy based on the principles of ethnographic research. The bulk of the chapter focuses on the "ethnographic" outreach approach to AIDS intervention, using data obtained through a participant-observation study of one such demonstration project. Thus, the analysis begins with the character and frustrations of outreach work itself. I then discuss how the continuation of outreach services depends on the scientific component, on documenting the success of outreach. This mutual interdependence leads to escalating tensions that are often played out in conflicts within the project between the goals of outreach workers and administrators. In the final part I trace these conflicts back to the state-imposed conditions on funding and the way the law inhibits the effectiveness of outreach. I conclude with a discussion of the implications of these limitations for social service work, and applied ethnography more generally.

COMPETITION BETWEEN INTERVENTION MODELS

In Western City a heated political struggle ensued between proponents of the drug treatment community and a group of social scientists who specialize in drug research. Although more complex than suggested here, the debate centered around who could most appropriately claim the educational funds allotted to reach the injection drug using population. The struggle encapsulated a distinct ideological and practical split concerning who had the greatest access to, as well as understanding of, the drug-injecting population. Both camps envisioned themselves as having a better grasp on drug users' best interests.

The two approaches differ theoretically insofar as the treatment community's stance resembles a traditional medical model whereas the ethnographic model incorporates a "social problems" orientation. From the treatment community's perspective, drug addiction is an individual pathology, which requires medical treatment as does any physical sickness. In contrast, the ethnographic model conceives of drug addiction as a socially situated phenomenon. The ethnographers' guiding frame-

work resembles Howard Becker's "labeling theory," in that they view addicts as victims of ignominious drug policies and subsequent stigmatization.[3]

The two polarized strategies for intervention are informed by these perspectives. For example, the drug treatment model would expect drug users to come into their agencies and obey the standards and rules that the organization imposes in order to receive services. The ethnographic model proposed bringing the agency to the streets and addressing the issues that drug users encounter in their own social context and according to their own understandings.

Furthermore, the two approaches espouse different goals. According to the treatment model, AIDS would provide the perfect incentive for convincing people to "stay clean." From their perspective, treatment is prevention. Many reason that promoting sterile needle use to reduce the risk of infection is not enough, particularly in light of the connection between needle use and AIDS. In fact, from this perspective, the notion of "safe" needle use is an oxymoron. Many treatment advocates, as well as laypeople, have argued that the promotion of such a concept would be likely to encourage needle use.[4] Treatment programs and their proponents have always had an interest in getting people off of drugs, but now their appeal was to safety rather than morality. The goals of the treatment community were far-reaching. They saw AIDS as an opportunity to further their original agenda. Some cynical observers suggest that treatment agencies saw AIDS as merely an opportunity to shore up their resource base.

The ethnographers, on the other hand, argued that the treatment model was unrealistic. First of all, the means available to treatment centers to reach people were limited at the outset. The treatment community could certainly reach and educate the portion of the IDU population that is in treatment programs, but what about the other 75 or 80 percent? Most injection drug users do not seek treatment.[5] Therefore, the ethnographers argued, the idea that drug injectors will suddenly stop using drugs is naive. Besides, the hope that treatment does offer is too risky to count on in the context of AIDS; treatment of any kind does not ensure permanent abstinence.

In addition, many treatment programs, such as methadone programs, are designed to treat heroin addiction alone. However, as Watters et al. have pointed out, between one-third and one-half of drug injectors prefer stimulants, such as cocaine and methamphetamines, yet "[t]he treatment portfolio . . . is heavily dominated by programs that are specifically geared to the opiate addict."[6] The treatment model fails to address the fact that the connection between injection drug use and AIDS transmission arises from the needle sharing practices associated

with the drug subculture. In addition, treatment schemes are not de-
signed to deal with omnifarious needle use, such as the injection of
hormones and steroids. Of course, advocates of the treatment model
understand that transmission occurs through needles, but they do not
address the importance of firsthand knowledge of the social context
and associated practices of needle use in getting a clear picture of the
spread of HIV. Ethnographers themselves might not have grasped the
complex meanings and necessary practices associated with drug injec-
tion had they not regularly observed the process. For example, the
project ethnographers observed that needle users who reported clean-
ing their "works" before sharing actually only rinsed them out in stag-
nant, dirty water to keep the syringe from getting clogged.

The very fact that the ethnographers had been allowed to witness the
illicit activities of IDUs testifies to the level of rapport and trust they
achieved in this population. The essence of ethnographic research into
"deviant" populations rests in its ability to develop relationships of trust
with people who generally shun contact with official agencies. Finally,
the very avoidance of agencies on the part of illegal drug users makes
traditional treatment clinics inappropriate mechanisms for a far-
reaching AIDS education plan.

Drug researchers have stated that "the enforcement of repressive
and prohibitionist policies in the drug field has resulted in forcing all
activities associated with injecting drugs . . . to be done in a clandestine
way."[7] The ethnographers criticized policies, such as punitive treatment
models, that further distance injection drug users and their practices
from social services that could help them reduce the spread of HIV.
Quite controversially, they attacked policies that use the epidemic as an
opportunity to exercise control over already scapegoated and unpop-
ular minorities. The ethnographic model advocates access to IDUs on
their own terms and delivers the message about risk behavior within
their own community.

Ordinarily, the ethnographers studied drug-using scenes with an eye
toward understanding, rather than necessarily intervening. They be-
came committed to the means of intervention in the first place because
of the gravity of the AIDS epidemic. However, their goals in this vein
were limited to the reduction of risk for transmission among IDUs.
Their nonjudgmental attitude toward these populations would allow
them a level of penetration that the treatment providers could never
achieve. They argued that IDUs would only be receptive to the warning
of their risk for AIDS if it were delivered in an unobtrusive and
nonthreatening manner that would not disrupt the natural subcultural
setting. Whereas the treatment model presumed AIDS to be the perfect
vehicle for an antidrug message, the ethnographers countered that,

realistically, injection drug users would not respond to a message like
that. AIDS would be seen as yet another moralistic scare tactic. Besides,
envisioning treatment as a mechanism for avoiding HIV infection as-
sumes that effective treatment is readily available to everyone and ne-
glects the interplay of environment, unemployment, and other social
factors in individuals' inability to remain drug-free. Rather, if the truly
urgent mission is to prevent the spread of AIDS, the concept of "safe"
needle usage should be promoted.

Perhaps in a less life-threatening situation, such a proposal would
not have flown. However, the ethnographers persuaded the federal
funding source, as well as others, that they could indeed reach the
drug-using population, voluntarily and beneficially. Thus, in 1986, the
AIDS Project received a portion of the monies allotted to promote
health information among the IDU population.[8] By 1988, studies com-
missioned by the Project showed that its strategy for education had
been effective: IDUs were concerned about their risk for the virus, they
were open to suggestions to combat their risk, and they were beginning
to follow advice.

However, even when IDUs knew about their risk, their knowledge of
proper needle sterilization was still limited. Because the distribution of
sterile needles was infeasible in this city, for a variety of political rea-
sons, the alternative was to encourage cleaning needles that are shared.
American drug policy and paraphernalia laws, such as the illegality of
syringe possession for the purpose of shooting drugs, has made needle
sharing an inevitable aspect of the drug-injecting life-style.[9] The
strength of the addiction itself and the relative unavailability of hypo-
dermic needles for nondiabetics encourage people to share needles,
regardless of their knowledge of the risk. It is a standard component of
the social organization of drug scenes.[10] Clearly, the more realistic op-
tion was to urge the sterilization of needles.

In 1986, the AIDS Project introduced the distribution of free one-
ounce bottles of household bleach to clean needles, as well as free latex
condoms to prevent sexual transmission. By December 1989 the out-
reach workers had distributed over 230,000 bottles of bleach and nearly
half a million condoms. At the inception of this strategy, only 3 percent
of IDUs interviewed were aware of bleach as a needle sterilization tech-
nique. Fifteen months later, 82 percent mentioned bleach as the way to
clean needles. Clearly, the ethnographic project had demonstrated
some degree of effectiveness.[11] By 1988 the Project was able to per-
suade the federal funding agents, as well as the state and city health
department, to dramatically expand its efforts.

Federal funding was intended for research and evaluation while it
was hoped that state and local governments would see the desirability

of funding such outreach services. The federal government could thereby extricate itself from service and avoid accusations of promoting or condoning drug use.[12] An ethnographic research model enabled the government to fund quasi-service projects without violating official policy.

The ethnographic strategy, therefore, comprises two complementary parts. The *outreach* component is designed to deliver services to the communities at risk for AIDS, in the form of information, referrals, prevention materials, and basic assistance. Outreach workers also collect information on their target communities' drug use, AIDS knowledge, and high-risk behaviors. The *research* component is intended to document the activities of the workers within these communities, as well as the inner workings of drug-using scenes. Interview data record needle-sharing and sex practices, AIDS risk knowledge, and information on the client population. The data are used to understand the epidemiology of AIDS in drug-using populations as well as to determine the effectiveness of outreach as a method for intervention. Furthermore, the understanding of drug-using populations garnered from the data is meant to inform the Project's overall strategy and individual workers' strategies for education.

OUTREACH: THE FRONT LINE

The outreach component involves dispatching workers into communities that are known to have high concentrations of IDUs.[13] The workers are hired on the basis of, among other things, a demonstrated non-judgmental attitude toward needle users, prostitutes, homeless people, and those with various sexual orientations. In addition, the workers must have an assumed ability to infiltrate their target communities and establish relationships within them.

Further, it is especially appropriate for outreach workers to have some "street smarts" as they often work in the city's higher crime areas and need to be acquainted with the rules of the streets. Thus, the AIDS Project hires many outreach workers who have previous histories in drugs, crime, or the sex industry. The assumption, too, is that these workers will be more easily accepted in the communities that they target.[14] Because they are often engaged in illegal activities, the populations that workers serve tend to be suspicious of outsiders.

Outreach occurs primarily on the street, in the form of one-to-one interaction with IDUs and their sexual partners.[15] Outreach workers give informal education about risk reduction, along with free bleach and condoms, and explanations about their use and necessity. On a daily basis, outreach workers comb the streets of their target area, iden-

tify IDUs, and strike up conversations with street users, their sexual partners, and prostitutes.

The workers are equipped with recognizable bags of free bleach and condoms, which they continually distribute. These tools serve as entry into the community: they give workers a legitimate reason to be there, state their nonthreatening purpose visually, and give them opportunity to engage potential "clients." Although the bleach and condoms are effective AIDS prevention equipment, their primary function for outreach workers is as a means for contact with IDUs. Therefore, the supplies have two functions. The widespread distribution of bleach and condoms may actually slow the epidemic by placing the tools for protection directly into the hands of those who need them. In addition, the AIDS prevention materials identify the workers' purposes in the community, creating a reason for continued acquaintance. Thus, the many interactions that take place daily enable the outreach workers to assess the risk behaviors and the degree of knowledge about risk, and to engage drug users in a dialogue about their lifestyles and needs. Questions about AIDS risk, antibody testing, social services, and related issues arise in these interactions. Finally, the thousands of materials that are readily accepted serve as testimony to the level of penetration the workers have achieved in the communities.

The premise behind the ethnographic strategy is to gain access to the subculture of the participants, and then to deal with them on those terms. As such, outreach workers spend a great deal of time interacting with "opinion leaders" in the area: drug dealers, old-time "righteous dope fiends," hotel managers, and bartenders. Outreach workers are supposed to "know what time it is": to observe trends, police activity, and drug and crime patterns in the area. This delicate information is meant to inform their personal strategy in the neighborhood.

Once rapport has been established and outreach workers are known and trusted in the community, they continually provide assistance. The services provided further enhance one's credibility on the street. Outreach workers give referrals for free food, counseling, clothing, shelter, employment opportunities, AIDS antibody testing, and drug detoxification treatment upon request. Their main value to clients rests in their ability to feed them into services with as little bureaucratic difficulty as possible. Outreach workers provide straightforward, realistic, "value-free" help to anyone who wants it.

The distinction between street-based outreach and other traditional social services is the nonjudgmental, nonpunitive manner in which outreach workers deal with clients. The very idea of bringing the agency to the streets, contrasted to the stringent eligibility procedures and relative power associated with traditional settings, suggests a certain re-

spect for clients on the part of the Project. As many outreach workers have said, "You only have as much authority as you are allowed on the street." By taking the agency to the streets, the Project has voluntarily relinquished the automatic social control other agencies have over their clients.

Outreach work in these populations is inherently difficult. Workers encounter poverty, sickness, volatile clients, and sometimes genuine danger. The tenuous position of workers on the street makes their jobs unduly taxing. Outreach workers must continually negotiate their roles within their target areas. Many of the communities they serve are fairly transient, therefore they have to establish reputations with an ever-changing population.

Often drug users and dealers are somewhat suspicious. As one well-entrenched worker said: "It's just as important to stay away from deal-ers as it is from the police." Having the trust of key people in the area is essential. The police are sometimes skeptical about the role of out-reach workers; they interact too comfortably with drug users on the streets. In fact, the workers have no official sanction from the police, and occasionally are harassed by them. In sum, the police suspect they might be drug dealers and dealers think they might be undercover narcotics agents. The precarious state of being on neither side of the law can be a perpetual source of tension for workers.

An outreach worker's credibility on the streets is extremely impor-tant. Consequently, a certain level of identification with clients is nec-essary to be accepted by the community members. However, outreach workers must strike a difficult balance between being an "insider" and an "outsider."[16] The emotional labor involved in incessantly teetering on this razor's edge proves untenable for some. It is particularly diffi-cult because many of the outreach workers have been on the "inside" themselves. As an insightful supervisor put it:

> Our problem is that we are so native . . . that we have every problem you could imagine on the streets within our very agency . . . so in some sense the things that made our project special and the model project are what are causing us all this trouble. . . . The people from the communities or with habits or records or whatever, they have the best street contacts, they know everybody, exactly what's going down, so they deal our message, but they sometimes can't separate themselves from the homeboys.

Although there are valid reasons for hiring mostly "insiders" or in-digenous members to do outreach work, it can contribute to identity problems for workers embroiled in all-too-familiar street scenes day after day.

In terms of actual service delivery, perhaps the most frustrating fea-ture of outreach work is the relative dearth of services that workers can

provide. Outreach workers express a sense of helplessness in light of the lack of alternatives at their disposal. One example that typifies these perpetual obstacles is the system of detoxification in Western City. For a short time, outreach workers were able to give clients coupons for free methadone to treat heroin addiction as part of another study. However, the coupon only entitled the client to twenty-one days of methadone doses, at the end of which the client was "cut loose." After this period of detoxification, the client was generally thrust again into his or her familiar social world, with six weeks or more to wait for an available maintenance program. Most often, the client resumed drug use. Al-though outreach workers were able to facilitate clients' entrance into detoxification, they were unable to help with long-term treatment pro-grams. In other instances, outreach workers realized that their clients, who may be homeless or unemployed, have immediate needs that re-quire attention before their risk for AIDS would become meaningful. As one worker said: "What's the difference between dying from AIDS or dying from a bullet or dying from not having a job?"

Even though both outreach workers and clients were frustrated by the inadequacy of detoxification and other programs, nevertheless the detoxification tickets enabled outreach workers to develop relationships with street needle users. The word spread quickly on the streets that outreach workers could get them into a drug program or facilitate their introduction to other services. As one veteran worker recounted:

> This guy told me that he had heard I could get him housing, so I get out my list and start writing down all my best referrals. And he said, "Man, this is the same old stuff I get from the Salvation Army or the Red Cross or whatever," and I thought, he's right! We're out there giving out bleach and condoms, referrals, whatever, but these people need housing now!

For outreach workers who view their jobs as providing services rather than being researchers, the act of simply handing out supplies can seem absurd. Outreach workers understand that AIDS is only one of the many problems facing their clients and they would like to address the totality of their concerns. Structurally, though, the Project's goals are circumscribed. As Lipsky describes as characteristic of "street-level bureaucracies," the ideals of the workers conflicted with the bureau-cratic requirements of the administration and funding source.[17] In managing the conflicting values, outreach workers' zeal becomes tem-pered. As one outreach worker said of another disenchanted worker:

> He came in with high expectations about changing things and so he was disappointed. But you have to have this built-in mechanism to convince yourself you're really helping. But you're not really changing anything. You can feel you're helping one individual and another, you know, a few; but in reality you're not. You have to know that.

The outreach workers with the greatest longevity in the field seem to be those whose expectations about change are or become relatively low. Crusaders are more likely to leave the Project because they see their accomplishments as too few and too shallow. One dissident outreach worker, who left after a brief stint, said:

> I want to help the Chicano community but there is nothing in the framework of these institutions that can really help them, that can really address what the problem is. I just couldn't handle it any more. There was something kinda weird about going up to old dope fiends saying "Hey man, want some bleach?" when it's like "Well, you won't die from AIDS, but man, you might O.D. in two weeks." . . . We didn't even address that.

This same disaffected outreach worker went on to refer to government-supported agencies as "poverty pimps," implying that it is in the best interest of a social service to foster a dependence, rather than to try to eliminate the need for its presence. As Lipsky has pointed out: "Advocacy is incompatible with organizational perspectives."[18]

Offering what one worker termed "bandages" to treat the wounds of the community, rather than addressing the source of social problems, can be demoralizing. The daily grind of facing impediments necessarily moves outreach workers into more routinized and professionalized orientations, if they are to survive in the Project. As Lipsky explains:

> Some street-level bureaucrats drop out or burn out relatively early in their careers. Those who stay on, to be sure, often grow in the jobs and perfect techniques, but not without adjusting their work habits and attitudes to reflect lower expectations for themselves, their clients, and the potential of public policy.[19]

As Liza, a supervisor, said to a despondent outreach worker:

> If you look at the whole picture, at all the things that are wrong, at all the things that need to be fixed, then you'll just go mad with frustration because you can't do everything. You can only tackle one thing at a time.

Most outreach workers envision themselves as social service providers rather than researchers or ethnographers. Their discontent stems not from the clients themselves but from how little they can do to help. As one worker put it: "These people are called 'system-failures'; it's not that they've failed, but the system has failed them."

SCIENCE VERSUS SERVICE: A CASE OF ANTAGONISTIC INTERDEPENDENCE

The task that outreach workers see for themselves is further compromised by the research component of the Project. The outreach workers must write detailed field notes daily. These contain summary descrip-

tions of their observations in the area, as well as specific reports of their activities. The purpose of these notes is twofold: to serve as an account for their whereabouts and to provide documentation of the Project's ability to reach IDUs. Ostensibly, too, the federal government uses the scientific information about drug users' life-styles to develop ways of helping them.

Most outreach workers express anywhere from disdain to indifference regarding the field notes: "I just hurry at the end of the week and just fill up the page. Who cares about the field notes? I write less and less all the time: 'Went to the park, passed out supplies, went home.'" Some workers complain that the field notes take time away from serving clients. Others are concerned about the possibility of their field notes being used for surveillance purposes by the federal government. The in-house researchers attempt to persuade outreach workers to write field notes more conscientiously and punctually. Clearly, the Project has two separate agendas operating simultaneously, yet insofar as street work is a requisite for providing data for analysis, outreach work takes precedence over scientific research.

The demonstration projects are also required to participate in interviewing drug injectors, gathering information on their knowledge of risk behaviors, their needle hygiene, and things of that nature. Outreach workers are responsible for recruiting subjects for interviews, screening them for eligibility, and scheduling the interviews. Although each target area hosts interview rounds only periodically, outreach workers spend a significant portion of their time involving clients in research. However, clients are paid a small amount for participation, so outreach workers are popular during those times and are able to meet new clients. Nonetheless, between the activity of signing up clients for interviews and clients clamoring to get involved, the message about AIDS is often lost. For the Project directors and in-house researchers, on the other hand, the field notes and interviews are vital. As a supervisor said in a training session: "Maybe most of what we do is just get to understand the neighborhoods. The ethnography is the main part."

The field notes, as well as the research interviews, illustrate the different emphases at the two levels of the organization. As Frances Fox Piven found with the Mobilization for Youth program in the 1960s, the research requirements "were in continual tension with the imperatives of providing services."[20] For the outreach workers, who are concerned with service delivery, the field notes are a waste of time and the interview schedules are seen as a necessary evil for pleasing the funding source, as well as for ensuring their survival.

The opposition of the research and service components is exemplified by the different meaning attached to AIDS prevention materials by outreach workers on the one hand and managers of the Project on the

other. One supervisor explained: "After you make contacts, get known on the streets, we try to lessen the number of condoms put out on the streets. . . . That's your card until you get known." On the one hand, the Project is motivated to document a strong need for and acceptance of condoms and bleach from outreach workers. The researchers affiliated with the Project illustrate the vital role of the workers on the streets partially by recording the vast numbers of supplies accepted. Yet, according to one supervisor, the Project must paint itself as "more than a bleach and condom distribution service. But for some [outreach workers], that's what we are. Instead of the avenue, the supplies become the end."

The supplies are intended to enable outreach workers to get their foot in the door to establish relationships, develop an understanding of clients' situations, and provide support and referrals for services. Yet many clients come to see them as "the condom lady" or the "bleach man." Many interactions with clients on the streets are cursory exchanges. Outreach workers report feeling naked without the tools of their trade. An outreach worker can always feel useful if people on the street are taking, and presumably using, the condoms and bleach. In fact, outreach workers routinely supply huge handfuls of condoms to prostitutes who work the street corners. Doing outreach within this particular prostitute population is somewhat like preaching to the converted, as the workers are duplicating another organization's services. Perhaps one of the reasons that outreach workers continue to supply the prostitutes is to justify the usefulness of outreach and the compliance they have been able to elicit from these populations.

Furthermore, the Project alleges that noncompliance tends to be situational. In other words, clients generally use supplies if they are handy. Therefore, outreach seems to be influential when the prevention tools are readily available. Yet the directors are being forced by some staff members to address the concern about "weaning" clients from the constant supply of prevention materials. The goal is to "train" clients to get supplies for themselves eventually; to get clients to incorporate the risk message beyond situational convenience. But as far as many outreach workers are concerned the distribution of supplies is their raison d'être: "My job is to give out bleach and condoms and AIDS education. Everything else is extra. . . . If these [IDUs] start buying their own bleach, then we're out of a job."

POLARIZATION WITHIN THE PROJECT

The lack of commitment on the part of workers to their field notes and the mission of research is at the core of many small struggles that ex-

emplify the polarized interests of the workers and administration. The directors try to impress upon the outreach workers the fact that their jobs literally depend upon their cooperation in the research effort. However, the outreach workers define the purpose of their work as client advocacy, thus they tend to write perfunctory field notes. Tensions accumulate due to the competing demands of legitimation and funding. Justification of the ethnographic model depends on outreach workers dedicating themselves to client contact as their first priority, while funding depends upon their willingness to establish need and to document their influence on the street.

The separation between the directors and the workers is exacerbated by the dramatic expansion of the Project over the last two years.[21] The directors have become less involved in the daily management of the Project and therefore more removed from the concerns of the workers. The administration concerns itself with writing proposals, training outreach workers statewide, and participating in national conferences. Consequently, the directors, who are professional ethnographers, spend no appreciable time on the streets interacting with drug users or observing how outreach is functioning. Further, the front-line work on the street operates almost independently of the administration. Except for the small extent to which outreach workers must cooperate with research, there is little meaningful interaction between the components. One worker, in expressing his distrust of the research component, said: "I don't know what the politics of this agency are, except for the politics of getting more funding for AIDS [prevention]."

The directors also spend a great deal of time devising political strategies to garner support for their project from public officials and other powerful local agencies. Consequently, staff meetings now focus more on media attention-getting devices and other ways to expand the Project's reputation and influence. In the past meetings focused more on the ethnographic component, that is, an exchange of ideas, problems, and information on trends and strategies in the streets.

The Project has also been generous with its expertise in helping other cities implement similar programs. Consequently, as one director said, "We have essentially created our own competition." Presently, there are numerous projects around the country utilizing their model and competing for the same limited funds. The AIDS Project has previously concerned itself more with service provision and helping to implement their strategy elsewhere. As a result, the research aspect has suffered, and some of their grant proposals are not faring as well as those of some of their competitors.

Operating on "soft money" means that the Project directors are continually searching for renewed and alternative funding. As such, the

original mission of the Project is partially thwarted. As a supervisor explained:

> We've lost our objectivity and sometimes our purpose because we are now in the business of keeping people employed, ourselves included . . . so the evaluation component ends up being a justification for our existence. . . . Take, for example, the homeless: if your agency specializes in that social problem, it makes more sense for them to provide specific services than to eliminate the problem, else they write themselves right out of existence.

The somewhat instrumental stance that the directors are required to adopt tends to chip away at the morale of outreach workers. The Project's calculated emphasis on self-promotion and perpetuation alienates workers who envision their jobs as more altruistic. Most outreach workers come to accept that there are two competing levels at which the Project operates and respond by focusing their own energy on the street-based efforts. As one worker commented: "At the outreach level, it's about the epidemic; above that, it's personalities and politics."

UP AGAINST THE LAW

Competing interests within the Project between outreach workers, staff, and directors manifest themselves in conflicts over the role of prevention supplies, the definition of the purpose of outreach, attitudes toward taking field notes, and the importance of research. But these tensions can themselves be traced to the role of various government institutions connected to the Project's funding contracts. As one researcher stated in a meeting:

> We, as an agency, are limited by the biases of our own funding source. . . . For example, when we say 'we'd like to *do* something to slow the epidemic in this population,' and they come back with 'No, but we'd like you to *research* the slowing of the epidemic,' these things filter down to the way we feel about the work we do.

The Project is funded by sources at each level of the government. Each of the contracts imposes different restrictions on the Project's goals. The federal demonstration project grant insists that projects coordinate their efforts with other local social service agencies and law enforcement officials.[22] This provision is at odds with the Project's self-conscious opposition to traditional services. In fact, one of the Project's selling points was precisely the different way it treated drug users. Implicit in its attempt to "take the agency to the streets" is a critique of agencies that do not.

Working together in direct complicity with police and other law enforcement officials would jeopardize the outreach workers' reputations

on the streets. The fulcrum of an ethnographic strategy is the ability to elicit trust from otherwise suspicious populations and to be allowed to witness "business as usual." Consequently, the police and the outreach workers do not generally interact. The Project has negotiated a "memorandum of understanding" with the police chief, which provides assurance that bleach will not be confiscated as evidence of drug use and, therefore, justify a search. A similar negotiation assures that possession of large numbers of condoms will not be used as evidence of prostitution. Beyond these negotiations (which are occasionally violated), the Project does not work with the police. In fact, many outreach workers have said that they do not distribute bleach while police officers are present because they do not want to help narcotics agents identify drug users.

In principle, the Project defines itself as being on the side of the drug users. They do not regard drug and needle use as immoral or pathological. Similar to Becker's "labeling theory," they in fact blame American drug policy and other agents of social control for many of the ill consequences of drug use.[23] The motivating ideology behind outreach in drug-using communities is that drug users are "just like everyone else," that the cultural stigma against them is misplaced, and that their lifestyle and factors leading to addiction are generally misunderstood.

In keeping with this orientation, the Project directors have advocated a controlled needle exchange program (in conjunction with other educational efforts) for several years. However, the illegality of such a plan prevents them from being able to participate in one without government sanction. In fact, as the director stated: "The bleach protocol is a scaled-down strategy of intervention to stay within the framework of policy. . . . It's not about the epidemic; it's how do you deal with the political climate *and* appear to be part of the liberal action?"[24] The federal contract prohibits the Project from being directly involved in any vanguard needle exchange plans. A letter was sent from the federal institute to all similar demonstration projects that contained a threat to pull funding from any project directly involved in needle exchange programs.[25]

As a consequence of the federal government's disallowance of their involvement, the Project may not be a part of the sanctioned needle program when it is initiated. Although the Project is well entrenched within the intended communities and is therefore a suitable candidate, one director said: "Now it's not whether or not we should have one, but what it will look like and who's going to do it. . . . Because of the mean and dirty in-fighting that [this city] is known for . . . some favorite drug treatment program will be selected to do an exchange. Treatment will

be a condition for getting syringes." Again, the Project directors' design, and their own marketing, which required a critique of treatment models, necessarily alienated them from the other, treatment-oriented providers. The fate of the Project is unclear partly because of the imposed limitations on their services.

In fall 1989 Congress considered legislation that would prohibit the distribution of bleach by federally funded AIDS projects, claiming that household bleach was drug paraphernalia. A couple of amendments made no distinction between giving drug users needles and giving them bleach. Both were considered condoning illicit drug use and promoting the "myth of safe needle use." The language about bleach was eventually removed from the legislation. Nonetheless, the official attitude toward drugs and drug users is incompatible with preventing the spread of HIV in drug-using populations. A similar problem exists in trying to do AIDS education in prisons. In most states, sexual contact between inmates is a felony offense. Outreach workers implicated in condom distribution could face felony charges of aiding and abetting the commission of a crime.[26]

The California state contract, too, imposes limitations. The state funds a few outreach positions and a statewide outreach training facility. Although this funding continues to increase, the Project has been criticized at the state level for not being a community-based agency. The ethnographer-directors are not from any of the minority communities that are targeted for intervention. The fear is that the minority communities are not able to voice their own needs and be served by their own people.

Other state officials object to hiring "indigenous" workers who have some affinity with those on the street. They express concern that workers are chosen on the basis of illicit skills rather than ethnic or community affinities. Doubtful of the need for an outreach training center, one official referred to outreach workers as "just derelicts" who are hired to work the streets. Statements such as this reflect a lack of understanding about the purpose of outreach, as well as a prejudice against drug users and street-educated people, and are examples of the ideological opposition of state officials.

The Project is also trapped between the interests of the state of California in some form of community service and the federal government's interest in research. Thus, the ability to acquire research funds depends on the involvement of credentialed researchers, most of whom are white, while funders of community-based programs targeting minority drug-using populations look for agencies run by people of color.

CONCLUSION

On an everyday basis the Project and its outreach workers experience frustrations caused by restrictions forced upon them by powerful funding sources, and by their own disparate interests pushing them in different directions. External constraints subvert and distort their ideals. Human service provision, in general, is often limited by funding shortages. There is never as much available aid as service providers require to make significant changes in clients' lives.

The peculiar configuration of contracts and grants that supports the AIDS Project places unwieldy demands on their operation. The dual purpose of the Project forces circumspect interventions in communities while functioning inadequately as an independent research agency. The directors recognize that their own constant search for funding has caused them to neglect the scientific community that they also need to impress. Most of their writing efforts find their way into grant proposals rather than scholarly journals. Further, they are expected to research the outreach effort while at the same time being involved in it. Such an arrangement presumes their ability to approach the research objectively, without regard for their own interests.

As is often the case in organizations, the AIDS Project encounters problems with the opposing interests of the management and the workers. Even though management finds itself in the field of human service delivery, the Project is contracted to do ethnographic research. On the other hand, workers who come to this job do so for a variety of reasons, but ethnography is not one of them. The majority of outreach workers are primarily interested in social service work. Even though outreach workers find the Project's unorthodox mode of service delivery appealing, some are unaware that the Project is primarily a research program. The purposes of the federal government's involvement have not been adequately communicated to the workers. The entire outreach project operates at varying levels of understanding and commitment, from the federal level down to the front-line work on the street.

The outreach workers' ability to affect communities is impeded by the external constraints upon them. The amount of funding and services aimed at "hidden populations" such as drug users, their sexual partners, and prostitutes has been, not surprisingly, low. In addition, because of the conservative confines within which outreach workers must work, some of the resources potentially at their disposal are not available to them. For example, workers express disappointment when clients approach them hoping for free sterile syringes rather than bleach. One worker said, "They won't even talk to you if you don't have outfits for them!" Outreach workers, by necessity, become referral

sources for other services. Rather than being able to make a more active impact on their clients' lives and offer concrete, immediate alternatives, the workers find themselves shunting clients from one agency to the next.

Consequently, the Project operates at a somewhat typical client-management level. The service that the workers provide, which is trust-worthy, nonjudgmental support and resource information, winds up being more superficial than the Project directors intended. In the final analysis, the Project "manages" the clients at a caretaking level rather than offering empowering alternatives. Moreover, it is not surprising that Project personnel launch their critique at other caretakers, service providers, and middle-level bureaucrats rather than the source of their frustration—the federal and state agencies—so as not to bite the hand that feeds them.[27]

The propitious feature of the Project is not necessarily an ability to offer more profound options for drug-using clients. The fact that the Project is wedded to the federal government through its funding re-lationship clearly locates it within the liberal welfare state. Therefore, that the Project is limited to the purview of traditional social services is neither surprising nor avoidable. The design was intended to strike a balance, or compromise, between more "vanguard" ideals and the countervailing need for funding. If money were no object, the Project would have drawn the battle lines differently.

Rather, the promise that the Project holds for drug users on the streets lies in the manner in which the limited alternatives are pre-sented. The AIDS Project, by virtue of the controversial work it does, encounters more obstacles than most social service agencies. And its obligation to quasi-research, quasi-social work presents problems that academic ethnographers would not confront. Yet, in its efforts it has "normalized" drug users to an extent, and perhaps lessened the stigma against them, by illustrating that they can and will change some behav-iors in order to protect their health.

The Project attempts to view and treat street needle users within their own subcultural context and to accept their definitions of their own situations. The potential that the method of ethnographically de-rived street outreach offers to both social service work and academia is provocative and worthy of consideration. The very idea of bringing the agency to the streets and dealing with "hidden populations" on their own terms is a more humane method than usually informs social service providers, not to mention a more justifiable way of studying exploited populations.

AFTERWORD: FLOATING BETWEEN TWO WORLDS

When I think back to the beginning of my field work in the outreach project, I am astonished by my naiveté. I assumed that my role in the outreach workers' world would be unproblematic. When I was intro-duced to the entire group at a staff meeting, I assured the workers that anything they might reveal to me would be strictly confidential. I hinted that I respected them already, and that their trust was essential to me. They hinted that they were weary already of white academics coming in to study their communities.

It probably wasn't as inauspicious an entrance as I remember. But I assumed I would have more in common with the outreach workers; after all, I was in sociology and they were quasi-social workers! But what I didn't realize then was that the outreach protocol in this particular project was designed in part in response to straight, white, middle-class "experts," who claim to know more about their subject communities than the members themselves. Consequently, outreach workers privi-leged "street smarts" over book-learned theories and made hierarchical distinctions within the Project based on experience. In that regard, I didn't fare so well, and many outreach workers were reluctant to co-operate with me. Although I was allowed to accompany them virtually everywhere, I was often reminded that I was an outsider. Some out-reach workers made it clear that my training in ethnography could not possibly prepare me to see what they saw, or to interpret what I saw correctly.

I had come into the Project with total zeal about the virtuous work they were doing. Shortly after my entrance to the field, I was influ-enced by a dissatisfied worker who criticized the work as being "ban-dages" for the wounds of communities, rather than real cures for social problems. He emphasized that true insiders could never feel comfort-able with the kind of work the Project did. I became fascinated by the distinctions outreach workers made between insiders and outsiders. In fact, the first puzzle I tried to work out analytically had to do with whether or not one's status as an insider engendered a disenchanted response to the "bandage" work the agency does. My interest in the insider/outsider debate reflected, I think, my rising ambivalence about academic ethnographers' attempts to understand communities with which they have no natural affinity. I began to adopt the outreach workers' epistemological framework and valued their kind of expertise over my own.

Perhaps more important, I began to see their work in the streets as morally superior to academic undertakings. Every day I would accom-pany outreach workers as they talked to homeless clients about safe sex, tried to expedite clients' entrance into drug treatment, or visited clients

who were dying from AIDS. We would sit in small, horrible hotel rooms with sick clients who had nothing to eat. I felt totally useless. Outreach workers were at least trying to help: they comforted people, and they had chosen this for their job. I was just collecting data.

I wanted to have more in common with outreach workers than academics. I had always been critical of the "body-of-knowledge-building" that goes on in universities at the expense of practical application to social problems. The fact that the AIDS Project's directors were ethnographers who actually *applied* ethnography exposed me to the possibility of really useful research. My involvement with their approach reinforced my disenchantment with academic sociology.

I remember distinctly one time being at a graduate student party. I walked around the room, overhearing conversations about classes, impending paper deadlines, and oral examinations. It was the strangest thing: I hoped no one would ask me anything about my work because I had nothing to say that would make sense to them. Certainly nothing they were saying was making much sense to me! Although I wasn't guilty of "going native" inasmuch as I would never be allowed to identify completely with the outreach workers, I had come to feel an undeniable dissonance between the two worlds I was straddling. I was forced to float between two polarized cultures, speak two languages, attend to two divergent sets of concerns. The gravity of the problems I witnessed on the streets seemed more worthy of attention than the luxury of academic considerations. In the face of working with people blighted by poverty, coping with AIDS, and strangled by addiction, quite frankly the "hell" of upcoming exams seemed trivial.

Moving in and out of my field site every day was excruciating. My problem was exacerbated by the fact that I had already spent a great deal of time in the field and had started my project several months before the rest of my classmates. Furthermore, I spent more time in the field than my colleagues throughout the semester and into the next two because it was also my employment. The movement back and forth between the rather seedy, heavy scenes on the streets and the insulated, abstract world in Berkeley was virtually unmanageable. The clothes I wore, the language I spoke, and the person I thought I wanted to be were vastly altered each time I entered and left the field. As is the case with many field workers who are involved in their setting for a long time, I almost forgot which was my observation site. It is no exaggeration to say that the juxtaposition of both social worlds and my roles in them came to feel completely absurd.

The metaphor of floating between two worlds is really quite appropriate. I always felt that I didn't belong in either place. Self-consciousness plagued me as I was in the field. What did I have in

common with these outreach workers, not to mention their clients? And what could I offer them? And back at the university, self-consciousness plagued me further still. My experience in the field forced me to evaluate what ethnography should be and what its potential is. I was unsure about my own research and why I was doing it. My identity switched every time I left and reentered the field.

I suspect the personality change can be somewhat less severe if the disparity between one's field site and real life is not quite so striking. However, it is a built-in feature any time one assumes the role of ethnographer and migrates back and forth between academic and field settings. In this case, I felt guilty being an ethnographer and ashamed of that identity while I was in the field. Because I spent a lot of time in the field, my role as an ethnographer became my whole life, and somehow that role was awkward in the face of such devastation. I was amazed at how the outreach workers could handle what one worker called the "horrors" of their work environment day after day. I remember wondering if their required field notes served a similar function that mine did for me: somehow writing it up in an analytical way makes the characters appear abstracted; they don't seem quite as real. I suppose I wondered if their roles in the field felt as discordant as mine. I wanted to think that they felt awkward collecting data. As insiders, maybe their roles as outreach workers felt like floating between two worlds, too.

I had done ethnographic studies before. In the past, I did participant observation within a local punk scene. In reflecting upon that time, I realize that I didn't experience the tension of moving back and forth for a number of reasons. First of all, I spent far less time in the field, so my time there was bracketed as my research, not my real life. Also, I had been interested in the punk phenomenon for a long time as a layperson, so the transition seemed simple. I knew what I was getting into. Besides, while my participation was marginal, I had a place there along with the other fringe members in the scene. Further, I experienced the whole punk scene as fun and novel, rather than depressing; therefore I didn't feel traumatized facing the insulated university setting. Finally, and perhaps most important, my research had been conducted, in large part, covertly. I was able to lose myself, in a sense, and feel less conspicuous in the field.

In the outreach project, I *felt* like a researcher most of the time. If I forgot, outreach workers would remind me that my time there was limited and my agenda was different from theirs. My experiences could not be as intense as if the clients were my own. Outreach workers would affectionately tease me about my street education. In fact, I had to give a report in a meeting once about the first time I saw someone shooting

dope! I became very close to a few of the workers that I accompanied
regularly, but I never forgot the distance between who they were and
who I was. I was the naive, yet educated, researcher; they were the
world-worn experts.

Eventually my romantic image of their work, especially vis-à-vis my
own, faded. My puzzle about insider versus outsider status didn't work
out; I had assumed that insiders were more committed to their com-
munities, therefore more disillusioned with the work the Project did.
But I saw varying levels of commitment, and omnifarious reasons for
taking and keeping the job. I started listening to the language the ad-
ministration used and noticing how different it was from the concerns
of the outreach workers. I realized that the entire outreach enterprise
had its own set of problems as well. Time with the project showed me
that it was filled with people who acted in their own interest, just like
sociologists do. The Project had to sustain its funding, and the workers
had to participate in instrumental tasks to further the career of the
Project. I suppose it's no coincidence that my next puzzle was trying to
figure out how those interests undermined the work, and what the
constraints were that determined those particular sets of interests. I
wanted to rescue the Project from responsibility for those interests.
Because I saw the Project's brand of ethnography as more noble than
my own, I wanted to save it from the sin of self-interest. Given that, it's
also not surprising that I finally felt comfortable looking at the way the
state constrains the honorable intentions of the Project. It's clear that
my own emotional investment shaped my interpretation of what was
sociologically important. Gouldner was right again.

The end of my "honeymoon" with the Project enabled me to feel
more comfortable with my role as an academic ethnographer. The ten-
sion I felt became less pronounced. I never actually doubted whether or
not I wanted to be an ethnographer after my field work in the outreach
project. I knew that I did. What I did begin to question is the morality
of the enterprise if our work is not at least intended to inform some
policy decisions or provide concrete assistance back to our subjects. I
had changed substantially since the time when I had no qualms about
doing covert research!

Leaving the field has enabled me to look less at the horrors or at the
curious features of the scene I studied. As Gouldner astutely reminded
me, I didn't want to be guilty of showing off my subjects as a zookeeper
would, exploiting them for my own professional gain. Being out of the
field and forced to write up what all this "means" in a sociological way
has allowed me the necessary distance to reflect on how the experience
has changed me. I still believe in the viability of ethnography as a
method. I remain hopeful that academic ethnography can learn from

the applied approach of the AIDS Project. Leaving the field has al-
lowed me to envision my future, not as a virtuous outreach worker but
as an academic ethnographer who has learned and incorporated the
value of extending research toward change.