

**US-Mexico Collaboration: The Role of Transnational Networks in Shaping  
Community-Based Responses to HIV/AIDS**

*Prepared to be delivered at the 2006 Meeting of the International Studies Association  
San Diego, CA  
March 22-25, 2006*

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**Introduction: Ten Minutes Takes You Ten Years Back**

I have often said “a ten-minute drive will take you ten years back”, as soon as you cross that border... It is very, very frustrating to see the inequalities across the border [in Tijuana]. A lot of our HIV positive patient population comes from Tijuana, so why not have the same types of [AIDS] services across the border? (R S 2002, Director of a San Diego community health center's HIV/AIDS service program)<sup>1</sup>

The above statement reflects a widespread frustration among public health providers in the US-Mexico border region that more than twenty years into the AIDS epidemic, Mexico's border cities are still ten years behind their US counterparts in providing HIV/AIDS prevention and treatment services. This is the case even in cities like Tijuana where US-Mexico proximity has facilitated much binational collaboration and exchange of resources to fight the spread of the disease since the early 1980's. Indeed, from the beginning of the AIDS epidemic, activists and service providers in the US-Mexico border area recognized that HIV/AIDS respects no international political boundaries, and have struggled to provide an adequate continuum of care to a highly mobile border population. A long-time local activist and service provider described in an interview how in the mid 1980's, he and other gay activists working in the Latino community began to see more people from Tijuana coming to San Diego to access AIDS services. He commented “The clients are very mobile as far as they recognize no borders, so they come from Tijuana. [Our organization] was dealing with first generation monolingual Latinos, who went back and forth [across the border]. I felt

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<sup>1</sup> Throughout the paper ethnographic data is presented in the form of direct quotes from in-depth interviews with informants. The first and last initial of the informant and the year of the interview are referenced after the quote; the title or position of the informant is provided either in the explanatory text or as part of the reference. Interviews were conducted in Spanish or English: translation from Spanish to English was done by author.

that [binational collaboration] was important because in this border context AIDS doesn't recognize any boundaries or borders" (M F 1999).

In recognition of the need for a more coordinated binational response, San Diego and Tijuana activists and service providers began to organize, taking as a model AIDS prevention and education efforts in San Francisco and New York. Several gay rights activists in Tijuana began the first AIDS prevention campaigns throughout the border area; a key strategy for these campaigns was to obtain resources from Los Angeles and San Francisco. Another long-time activist described in an interview how he brought a speaker from Los Angeles to one of the first Tijuana AIDS conferences in June of 1983 to disseminate information:

I brought a person who spoke Spanish – Ronaldo Palencia – in order to explain what was known [about HIV/AIDS] in this time. And in October 1983 I went to Los Angeles to get information in Spanish, and I brought [to Tijuana] - thousands of pamphlets in Spanish where it explained what was necessary – to use a condom, avoid exchange of semen, and have monogamous relationships. Those pamphlets that I brought from Los Angeles were the first that came out in LA in Spanish – they were made by the Los Angeles AIDS project, and I distributed them in the gay bars in Tijuana and Mexicali (A G 2001).

By 1986 activists in Tijuana had formed an AIDS prevention project based on the models utilized in San Diego, Los Angeles, San Francisco and New York. Yet HIV prevention efforts were sporadic and AIDS care services still mostly non-existent in Tijuana and along the Mexican side of the border. Almost twenty years later, the North-South contrast in responses is still starkly visible in the San Diego-Tijuana border region. For example, by 1991 San Diego's local AIDS fundraisers were extremely successful, raising hundreds of thousands of dollars. To that was added millions of dollars in federal funding provided by the Ryan White Care Act and other

governmental research and prevention policies. State and community based agencies and programs were increasing in order to serve a diverse client base of people living with HIV/AIDS. Just across the border, however, Tijuana residents infected with HIV had no such services; all that existed was an underground support group in a local gay coffeehouse.

In 1992 and 1993 the first community-based AIDS organizations (CBOs) in Tijuana - *ACOSIDA* (Alliance Against AIDS) and *Organización SIDA* (AIDS Project Tijuana) - emerged out of the gay rights movement. The growth of these organizations was assisted by funding from AIDS Walk San Diego (AWSD), which recognized in its mission the need to provide funds for community-based service providers in the San Diego County region, which included Tijuana. In addition, informal binational networks that moved donations of unused AIDS medications from the US to Tijuana also played a role in the growth of Tijuana AIDS service organizations. However, while AWSD funds and donated AIDS medications from the US were an important source of fiscal and material support that allowed these organizations to expand AIDS services, these resources were also a source of inter-organizational competition that exacerbated already existing divisions between the Tijuana gay rights and AIDS activist leadership. The decade following the inception of Tijuana's first AIDS organization was characterized by intense inter-organizational competition for patronage of HIV positive clients. In 1994, the feud was so bad that details were reported in the local Baja California news in an article entitled "Tijuana AIDS Clinics Feud and Expand". Part of the article read:

The volunteers who run the clinics continue to criticize each other's services. *ACOSIDA* workers say the *Organización SIDA* clinic has

no drugs to give its patients, none of whom can afford to buy them at a pharmacy. *Organización SIDA* Medical Director Carlos Diaz acknowledges ACOSIDA has more drugs, but charges this is because a small, clandestine program that funnels leftover drugs to Tijuana from San Diego (from places where people with AIDS have died) favors ACOSIDA over their clinic – due to longstanding conflicts between some activists involved in the drug smuggling and some people involved in *Organización SIDA*. Diaz charges that ACOSIDA’s doctors “don’t know how to use the drugs they have. Their doctors are not trained in AIDS,” Diaz said last week. “They don’t know what they’re doing. It’s criminal” (Wockner 1994).

This news article points to the questions that lie at the heart of this paper. Why did certain types of US-Mexico binational collaboration simultaneously help Tijuana AIDS organizations grow, yet cause animosity and competition between them? What exactly are the pros and cons of binational and other transnational forms of collaboration, and how does it impact the long term sustainability of local community-based AIDS organizations, and organizational fields? Finally, which segments of the HIV positive population remain underserved, given existing organizations’ client-service focus?

Judging from the observations made by the Director of San Ysidro Health Center’s HIV/AIDS service center about how a “ten minute drive takes you ten years back in time”, Tijuana’s AIDS organizations have continued to struggle to subsist, despite many successful efforts toward binational collaboration to meet AIDS-service needs. This paper takes as its starting point the inter-related problems of growing health inequities at the global and national levels, and the transnational responses of local actors that generate mixed and often unintended results.

### **Theoretical Directions**

The study focuses on the relationship between the local and transnational in order to illuminate the pros and cons of the merging of local “bottom-up” organizing with transnational resources and actors. In this regard I have been influenced by the work of Jonathon Fox (Fox and Brown 1998; Fox 2002) and Joe Bandy (Bandy 2004), who warn against assuming that transnational collaboration in the form of networks, coalitions or social movements guarantees significant or equal horizontal exchanges between actors. Nor should we assume that inter-organizational collaboration automatically leads to increased equity or cooperation in exchanges or access to resources sought by organizations to ensure sustainability and success. While transnational collaboration can help access organizational resources that “permit the development of alternative power hierarchies” (Goldring 1999: 167), they can also just as easily serve to reproduce or create new stratification regimes and inequities. The analysis show how transnational networks “stir the local pot” and produce paradoxical effects for organizational and field level outcomes. In particular I focus on how qualitative aspects of transnational networks and resources intersect with and shape key (from members’ perspective) social, cultural and structural (material) aspects of local organizations and organizational field dynamics and outcomes. In so doing, this project takes apart the assumption that transnational collaboration is good for local organizations, and shows how the participation of local actors in transnational networks can affect local organizations and population health outcomes in both positive and negative ways, reducing disparities for some while reinforcing and creating unequal outcomes for other segments of the population.

In this paper I argue that transnational networks have both good and bad affects for local organizations, depending on the qualitative nature of the tie, and that local organizations need to develop a combination of close and weak ties with state actors and international donors in order to maximize the potential for transnational collaboration and organizational sustainability. In this study, I am interested in how transnational networks affect both “organizational outcome” at the level of individual CBOs, as well as affect “inter-organizational relationships” at the level of the organizational field. Individual organizational outcomes are a measure of organizational stability and sustainability in terms of age, continuity of location, staff and volunteers, continuity of service provision; ability to raise and manage funds, keep organized financial and administrative records; and perceived legitimacy by donors, clients other organizational actors. Inter-organizational dynamics at the level of the organizational field are a measure of organizations’ perception of social networks and ties between local organizations.

The affect of social networks on organizations has been studied by many who have examined how close and/or weak ties impact politics, organizations and individual mobility. According to some (Mills 1956; Domhoff 1983) close and strong ties, often called personalist networks, are a powerful force built through political and economic associations, boards and clubs. This is in contrast to other theories (Granovetter 1973) about the “strength of weak ties” for getting jobs or accessing key economic, political or social resources by providing a bridge between two distant actors. Staudt and Coronado (2002) suggest that in transnational contexts like the US-Mexico border, both weak and strong ties are important. Staudt and Coronado

emphasize that personalism can strengthen local relationships, but it must be coupled with "purposive, issue-based ties" that spread regionally and globally to "acquire resources that would change power relations" (Mills 1956; Staudt and Coronado 2002: 40). In other words, for community-based organizations to effectively mobilize transnational networks, close local relationships that initially draw on personal factors to develop must ultimately expand into weaker, looser ties that connect to larger national and international networks and organizations (Staudt and Coronado 2002: 20).

The problem with local, US-Mexico cross-border organizing as described above is its "strong-tied", personalistic quality. According to Staudt and Coronado, when clientelism dominates an organizational field, "dominant groups provide no opening to negotiate or change power relations" (2000: 35), and so confrontational strategies emerge. Also problematic is competition over scarce resources and resulting enmity between winners and losers that make ideological connections around ideas difficult to manage. In such cases, un-channeled anger results in "passive -aggressive strategies such as gossip. Gossip is personalism at its worst. Un-channeled anger can also take the form of insulting and rude personal attacks that chill prospects for future organizing" (35). The challenge for cross-border organizing is to find a way to develop the "right kinds" of close and weak inter-organizational ties, and to find a way to "channel anger into political strategies that create conditions for civil engagement and eventual collaboration" (37).

For example, I will argue that in the case of Tijuana, AIDS organizations have many binational ties that, because of local political and geographical constraints, are personalistic, close, strong and informal. These ties inject vital resources from the US



–medication and condoms- into Tijuana’s resource-poor environment, enabling some organizations to provide HIV/AIDS treatment for some segments of the HIV positive population (gay-identified men and women, recovered substance abusers, sex-workers) on their own turf, outside the institutional sphere (without help or coordination with the public health sector). Yet binational exchanges reinforce North-South dependency relationships and generate competition between Tijuana AIDS CBOs for scarce resources and client patronage. The end result is reduced organizational sustainability, fewer AIDS CBOs, and fewer services for underserved segments of the HIV positive population (women and children, non-gay identified men and women).

In contrast to Tijuana, Mexico City AIDS organizations<sup>2</sup> have many international ties that are distant, loose yet formal arrangements to obtain key resources – capacity building information and funding – from international donors. In addition, Mexico City AIDS CBOs have closer ties with the public health sector and the state, which enables them to do two things: develop closer ties with international donors (who often prefer to use the state as interlocutor) and provide AIDS treatment services within the institutional sphere. Yet the strength of ties between the state, international donors and some local AIDS CBOs leaves those participating in this nexus open to accusations of patronage and clientelism by organizations locked out of the nexus. The exclusion of some CBOs from the state-CBO-international donor nexus promotes inter-organizational competition and philosophical divisions between grass roots activist and service-oriented organizations. However, in general by comparison with

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<sup>2</sup>The Mexico City case study is discussed in a separate paper. Please contact the author if you would like to obtain that paper.

the Tijuana-San Diego case, I argue that the combination of strong local ties with the state and looser ties with international donors has a “healthier” effect for AIDS CBOs.

Additional research needs to be conducted to systematically determine which organizations are central, and which are peripheral, to the state-CBO-international donor nexus, and to determine which segments of the HIV positive population are neglected or underserved by the existing service network. This project begins to address the question of how different forms of transnational collaboration generate state-CBO-international actor alliances and divisions. As expressed above, one of the central concerns of the project is how such alliances have both positive and negative effects for local organizations and their constituents. One inevitable negative result of transnational collaboration is the (re)creation of health inequities for some segments of the local population. It goes beyond the scope of this project to fully explore the specific pathways by which transnational collaboration reproduces or creates health inequities for specific populations. However questions about the relationships between processes of transnationalism, globalization and the spread of health inequities form the foundation for this project and are the topic of the next section.

### **The US-Mexico Border: Where the Local Meets the Global**

In the early years of the AIDS epidemic, Tijuana AIDS activists faced lack of funds, little support from the public health sector and cultural resistance to dealing with AIDS (and gay rights). Not surprisingly, they activists turned to their US counterparts at the San Diego as well as the Los Angeles, San Francisco and New York, AIDS Projects to obtain AIDS prevention information. As a result of these early linkages, Tijuana’s community-based AIDS organizations have developed in close connection

with San Diego's gay rights and AIDS activist leadership and organizations, from which it has derived vital forms of support in terms of information, organizing tactics and fundraising.

In contrast to US and Mexican state actors<sup>3</sup>, community-based organizations in San Diego and Tijuana have engaged in more varied, frequent and direct types of binational collaborative efforts. Such efforts include informally moving resources like AIDS medications, condoms and medical supplies from San Diego to Tijuana; assisting with capacity building for CBOs (i.e. grant-writing, program administration, board development, etc.); providing training and education workshops for health professionals, youth, and the general population of Tijuana. Despite that such exchanges are one-sided, as they move resources from San Diego to Tijuana, not vice versa, local activists and CBOs on both sides of the border are not as constrained by the limits of US State AIDS policies, and can so engage more directly in collaboration. Indeed, local activists and representatives of community-based organizations frequently say they have to “get creative” to overcome the structural and political constraints that characterize governmental and public health binational responses to HIV/AIDS. In many ways, despite the existence of a number of state-sponsored binational policies and programs in the US and Mexico, the most active and immediately productive binational efforts stem from informal strategies, engaged by local AIDS activists and community-based organizations in Tijuana and San Diego.

Generally speaking, “binational collaboration” at the local, community-based level includes a diverse range of formal and informal strategies and exchanges (of

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<sup>3</sup> An analysis of US-Mexico collaboration between state (i.e. public health and policy) actors is presented in a separate paper. Please contact the author to obtain a copy.

resources and information) between agencies, organizations and programs on both sides of the border. Despite its proliferation and generally positive intention, binational collaboration between US and Mexican AIDS organizations is a largely unstructured and uncoordinated phenomenon that produces questionable results. US actors heavily dominate – in terms of both numbers of people and decision-making power – and Mexican actors are frequently alienated by power asymmetries between representatives from the two countries. In the community-based AIDS sector, resource exchanges between San Diego and Tijuana are limited due to legal restrictions of the international boundary; and resource exchanges, when they do occur, are usually uneven (moving from North to South). The uneven nature of binational collaboration means that even the local people most involved in binational work have conflicting ideas of what binational collaboration means and whether it is effective or not. For example, when an employee of Project Concern International's Border Health Initiative, is asked to define binational collaboration she stated:

“Binational Collaboration?” What is that? Is there a definition? What it means depends on who you talk to, what they are doing. We don't know exactly what it is we really mean. I don't think it's really clear why it is we [US and Mexico] collaborate, why we even should get together. I don't think we know yet completely - and I don't think that funding sources or projects have proven that if you get together with Mexico and work together, that you are really going to have a better outcome. For right now, money that's given for binational work is given to San Diego, and they are calling that binational work (K B 2001).

This statement expresses a widespread sentiment among community-based actors that binational collaboration is an uneven practice and produces questionable results. Also, at the end of this statement, the informant links the uneven nature of binational

collaboration to the problem of “money for binational work going to San Diego,” underscoring how problematic funding policies generate questionable local-level community responses and outcomes.

Many individuals working collaboratively across the border are attuned to the inconsistent and uneven nature of their work, yet have an ideal of what “true collaboration” might look like. The main elements that are required include providing Mexican actors with increased technical capacity to enhance their sustainability and decrease dependency on US actors, as well as working toward a mutual understanding of goals and priorities for organizations in the region. A long-time binational activist and San Diego County DHHS employee described his vision of “true” binational collaboration:

I think a true binational collaboration would be to work with the people that are in Mexico offering HIV/AIDS services to try to bring them together and offer them trainings, like in HIV pre and post counseling, in fundraising, and ways to administer programs. But you can not adapt the same type of system that you have in the US, you have to look at what they have and what their resources are and try to tailor it in a way that would work for them. ... It is a matter of giving them tools and skills to do this and having them do it themselves. And if you give them the training, it could help them be independent, not dependent on what we [SD County] have to offer (M F 1999).

Not only is the goal to provide technical capacity and independence, but to do so in a manner that is appropriate for the Mexican context in terms of both already-existing and much-needed organizational resources and capacities. The above informant drives home the need for “not just giving them resources” but teaching service providers how to use and sustain those resources to “cut the umbilical cord”:

The viral load test – if we teach them how to do it, if we give them the equipment or if we teach them how to acquire their equipment,

they could do it, but they need that technical assistance. And some of the technical assistance may involve start-up funds, but make them independent, don't let them be dependent on what the US has to offer because we really don't have anything to offer. We can't maintain that. So make them independent and cut the umbilical cord... And don't start them up on something that they can't continue because you will be back to square one.

In order to not regress back to “square one”, it is necessary to envision binational collaboration as an ongoing process of getting to know an agency, organization or individual in order to understand both the limitations and opportunities provided by the organization or individual. Ultimately, the goal is to identify “mutual interests” to find ways to work together. Despite its problematic, uneven and haphazard nature, many forms of binational collaboration have evolved and matured, particularly at the community level.

This rest of this paper first briefly describes the types of binational collaboration and exchanges that exist between CBOs in San Diego and Tijuana, and then analyzes the nature of Tijuana CBO dependency on San Diego assistance. In particular, this section focuses on the informal nature of binational collaboration and the evolution of a “taking things into your own hands” strategy of local CBOs and activists that has contributed to the rise of an illicit – and politically charged - AIDS medication economy. Some of the major themes that emerge from this analysis are the tension between activist and professional organizations as well as the question of technical capacity building of Tijuana AIDS CBOs.

### **Binational Collaboration – Community-based Organizations and Exchanges**

There are three types of organizations that engage in or support various forms of binational collaboration at the local level. These organizational types include 1)

local AIDS service organizations (such the Binational AIDS Advocacy Project, Christie's Place, the San Diego Imperial Court, and the AIDS Foundation San Diego until its demise in 2000); 2) programs and projects within the San Diego County and California State Health Departments and community health centers (such as the CURE+ binational HIV/AIDS referral program, the Coordinated Assistance Service Advocacy (CASA) Project, and the South Bay AIDS Project); and 3) funding organizations such as local and state foundations (e.g. the Alliance Health Care Foundation, California Wellness Foundation and the California Endowment), as well as local nonprofit fundraisers such as AIDS Walk San Diego.

The primary commodities transmitted through binational networks are (in order of prevalence) 1) in-kind goods and resources (such as AIDS medications and medical supplies; 2) information about AIDS prevention and treatment protocols; and 3) funding. Information-based resources are provided by San Diego's community-based AIDS organizations, the San Diego County Health Department and several public community health centers. Information resources transmitted via binational ties are largely confined to written materials regarding AIDS prevention strategies, counseling services and treatment protocols. To a lesser degree, information regarding organizational capacity building and best practices for AIDS service delivery are provided by several San Diego community-based organizations and the County Health Department. This is in marked contrast to information exchanges between international development and AIDS service organizations and community-based AIDS organizations in Mexico City, in which the emphasis is upon organizational capacity building and development. There is one exception – the Border Health

Initiative of Project Concern International, which conducted the first capacity building workshop with a binational AIDS service organization – PROCABI. However, the involvement of international development organizations in the Tijuana field is otherwise limited. Consequently, information-based binational ties do not greatly contribute to the ability of Tijuana AIDS organizations to gain professional organizational skills – such as fundraising, grant-writing and record-keeping – and to formalize their structures and strategies.

In-kind goods and resources are the main commodities exchanged via binational ties. AIDS medications, condoms and medical supplies are the main goods needed by Tijuana organizations, and are provided by several of San Diego’s community-based AIDS organizations, which collect donations from agencies and individuals across the US to take to Tijuana AIDS clinics. Both informational and in-kind binational exchanges are almost exclusively informal in nature, and rarely carry organizational oversight or accountability provisions.

In addition to information and in-kind goods, a limited amount of funding has been provided by local and state foundations and local fundraisers to assist several of Tijuana’s AIDS CBOs. For example, AIDS Walk San Diego was the first to provide grants to Tijuana AIDS organizations as early as 1991, when they gave small grants to ACOSIDA and several other (now non-existent) community-based AIDS organizations. Funding provided by foundations is a recent phenomena; the Alliance Health Care foundation was the first to provide a small grant to PROCABI in 1997, after which they began to provide PROCABI with larger grants (\$10,000 -15,000) until 2002. The California Endowment and California Wellness foundations also began



giving small grants to San Diego and Tijuana agencies starting in the late 1990's. Local foundations and fundraisers typically prefer to give grants to more "professional" CBOs, yet often award funds with very little formal accountability provisions. Despite the growing availability of private funds in San Diego and California, to date, Tijuana and San Diego AIDS organizations have not made significant headway in obtaining funding from these sources for binational projects. In addition, Tijuana and San Diego AIDS CBOs have not been able to access international sources of funding. Thad B, a staffer at a local San Diego foundation explained that the inability of Tijuana AIDS CBOs to obtain more local and international funds is because these organizations are run by:

activists, who don't have the skills to manage an organization and set up the networks. The transition [to more professional organization] is difficult for Tijuana organizations because the leadership is passionate and committed and won't give up control. This translates into making demands and having a demanding voice, which puts other organizations and funders on the defensive. Right now, Tijuana AIDS CBOs are in a position to make the transition to develop stronger leadership skills, but it is very difficult and these leaders need mentorship and guidance that they are not getting (T B 2002).

According to possible donors, Tijuana and San Diego AIDS CBOs that want grants for binational collaboration must more effectively make the transition from activist to professional leadership skills and styles. Yet mentorship and technical assistance – and funding- toward becoming more formal professional organizations remains in short supply.

### **Bottom-Up Efforts: Community-based Responses and Informal Initiatives**

In contrast to Tijuana, San Diego's AIDS CBOs have access to multiple funding sources. By the early 1990's local San Diego fundraisers were extremely successful, raising hundreds of thousands of local dollars. To that was added millions of dollars in federal funding provided by the Ryan White Care Act and other governmental research and prevention policies. State and community based agencies and programs were increasing in order to serve a diverse client base of people living with HIV/AIDS. Just across the border, however, Tijuana residents infected with HIV had access to few HIV/AIDS services; all that existed was an underground support group in a local gay coffeehouse. By 1994, however, Tijuana counted two CBO-run AIDS clinics (ACOSIDA and PROCABI) and several other AIDS service agencies, in addition to the public AIDS clinic, COMUSIDA.

ACOSIDA and PROCABI's successful emergence as community-based service providers hinged on their ability to obtain key resources, namely AIDS medication and small amounts of funding, from San Diego. For example, one of the founders of ACOSIDA recalled that "we started 10 years ago with UCSD providing meds, and AIDS Walk money paid rent and sometimes the San Diego gay community [Imperial Court] did fundraising for us here. And ongoing collections of meds - from those who die or change meds - are brought [from SD] to Tijuana". Likewise, the founder of PROCABI explained how "each month, we transport more than \$100,000 of meds across the border, from people who no longer need them because they have died or changed meds .... We repackage the meds on the US side to protect the pharmacy and the patient who donated them".

There is a large degree of awareness among Tijuana CBOs about the kinds of resources and opportunities that are available to them on the US side of the border. Liza SR, program manager for a cross-border Health Education and Leadership Network, stated that “the population in Tijuana is generally a lot more aware of San Diego than vice versa. Most people who live in San Diego don’t think very much about Tijuana” (L S-R 1999). This awareness is due to the fact that “everything is in San Diego” and that knowledge is a powerful motivator to get involved in binational efforts. Frankie R, a Tijuana activist and AIDS CBO board member explained in an interview “that is why they are coming [to San Diego], because [organizations from Tijuana] know everything is here. The people from Tijuana, of course they want to come and see what’s going on and they want to get involved” (F R 1999).

However, the transfer of resources, particularly government funds, from the US to Mexico is extremely problematic. Given that private funds are able to cross into Mexico more easily than government funds, it would be natural to assume that other kinds of private donations (e.g. in-kind goods such as medication and condoms) are also unrestricted, but that is not the case. Rather, CBOs are required to obtain legal documents approving the importation of large donations of in-kind goods into Mexico from the Baja California and Tijuana public health and immigration authorities. Unfortunately, these documents are notoriously difficult to obtain due to government politics and bureaucracy.

Frankie R explained that the main problem with obtaining goods from San Diego and the US in general is the “government officials on both sides, but mostly the Mexican government, are not available to sign agreements and participate in meetings

and events – they are traveling elsewhere in the country. It is not a priority for them.”  
So CBOs end up waiting indefinitely –sometimes years- for signatures from  
government officials. ACOSIDA founder Alex G. explained how

We need medication and condoms, and letters from the government to legally cross medications from California into Tijuana. [We have been] waiting twelve years for the letter from the Tijuana and Baja California health authorities in order to legally cross medication into Tijuana, twelve years of waiting... PROCABI only has four –no, two or three – years waiting, but it’s not important to them [to have the letter].

Both ACOSIDA and PROCABI take the risk of carrying donations into Mexico illegally. Another strategy is to seek documentation from an international agency, such as the Red Cross or from a Mexican agency such as DIF, which may provide some legal protection. The founder of ACOSIDA explained how one of the organization’s US volunteers uses a letter from the Red Cross to pass medications through the border, even though the medications are technically not for the Red Cross:

Well, FS has a letter from the Red Cross because he said it was medication for the Red Cross... He can protect himself with this while passing medications, but it’s not government approval. Anyway, most people get the green light when they cross; when they get the red light and get sent back, they just go back [to San Diego] (A G 2001).

However, even if some legal documentation is obtained, or an individual takes the risk to cross donations without documents, the logistics of transporting large in-kind donations often pose more of a problem than legal barriers. PROCABI board member Juan B. explained

The problem is that they call us from San Diego and say “here are some tables and desks, etc”... but there is the complication of who is going to pick up the furniture? The letter is the least [of the problems]... The problem is not the letter, but who is going to transport the goods? I have said this many times – we can’t take the

donations because we don't have a means of transport. If there were some volunteers here in Tijuana or San Diego that had a pick-up truck... at times we can find volunteers, but not always, so really we need volunteers to transport things to Tijuana. The latter is the least of the problems. (J B 2002)

So aside from the legal restrictions of spending federal and state funds in Mexico, and the requirement to have legal documentation for donated goods being imported into Mexico, one of the most problematic aspects of 'binational collaboration' is the simple logistical need to find both a large vehicle and a person who can legally cross and is willing to provide the service of transporting the goods from San Diego to Tijuana.

### **Illicit Networks: Taking things into your own hands**

In the face of legal restrictions on importing medication and other in-kind donations, local activists on both sides of the border developed informal and creative (and illicit) strategies that require "taking things into their own hands". Liza SR, an administrator for a border health education leadership program in San Diego expressed how taking charge at the local level has been important to generating more effective binational collaboration:

I think that we are at the beginning stages of learning how to cooperate together more effectively and exchange resources and information... Because I think *people start to take things in their own hands* and they realize that if the system is not working for them then they start figuring out ways to get the resources across the border, like medication.

However, for some binational activists, this strategy carries the personal risk of deportation or incarceration. Binational activist Frankie R explained how taking things into his own hands is effective, yet endangers his own well-being:

There are ways that we take medicine down to Tijuana. Last week I took four boxes [of medication] like this (gestures to large boxes sitting in his office) to Tijuana. But then I am jeopardizing my status as a Mexican in the US because I am not an American citizen, I am a resident alien... because [I am] doing an illegal crossing of medication without a permit.

Organizations and activists engage many creative strategies to circumvent legal barriers to importing donations. Since one person can bring only \$50 USD worth of sellable goods into Tijuana without legal documents, the focus is on figuring out how to “smuggle” medication and condoms across the border. CBOs frequently ask board members, staff and volunteers to take the legal limit of goods whenever they drive to Tijuana. A strategy used by one AIDS CBO to carry condoms into Tijuana is to carry a letter from the owner of the donating agency in the box of goods stating the value is only \$49.99. This is not a very effective strategy because it is difficult to get the quantities of goods needed. However, whenever the issue of getting official government approval or a letter from a Mexican official to pass larger donations is raised, CBOs and activists are routinely frustrated because it takes too much time, is too bureaucratic a process, and generally impossible to get.

CBOs and activists prefer to take things into their own hands, despite the personal risks, because the government is just too slow and unwieldy; it is easier to just do it themselves and get the job done in the short term. However, at times this strategy backfires because customs officials will confiscate donations coming into Mexico, particularly if they are over the \$50 limit. For example, in summer 2002, one of the PROCABI board members was crossing into Tijuana with his van, which was full of medical supplies, and the van was confiscated by the custom agent. This event generated a real crisis in terms of PROCABI’s ability to provide services and

medications to its clients (PROCABI Board meeting 9/5/02). In a larger sense, taking things into activists' hands promotes informal strategies that are flexible yet fragile; without a legal or institutional framework these exchanges of vital resources are not sustainable over the long term.

Finally, these informal and illicit strategies have generated a highly politicized and contentious informal AIDS 'medication economy' that has increased competition between AIDS CBOs in Tijuana. This is because medication is not distributed equally to all Tijuana organizations, rather, there is a system of patronage between several key San Diego-based AIDS organizations and their Tijuana counterparts. This system of patronage, combined with the lack of available medication in Tijuana, places a high premium on obtaining medications; those agencies that can offer medication are at a competitive advantage in terms of attracting greater numbers of clients. While obtaining medication through informal networks assists organizations to provide services in the short term, it does not have the effect of enhancing long term organizational sustainability. Rather, the unilateral movement of AIDS medications and medical supplies from San Diego to Tijuana has locked Tijuana CBOs into a dependent relationship with their San Diego counterparts.

### **Tijuana's Underground AIDS medication Economy**

Most of the medications [in Tijuana] are given underground [from the US to Tijuana] and there are certain organizations that give to certain groups, some people may give to ACOSIDA [or to PROCABI].... The way the medication was usually given to the group was that it was left over medication from people that had died of AIDS (M F 1999).

The primary products exchanged through binational ties are AIDS medications, and to a lesser degree condoms and medical supplies. AIDS medications are central to binational exchanges because the public health sector still falls behind in terms of providing adequate treatment and training doctors as AIDS specialists (Cearley 2001). As described in the above quote, in the face of lack of state-provided medication and services, several Tijuana AIDS organizations have utilized informal binational ties to obtain large stockpiles of AIDS medications. AIDS medications are obtained from HIV positive individuals in San Diego and other parts of the US who donate their surplus and dated medication to several San Diego community-based AIDS organizations that take them to AIDS organizations in Tijuana. For example, the founder and director of ACOSIDA recounted “we started ten years ago with UCSD providing meds... [Then we started] ongoing collections of meds from those who die or change meds, which are brought [from SD] to Tijuana”. The founder and director of PROCABI described a similar strategy utilized by his organization:

Each month, we transport more than \$100,000 of meds, from people who no longer need them because they have died or changed meds, across the border. We dispense meds only to those who have a doctors' prescription from either a US or Mexican doctor. We repackage the meds on the US side to protect the pharmacy and the patient who donated the meds.

Via this system, community-based AIDS organizations in Tijuana are able to provide access to far superior AIDS treatments than the state sector, which dispenses AIDS treatment from “a box of medicines on the floor”.

### **Politics of AIDS Medications**



We don't want to be involved with dispensing meds – other organizations take care of that. We don't want to be involved [because] meds are very political (P S 2002).

Informal AIDS economies are highly political, yet are cropping up at sister-city locations all along the border, where activists on both sides are setting up informal-illicit ties to smuggle AIDS medications into Mexico. San Diego activists have networked with other activists in border cities to encourage them to create such “buddy programs” between US and Mexican organizations however they are concerned that other US and Mexican states do not extend their networks into California, which is Tijuana and San Diego's turf. One binational activist complained that:

in Ciudad Juarez they wanted to do something similar, a buddy program in order to bring medicine from El Paso Texas to a small clinic in Ciudad Juarez... When I have been on vacation in other cities the people ask me for medication, but I tell them to go to Houston, El Paso, Texas, New York, not to California, because they are closer to Texas or New York, so it should enter from there.

Despite the success of border AIDS CBOs in supplying medication to HIV positive individuals in Mexico, some critical activists see the pitfalls of such an approach. For one, by supplying an immediate and somewhat constant stream of medication to CBO clinics in Mexican border cities, CBOs alleviate pressure on State clinics to provide AIDS treatments. Consequently, the public health sector in the border area is “off the hook” in terms of providing AIDS treatment.

By contrast, in central and southern Mexico where US sources of AIDS medications are not prevalent, CBOs have had more success in demanding that the public health sector provide AIDS treatment. Another Tijuana activist explained:

In southern Mexico there is an association called FONSIDA that lobbies the government for the provision of AIDS medications. There is also the National Front of People with HIV [FRENPAVIH]

and they have gotten the government to supply them with medication – not for everyone but for 1,000 – 1,500 people... they have successfully gotten the government to provide medication. In the south, for example in Mexico, Veracruz, Yucatan, Jalisco, the people really pressure the government to provide medication.

In the Border states however, it is much more difficult to pressure the government because of the relatively easy access to AIDS medications from the US. According to some activists, the focus on “getting meds” over “getting the government to provide meds” depoliticizes the medication issue. One particularly avid organizer commented:

Here on the border everyone goes to the US to collect medication so it’s not necessary to fight [with the government]. This is a very important difference – it’s not necessary to ask the government because one has access to medications from the US. I think that activists on the border, if we really wanted to be activists, should unite to demand [medication] from the government and not go to the Americans who don’t have the obligation to give us medication.

If they were really activists, they would be demanding that the government – not the Americans – fulfill their obligation to provide health care to its citizens. Instead, Tijuana activists prefer to focus on obtaining medications, which enable their organizations to provide AIDS treatment outside the institutionalized sphere.

**Binational Networks and Tijuana’s HIV/AIDS Political-Organizational Field:  
Working outside the Institutional Sphere**

Both of Tijuana’s main community-based AIDS organizations – PROCABI and ACOSIDA – have successfully managed to corner a share of the AIDS medication market and provide access to AIDS medications to most of Tijuana’s AIDS patients. The case of PROCABI is a bit unusual, however, because doctors at the public AIDS clinic COMUSIDA refer their patients out to the CBO for treatment, once they test positive; doctors at the public AIDS clinic write prescriptions for medication, but

advise patients to get their medication at a nearby CBO such as PROCABI or ACOSIDA. Apparently, the doctors at COMUSIDA want to work with PROCABI and ACOSIDA because the organizations help them do their job; yet PROCABI and ACOSIDA get “nothing” from COMUSIDA. According to this informant, “the exchange is uneven because PROCABI does more for COMUSIDA. COMUSIDA gets 100 times the benefit from PROCABI than vice versa. It’s like PROCABI is COMUSIDA’s ‘field office’” (R C 2002).

Despite getting nothing from the public health sector for the work of providing AIDS medications or other HIV/AIDS services, Tijuana AIDS CBOs are aware that by providing access to AIDS medications, binational networks can give activists and local organizations leverage with state actors, because public AIDS clinics need CBOs to provide services and medication that the public health sector cannot. As a result, doctors from Tijuana’s public AIDS clinic regularly refer patients to community-based AIDS organizations and clinics for medication and treatment. Unlike Mexico City, where international ties encourage CBO-state relations within the institutional sphere, binational ties encourage CBO-state relations that take place on CBO “turf”, under CBO terms outside the institutional sphere.

Tijuana AIDS CBOs that have access to resources via binational ties can dominate the local organizational field, and have more leverage in their relationship with the Mexican state. However, at the same time, binational networks and resources increase competition between Tijuana AIDS CBOs and exacerbate already existing conflicts between organizational leaders. For example, one of the founders of

ACOSIDA, which does not work as closely with the state as PROCABI, criticized the relationship between the COMUSIDA doctors and the PROCABI organization:

In February 1999 PROCABI had its inauguration of its office. The goal was to give, in the American style, counseling, information, referrals, etc.... and even though they have been collecting medication for a while, they don't have a doctor [to dispense it]. They talk with Dr. L or Dr. Alvelais, but these people are doctors for the government sector, not PROCABI. But Dr. L and Dr. Alvelais send prescriptions for medication to PROCABI and PROCABI gives the medication to the patient. In this way, the government relieves itself of its responsibility of providing medication to the people. Dr. Alvelais and Dr. L have been given medical honors and there are people who think they are with PROCABI, but no, they are with the government municipal program – COMUSIDA – not PROCABI.

The ACOSIDA founder is critical of PROCABI for providing services in the “American style” and working closely with the public health doctors to obtain patient referrals. He also astutely points out that PROCABI and COMUSIDA are mutually dependent on each other, which undermines both PROCABI's autonomy and COMUSIDA's responsibility to provide adequate HIV/AIDS services to the public. Also, PROCABI's closeness to the municipal doctors and ability to offer American style AIDS services on its own turf is inherently threatening to ACOSIDA and other AIDS CBOs in Tijuana because it places PROCABI first in line for any government resources that may become available. PROCABI's success with its approach to service provision stirs up inter-organizational competition and conflict and makes the CBO a target for criticism. The criticism in this regard exposes the tension between CBOs that are able to professionalize and work more closely with the State, and those CBOs that remain true to their grass roots.

### **Activist-Volunteer versus Professional-Paid Leadership and Organizations**

Although both ACOSIDA and PROCABI seek to project a professional image, the former takes pride in remaining an entirely volunteer-based grass roots organization, whereas the latter is working toward obtaining funding to pay their employees and increase service capacity. The perception that PROCABI "goes for the money" calls into question their motives for activism and exacerbates the conflict between the two organizations. For example, ACOSIDA's director explained how

No, [we don't work with PROCABI] because they work for money and for the funders and are not really volunteers. I don't earn a single dollar as director of ACOSIDA and I have never received a dollar from the AIDS Project. Our volunteers have never received a dollar for working with the AIDS Project or ACOSIDA.

ACOSIDA's director makes a clear value judgment about organizations that are activist and volunteer-based versus those professional organizations that make getting funding to pay staff a priority. Inherent in this value judgment is the belief that organizations that "go for the funding" collude in government corruption and allow the public health sector to shirk its duty. Such organizations open themselves up to accusations of corruption and undermine their legitimacy in the eyes of activist grass roots CBOs. He explained how

In Tijuana there is the problem of groups [organizations] that think what is most important is to have a good salary. It is more important for them to ask for funding from San Diego and California and they don't care about the corruption of the AIDS program in Tijuana. They don't care about corruption; what they care about is their salary and getting money from California funders....They don't understand that it's the responsibility of the Baja California government to address the AIDS epidemic - they just see the money from San Diego.

Yet perpetuating the ideology that professional organizations good at getting funding, are corrupt and non-legitimate in comparison to grass roots volunteer organizations

creates a false and harmful dichotomy. The fact of the matter is that most Tijuana CBOs attempt to combine activist and professional strategies to maximize whatever resources and opportunities that come their way.

Ana N, an administrator with a local San Diego foundation that has funded several Tijuana CBOs believes that it is necessary and helpful for these organizations to combine both activist and professional capacities, and that an activist can learn those professional administrative skills if he can or she can separate from being an activist, “learn the skills” and “leave the militancy at the door”. She stated that:

They need to leave maybe twenty-five percent to thirty percent [of the activist] at the door and allow that much to be the administrator because...its been my experience that when you have an administrator who is task oriented...they have a goal to reach and they're gonna do it. The activist is the one that sees the big picture, society's set-backs and the lack of services ...and they will continue to see it that way and a lot of times they are very militant about it. And so militancy only takes it so far, then you need to become practical and you need to be applied and so unless that person is willing to leave some of that at the door to learn the other skills or to strengthen those other skills it's going to be really difficult.

From the perspective of local foundations such as Alliance Healthcare and California Endowment, both structures afford you two different things. According to the above informant, the more professional organizations are the ones that are more successful at grant writing and demonstrating that they have done the job whether they have done it or not. Whereas the activists are those saying “we are really in tune with community needs... We have our finger on the pulse of the community, and that level of integrity and respect that we have earned with the community does not allow us to be paper pushers”.

The problem with running AIDS CBOs on a volunteer basis is that in Mexico, most CBO volunteers have regular day jobs to pay the bills, so CBO programs are run in the afternoon and evening on a frequently haphazard off hours basis, whereas organizations that can pay staff are able to provide more consistent services. Yet the reality is that there are few sources of funding for AIDS CBOs, even if they want to pay their staff and become more professional. So frequently it is the very people attending the CBO support groups and accessing services that are the organization's activists and volunteers. Not only are many of these individuals HIV positive, most need to work to make ends meet. The damper put on volunteerism by the need to work to survive is characteristic of much of Latin American and the developing world. The foundation administrator quoted above explained that:

In Latin America it is not like the United States because you just don't volunteer...I need money I need to eat, and you want me to give my time? I don't have a job I've been unemployed I've been selling newspapers I've been washing somebody else's clothes I've been ironing somebody else's clothes because I need a job...You want me to give my time? I need to be paid!

It is very unusual for a CBO to have a strong volunteer base, and those who do volunteer tend to become the building blocks and pillars of the organization. Often these volunteers are very passionate and concerned because they or a family member has HIV/AIDS. Unfortunately, some of these essential volunteers also become sick or die leaving a huge gap in the organizational fabric. Given the combination of difficulties with recruiting and keeping volunteers, and the limited availability of funds for Tijuana CBOs, the question of organizational sustainability is paramount. For US organizations and donors working with Tijuana CBOs, organizational capacity building and increasing inter-CBO collaboration has become a key strategy.

**Capacity Building for Local CBOs: What is it and why do it?**

The primary concern of donors that fund CBOs is the ability of the organization to properly manage the funds and carry out the proposed (or ongoing) project. Major international donors, such as USAID, seek to identify organizations that are already formal and professional enough to ensure confidence that funds will be properly used. Some donors however, such as local foundations and a number of international NGOs like Project Concern International, are more interested in funding small CBOs that are doing good work but still need to increase their organization's technical capacity to manage funds and programs. These donors typically make fiscal capacity building a component of any grant they give to a CBO to ensure that their investment is not wasted. Other organizational capacity issues include helping CBOs collaborate together to coordinate service efforts, and ensuring that organizational staff has the "cultural competence" to interact with clientele from diverse social and cultural backgrounds.

According to Catherine C, one of the directors for Project Concern International's Border Health Initiative, capacity building focuses on building the internal structure of local CBOs and developing the skills of the staff and volunteers to be able to effectively operate and sustain the organization. Capacity building also focuses on technical and organizational aspects but also emphasizes collaboration and building closer relationships with other small community organizations. Project Concern is one of the primary proponents of capacity building for CBOs in San Diego and Tijuana; when they fund a CBO, they make sure to assess its capacity and offer technical assistance if needed. Catherine C explained the process:



Normally when we give a mini-grant to an organization we also require them to go through an organizational development process... a capacity building process which can last anywhere from like six months to a year. Capacity building] is looking at how an organization functions, and how it's structured, how its programs operate, how it deals with its resources, what the funding sources are – it's a variety of things. We work with the director and all the staff, and really look at the organization. We do an organizational assessment then we determine the critical areas that need to be built further, and then we provide them with interventions to help make them stronger in those areas. Sometimes it has to do with sustainability sometimes it has to do with strategic planning, like they never even thought about were they're going to go what's going to happen next because they're so small, they don't have that luxury. And sometimes is about a simple thing like evaluations.

Capacity building also includes finding ways to assist CBOs to collaborate with each other to share the challenges they face in the Border area. PCI frequently includes additional small grants as part of capacity building projects to facilitate building strong inter-CBO relationships. Catherine explained:

[One of the objectives is to] increase collaboration...to increase the capacity of community organizations to participate and respond to Border challenges. We do a lot of organizational development with them. And we ...encourage collaboration by giving mini-grants that support two groups to work together.

However, at its core, capacity building is really about fiscal management. Ana N, an administrator for a local San Diego foundation that has funded a number of CBOs working in binational health, emphasized that capacity building:

for some CBOs is getting to a level of [fiscal] management that they've never had. In cases where they have relied on ten, fifteen thousand dollars, grants from here and there, but all of a sudden they got a County contract that is worth two hundred and fifty thousand dollars a year! So how does an organization make the leap from twenty thousand, seventy five thousand a year to two hundred and fifty five hundred thousand dollars?

In this case Ana is referring to PROCABI, to which Alliance granted \$250,000 over the course of several years. The fiscal capacity issue was problematic because initially the organization did well, and expanded its services and moved to a bigger location. Over the course of the grant period, however, PROCABI began to struggle with fiscal issues and has since had to downsize its staff and move to a smaller office; by the end of 2004 PROCABI filed for bankruptcy and closed its doors permanently. Despite having received several large grants and undergone technical capacity building workshops with both Alliance and PCI, the organization did not survive. In some ways this is a story about lack of strategic planning and uncontrolled organizational growth as PROCABI over-extended itself beyond its real capacity. This example points to the limits of capacity building over the long term, as an organization expands and retracts in response to inconsistent funding cycles.

In addition to technical skills that have a more instrumental effect on organizational structure, ‘capacity-building’ includes ensuring the staff are competent in cultural modes that differ from their own. For example, this means training staff and volunteers to tailor outreach strategies and services to be sensitive to and accommodate the ways cultural norms shape sexual practices and substance (ab)use. Ana N is familiar with the issue and explained that:

the staff [of an organization] may be comfortable with themselves and their identity, but when you are working with a population that ...has significance substance abuse problems, [or] they are not fully out of the closet... the out-reach strategy is sometimes not the same across [different populations]. So when you have an organization that doesn't have the breath of cultural understanding or ...that don't identify the appropriate staff then your never going to hit the bulls eye, and so some of that becomes a capacity building issue.

The issue of organizational cultural competence is a result of how AIDS organizations emerged from the gay rights movement, which tended to serve primarily “out” gay men. The first AIDS organizations in San Diego and Tijuana (as well as many other places around the globe) began as projects run by gay leadership and volunteers, often under the umbrella of a gay and lesbian center or human rights organization. These first AIDS programs set the standard for HIV/AIDS prevention outreach services, and became permanently entrenched as the organization and its staff and volunteers were not able to keep pace with the changing epidemic. Ana N stated:

Sometimes you have organizations that are using strategies that they know well that they are comfortable with that they have been doing for a number of years. But the cultural competence is not actually there - they haven't the staff even though they may declare themselves from the community - from the gay and lesbian community - they're not necessarily keeping pace with the change of the population they are serving. And that's where the big dilemma is - that are you serving a population with strategies that were designed and defined for gay men or women period.

As the epidemic progressed, new programs emerged that frequently split off and became their own independent organizations offering HIV/AIDS prevention and treatment services to different sub-populations. The multiplication and growth of AIDS programs and organizations followed the evolution of the epidemic, which first emerged among gay men, then IDUs and women and children, and now young non-gay identified men who have sex with men (MSM). There is obviously a need to ‘keep pace’ with the epidemic and utilize strategies that are culturally appropriate for each sub-population. Ana explained that:

There has to be a very calculated and very strategic approach to each of the communities. It's not about someone that can speak the language but they need to understand the culture they need to understand the barriers of why maybe a Latina is going to have a

hard time identifying herself as a lesbian. Or why a Latino is going have a hard time identifying himself as gay and not bisexual or a man who has sex with a man.

## **Conclusion**

Binational ties provide resources which polarize local organizations in Tijuana's organizational field based both on historical inter-organizational conflicts between charismatic leaders in the gay rights community, as well as along the lines of professional versus grass roots organizations. Yet binational ties that provide community-based AIDS organizations with funding and AIDS medications do give activists and local organizations leverage with the state, as they are able to provide services and medication that that state cannot. As a result, doctors from Tijuana's state AIDS health sector regularly refer patients to community-based AIDS organizations and clinics for medication and treatment. Unlike the case of Mexico City (discussed in a separate paper) where international ties encourage CBO-state relations within the institutional sphere, binational ties encourage CBO-state relations that take place on CBO "turf", under CBO terms.

Tijuana community-based AIDS organizations that have access to resources via binational ties can dominate the local organizational field, and have more leverage in their relationship with the Mexican state. However, rather than draw community-based AIDS organizations under the close purview of the state, binational relations are often based on the exclusion of the state (both Mexican and the US). Such ties don't tend to generate formal or sustainable organizations, but rather a dependency relationship between the two binational actors. The Tijuana case shows how certain types of transnational ties have a limited ability to promote inter-organizational collaboration

and organizational longevity. In particular, the informal nature of binational ties and the fact that they convey largely in-kind goods versus financial and informational resources serves to solidify dependency relationships between Tijuana and San Diego community-based AIDS organizations and compromise organizational sustainability.

This is a story about unintended consequences, in which seemingly beneficial informal (and occasionally illicit) forms of binational collaboration have a negative effect upon inter-organizational relationships within Tijuana's political-organizational field. Because local activists and CBOs on both sides of the border recognize the limits of working with the US and Mexican governments, they have circumvented structural constraints within their respective national fields to engage in informal collaborative efforts to move resources from San Diego to Tijuana. Ironically, it is the very product of informal grassroots binational collaboration – specifically the system of patronage between key San Diego and Tijuana organizations and the informal AIDS medication market – that exacerbates inter-organizational differences and conflict and further undermines inter-organizational collaboration on the Mexican side of the border. Consequently, even though two of Tijuana's AIDS organizations have established their primacy in terms of being more effective in outreaching to and treating clients, they do so at the expense of developing alliances with the public sector and other CBOs.

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