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Paradoxes and asymmetries of transnational networks: A comparative case study of Mexico's community-based AIDS organizations

Nielan Barnes*

Department of Sociology, California State University, 1250 Bellflower Blvd, Long Beach, CA 90840-0906, USA

Abstract

This article examines whether transnational networks reconfigure state–civil society relationships in ways that lead to civil society empowerment and increased organizational capacity to address the HIV/AIDS epidemic in Mexico. Using a comparative case study, I identify the types of transnational networks and exchanges that both help and hinder community-based HIV/AIDS organizations (CBOs) that provide AIDS prevention and treatment services in Tijuana and Mexico City. Data derive from over 50 formal interviews, organizational documents and archival records, and observation. I argue that the form and function of transnational networks is shaped by the geo-political context of local organizational fields and that, in turn, transnational networks provide innovative opportunities for civil society–state partnerships that favor some local organizations over others. Ultimately, I take apart the prevailing assumption that transnational networks are inherently good, and show how they can (re)produce inter-organizational stratification at the local level. The conclusions of this research are helpful to international health practitioners and social scientists seeking to understand how civil society's participation in transnational networks can both challenge and reproduce existing community-state power regimes and health inequities.

Keywords: Mexico; HIV/AIDS; Health inequalities; Community based organizations (CBOs); Transnational networks; Transnational civil society

Introduction

Within the social sciences there is growing interest in the connections between health disparities and processes of globalization and transnationalism. One window through which to view this relationship is the AIDS pandemic. Much of the research on HIV/AIDS, globalization and health disparities has focused on socio-cultural and economic reasons for unequal health outcomes between different social groups, or between countries (Altman, 1986; Farmer, 1999; Freeman, 1999; Treichler, 1999). A smaller sub-set of research (Bastos, 1999; Farmer, 2004; Homedes & Ugalde, 2003) moves beyond social groups and nation-states as static constructs to focus on their participation in transnational processes that contribute to or seek to address the pandemic. Many of these studies emphasize the democratizing effects of ''transnationalism from below'' and the increasing political power of global civil society.

It is true that activists have organized internationally and locally in a myriad of ways to address the HIV/AIDS epidemic. These efforts began in the 1980s

* Tel.: +1 619 296 6298.
E-mail address: nbarnes@csulb.edu

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when activists in developing countries forged informal networks with their counterparts throughout the industrial world to obtain HIV prevention information. After 1985, many of these networks were formalized in the context of the annual International AIDS Conference, which provided an arena for scientists, political officials, policy makers and activists to engage in dialogue. These conferences also enabled civil society to apply pressure on government officials. The ability of activists and civil society to build transnational networks and attract international support gave many community-based organizations (CBOs) political legitimacy and facilitated closer collaboration between CBOs and their public health sectors (Epstein, 1995). However, current trends of rising HIV infection rates and limited access to AIDS treatment indicate that transnational civil society networks have met with limited success (Seckinelgin, 2002).

In this article I draw on research from sociology, anthropology, political science, and international relations and development studies to examine how different regional geo-political contexts of organizational fields determine the structure and exchange content of civil society transnational networks; and how, in turn, CBOs use such transnational networks and resources to build state–civil society partnerships that re-shape the social geography of local health care provision in innovative ways. Specifically, I ask: How do transnational networks reconfigure state–civil society relationships, and does participating in such transnational networks lead to civil society empowerment and increased sustainability for Mexican AIDS CBOs? Using a comparative case study of Mexican AIDS CBOs I show that transnational networks frequently have a paradoxical effect on local organizations, providing resources for some at the expense of other local organizations' ability to survive. Ultimately, I build on research (Goldring, 1999; Guarnizo & Smith, 1999; Keck & Sikkink, 1998) that takes apart the prevailing assumption that transnational networks are inherently good, and show how they can (re)produce power asymmetries between local organizations and activists. These questions are also addressed in recent research on ''global civil society'' (Alvarez, 2000; Bebbington & Riddell, 1997; Glasius, Kaldor, & Anheier, 2002; Guidry, Kennedy, & Zald, 2000), which has moved from describing and mapping global civil society and analyzing its causes and consequences to addressing questions such as what form(s) does global civil society have, what are its limits and how might it serve to produce divisions and inequalities between various civil society actors? This line of research suggests that transnational networks are not constitutive of an idyllic or uniform global civil society and that currently what is needed are studies that examine the growing importance of geo-political subregions that drive development and flows of people and goods (Keck & Sikkink, 1998).

This article begins to fill the lacuna in the literature by analyzing the effect of transnational networks on local AIDS organizations and organizational fields to understand how the participation of civil society actors in transnational networks can both challenge and reproduce existing power regimes and health inequities at the local level. This study is important for theorizing the dynamicism of networks, organizational innovation and growth, and civil society–state responses to HIV/AIDS, but the lessons learned can be extended to any domain of community action where organizations are the collective actors.

Research methods

Research locales

The methodological approach I take is a comparative case study that examines the content and effect of transnational networks possessed by AIDS CBOs in Tijuana and Mexico City. These cities are ideal for studying transnational processes and networks because both are ''global cities'' (Sassen, 1991) where processes of regional economic integration and globalization have intensified (Stiglitz, 2003). However, the transnational networks and processes that transect these cities are not uniform, but rather shaped by their geo-political location. Mexico City is the capital of a politically centrist nation; Tijuana is the second largest city on Mexico's northern border. Despite their differences, however, Tijuana and Mexico City have much in common. Both are driving forces for economic and political change in Mexico. Both cities are poles for migration and have high population growth rates, and as a result population pressures and poverty have led to shortfalls in social services and basic infrastructure development.

With regard to the HIV/AIDS epidemic, both locales are in states with a high incidence of HIV/AIDS. The *Distrito Federal (DF)*, where Mexico City is located, has the highest HIV infection rate in Mexico; Baja California Norte, where Tijuana is located, is number 5 of 32 states and the DF. Despite these rates, the government response to HIV/AIDS in both locales was very slow, providing CBOs with ample slack and opportunity to operate prevention and treatment services. Given shortfalls in Mexico's public health infrastructure, both sites attracted assistance from international NGOs

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and development agencies, and both cities were in the forefront of the community-based response to HIV/AIDS, possessing a significant number of AIDS CBOs (Carrillo, 1994). Finally, AIDS CBOs in Mexico City and Tijuana have developed numerous transnational ties with a wide range of organizational actors, making both ideal sites to study transnational networks and processes.

Methods and data analysis

The research design of this project is a qualitative, comparative case study approach (Yin, 2003) to the study of organizations and networks. Evidence came from interviews, organizational documents and archival records, direct observation and participant observation. Specifically, between 1995 and 2005 I conducted approximately 50 formal interviews, and attended more than 40 conferences, workshops, and policy planning meetings in the U.S.–Mexico border region and Mexico City. I also volunteered for a year for a binational AIDS CBO, and was an active member of the San Diego–Tijuana Binational HIV/STD Committee for 8 years. This approach to data collection enabled me to use multiple sources of evidence to ensure the validity of the study via data triangulation, creating a case study database and establishing a detailed chain of evidence.

To obtain a population sample, I used theoretical (Glaser & Strauss, 1967) and saturation (Lin, 2001) sampling techniques to identify the primary actors in Tijuana and Mexico City's HIV/AIDS organizational fields. In this study the organizational field is conceptualized as a space of work that is structured by inter-organizational linkages existing within the same field of action (DiMaggio & Powell, (1983) 1991). At the local level, the organizational fields in both sites are largely composed of: (1) non-profit AIDS CBOs, often referred to in Mexico as non-governmental organizations (NGO's) or *organizaciones civiles* (civil society organizations) (Gonzalez-Block & Hayes-Bautista, 1992) and (2) state agencies, with a few (3) academic-state research initiatives, (4) foundations and (5) international NGOs. To identify the core organizational actors (see Table 1), I consulted numerous directories of AIDS Organizations in Mexico City and Tijuana, and based on site visits and interviews I was able to eliminate organizations that did not have AIDS as a primary focus, or that existed in only a nominal or virtual sense (e.g. was formally constituted but had no budget, staff, volunteers, or office space). It is important to note that

Table 1
Organizations in the study

	Mexico city	Tijuana
1) Non-profit AIDS CBOs	~ Acción Humana por la Comunidad ~ Amigos Contra el SIDA ~ CAPSIDA ~ Red Mexicana de PVVS ~ Ser Humano ~ CURAS ~ CITAID ~ Brigada Callejera ~ Colectivo Sol ~ Árbol de la Vida ~ Albergues de México ~ AVE de México ~ Casa de la Sal	~ ACOSIDA ~ Al Vida ~ Medicina Social Comunitaria ~ Las Memorias Hospice ~ Organización SIDA ~ PROCABI ~ Proyecto SIDA ~ PAMSIDA
2) State Agencies	~ U.S.–Mexico Border Health Commission (USMBHC) ~ CENSIDA ~ Clínica Condesa	~ ISESALUD – Tijuana General Hospital ~ COMUSIDA clinic
3) Academic-medical research initiatives	~ UNAM – FONSIDA	~ San Diego–Tijuana Binational HIV/AIDS Committee ~ Universidad Iberoamericana
4) Foundations	~ Fundación Mexicana para la Lucha Contra SIDA	~ MacArthur Foundation ~ Levi's Foundation
5) International NGOs	~ Project Hope ~ Casa Alianza	~ Pan American Health Organization (PAHO)

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these five categories of organizations are not always mutually exclusive because some organizations do not fit neatly into a single category. For example the U.S.–Mexico Border Health Association is an organization created and maintained by a consortium of an international NGO, public health departments along the border, and academic institutions. Additionally, the scope of the daily activities of AIDS CBOs in this study is largely local, and these CBOs do not receive large amounts of public funding and are therefore not government NGOs (GONGOs).

This is an ethnographic study that departs from traditional network studies, which have been largely quantitative and descriptive. Instead, I analyze organizational actors' perceptions of the qualitative nature of transnational ties and exchanges, and the effects of such ties at the local level. Based on previous qualitative analysis of social networks (Lin, 2001) I conceptualize network structure as a measure of whether ties are formally (via signed agreements) or informally constituted, and exchange content (whether ties carry funds, information, or in-kind goods). To gather data on CBO networks, I first asked respondents to list all organizational ties (including whether the tie is formal or informal, and the exchange content of the tie) with actors outside of Mexico, to measure transnational networks, as well as ties with local actors, to measure local networks. To verify the information, I then showed respondents a master list of all AIDS organizations linked to their particular field and ask them to identify any missing organizations on their list. Given problems with respondents' recall and the length of the master list (over 200 organizations) the process was tedious and time consuming, yet in the end produced high quality data. Table 2 presents the range of organizations with which Tijuana and Mexico City AIDS organizations had transnational ties. Additional analytic techniques I used to measure and verify network structure and impact, and to reconstruct the case studies and build theoretical propositions, included pattern matching to determine similarities and differences between cases, explanation building to look for causal links or patterns in each case, and time line analysis to build a chronology of key events.

Findings: local and transnational networks in Tijuana and Mexico City

HIV/AIDS in Mexico

Mexican AIDS CBOs operate within organizational fields shaped by geo-political jurisdictions which delineate multiple and overlapping local and regional-level fields that do not easily coalesce into a unified national organizational field. This situation is not atypical to Mexico or to AIDS CBOs. For example, analysis of AIDS activism in the United States. (Altman, 1986, 1994; Epstein, 1995, 1996; Lune, 2007) shows how geo-political differences between east and west coast activists created deep ideological and strategic divisions that shaped the organizational fields in which they operated. Analysis of the women's movement in Bombay and Calcutta, India (Ray, 1999), also supports the idea that local organizations mobilize within fields of action that are structured by already-existing and often asymmetric inter-organizational networks, formed by previous political-organizational actors, that shape when and how they act. That said, it is important to remember that networks are both structure (form) and structuring (process) and therefore embody both the agency of organizations engaged in network processes and the constraints of the existing network form.

It follows that transnational networks are both shaped by and shape the local organizational contexts in which CBOs are situated. The primary point here is that *context matters*. However, despite local specificities, there are common features of CBO action that allow for comparison. For example, CBO strategies and goals generally reflect a strong orientation toward civic engagement and making demands of the nation-state which has been slow to respond to the AIDS crisis. Slow government response meant that CBOs in Mexico have experienced large amounts of organizational "slack" (Lune, 2007) in that their actions did not attract significant opposition from the government or other actors. Given the ample degree of slack and slow government response, AIDS CBOs took on the tasks of providing prevention and treatment services, and demanding legal reforms protecting the rights of people with AIDS (PWAs) and legal action against patent laws.

The issue of drug supply is of particular importance for AIDS CBOs, as receiving HIV/AIDS treatment is the first concern of their clientele. In both Tijuana and Mexico City, several key CBOs operate drug banks that provide AIDS drugs at no or minimal cost. CBO drug supplies can be irregular because they are largely based on donations from non-profit organizations in the United States and Europe. CBO-operated drug banks further politicize the issue of access to AIDS medications because they force CBOs to compete with each other for these limited donations. However, the superior ability of CBOs to supply drugs to AIDS patients in comparison to the public health sector gives them leverage in pressuring governments to respond more effectively (UNAIDS, 1998). Indeed, the success

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Table 2
Tijuana and Mexico City CBO trans/inter-national networks 1996–2005

Transnational network type	Tijuana CBO networks	Mexico City CBO networks
1) Non-Profit AIDS CBOs	~ San Diego Imperial Court ~ PACTO Latino ~ Binational HIV/AIDS Advocacy Project	~ RAMP (SF)[a] ~ Positive Humanists[a] ~ Friends[a] ~ Gay Men's Health Crisis NY[a] ~ AIDS Project SF[a]
2) State Agencies	~ San Ysidro Health Center -CASA ~ San Diego Department of Health Cure + Binational Referral Program ~ California Offices of Binational Border Health/U.S.–Mexico Border Health Commission	~ USAID[a]
3) Academic-medical research initiatives	~ San Diego–Tijuana Binational HIV/AIDS Committee ~ Center for Behavioral and Community Health San Diego State University ~ University of California, San Diego (UCSD) Cross-Border Health Education and Leadership Network; Maternal Infant HIV Program ~ California-Mexico Health Initiative ~ U.S.–Mexico Border Health Association	n/a
4) Foundations	~ Alliance Health Care Foundation ~ California Endowment Foundation ~ California Wellness Foundation	~ Fundación Positive Action[a] ~ Andrew Zeigler Foundation[a] ~ MacArthur Foundation[a] ~ Ford Foundation[a] ~ Levi's Foundation[a]
5) International NGOs	~ Pan American Health Organization ~ Project Concern International - Border Health Initiative ~ LACASSO/ICASSO[a]	~ Project Hope ~ Casa Alianza ~ International AIDS Alliance[a] ~ Family Health International[a] ~ Grupo Latinoamericano de Trabajo en Mujer y SIDA[a] ~ ONUSIDA[a] ~ LACASSO/ICASSO[a]
6) International development agency	n/a	~ Futures Group (U.S.)[a] ~ World Bank[a]

[a] Organizations that were not interviewed as part of the study due to geographical location.

CBOs have had in obtaining AIDS medications via transnational networks has forced the public health sector to work more closely with AIDS CBOs in controlling the supply and distribution of AIDS medications. Civil society–state collaboration in managing CBO-sponsored medication banks is a window through which the asymmetries of transnational networks and state–society relationships can be observed, and are a focal point in this analysis.

The Tijuana context

From the beginning of the AIDS epidemic, activists and service providers in the U.S.–Mexico border area organized to provide care to a highly mobile border population. By 1986, San Diego and Tijuana activists formed an AIDS prevention project based on the models utilized in San Diego, Los Angeles, San Francisco and New York. Since then, San Diego and Tijuana activists

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and organizations have engaged in a wide range of predominately *informal binational* (United States–Mexico) collaborative efforts, including moving in-kind resources like AIDS medications, condoms and medical supplies from San Diego to Tijuana and providing training and education workshops for health professionals, youth, and the general population of Tijuana (see Table 2 for list of transnational actors with which Tijuana AIDS CBOs have ties). Developing parallel to these informal binational collaborations was a large public health infrastructure on the U.S. side of the border to address "border health" issues, including HIV/AIDS; in comparison, Mexico's public health infrastructure on its northern border is relatively limited (Collins-Dogrul, 2006). Initially, Tijuana AIDS CBOs sought to access resources through the U.S.-based border health infrastructure, but were stymied because of sovereignty issues and legal restrictions preventing U.S. funds and goods from being utilized in Mexico.

Given these constraints, the primary actors engaging in binational collaboration are non-state actors such as AIDS CBOs, academic-medical research units and California foundations (see Table 2). The main commodities transmitted through binational networks are (in order of prevalence) in-kind goods and resources such as AIDS medications and medical supplies; information about AIDS prevention and treatment protocols; and small grants from private foundations and fundraisers in California. In-kind goods allow Tijuana CBOs to operate HIV drug banks and will be discussed further in the next section. Information transmitted via binational ties is largely about HIV/AIDS prevention strategies, counseling services and treatment protocols; to a lesser degree, information about organizational technical capacity building is provided. As a result information conveyed via binational ties contributes minimally to the ability of Tijuana AIDS organizations to gain technical skills – such as fundraising, grant-writing and record-keeping – that sustain CBOs.

The lack of technical capacity information is significant because despite the availability of private funding from U.S. foundations and fundraisers, Tijuana AIDS organizations have not made much headway in obtaining funds from these sources, nor have they been very successful in accessing international sources of funds. This is because foundations prefer to give grants to CBOs with more developed technical capacity. For example, a staffer at a San Diego foundation explained to me that Tijuana AIDS CBOs have difficulty in obtaining and administering grants because they are run by activists "who don't have the skills to manage an organization and set up the networks" (T.B., interview, January 11, 2002). He went on to say that the transition to becoming a more "professional" organization "is difficult for Tijuana organizations because the [activist] leadership won't give up control. 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". Despite these circumstances, several California foundations have awarded grants to Tijuana CBOs with very little formal accountability or program evaluation requirements.

It is the constraints of the geo-political context that ensures binational networks consist of largely informal ties and uneven exchanges, which generate few incentives and opportunities for Tijuana organizations to increase their technical capacity and obtain funds from U.S. or international sources. Informants repeatedly told me that given the context, binational networks and collaboration are a largely unstructured and uncoordinated phenomenon that produces questionable results. The uneven nature of binational networks and collaboration means that even the people most involved have conflicting ideas of what it means and whether it is effective or not. For example, when I asked an employee of Project Concern International's Border Health Initiative to define binational collaboration she stated:

> "Binational Collaboration?" What is that? What it means depends on who you talk to, what they are doing. I don't think it's really clear why it is we [U.S. and Mexico] collaborate, why we even should get together, 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 (K.B., interview, February 5, 2001).

This statement exemplifies the widespread ambivalence among community-based actors about binational collaboration as a questionable practice that produces mixed results.

The Mexico City context

Like Tijuana, AIDS CBOs in Mexico City activated networks in the mid-1980s with organizations in the United States to obtain HIV/AIDS prevention information. According to a Mexico City activist the first organization to do this was *Colectivo Sol* "because they were in communication with friends in New York and San Francisco" (F.L., interview, July 23, 2001). However, the data on organizational networks indicate since then, Mexico City's AIDS organizations established networks with a diversity of *international* actors. As

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a result AIDS CBOs in Mexico City largely possess ties with international NGOs and foundations, international development agencies and AIDS CBOs from the industrialized West and Latin America (see Table 2).

The ties between Mexico City CBOs and international actors consist of formal agreements to exchange information and (in-kind and fiscal) material resources. It has been easier for Mexico City CBOs to cultivate a wider range of international networks because they are not lured by the proximity of U.S. resources. As well, there is more international interest in Central Mexico because it is the geo-political center of the country, and AIDS is viewed as a more serious problem in the poorer states of Central and Southern Mexico. Consequently, Mexico City AIDS CBOs were able to attract a large array of grants and technical capacity building opportunities from international actors. Unlike Tijuana, the primary type of information conveyed through international networks is about technical assistance, organizational capacity building, fundraising and program development. In fact, Mexico City AIDS CBOs repeatedly articulated the need to be involved in international networks and conferences because such venues provide information-based technical assistance essential for the organizations to strengthen their response to the HIV/AIDS epidemic. The most common way for AIDS CBOs in Mexico City to develop professional skills is to attend international (and national) AIDS conferences. A CBO director in Mexico City described to me how ''we frequently attend international and national conferences… which are always an important opportunity. In the first place, it's a way our volunteers and staff can professionalize themselves. So conferences are a space to learn, which is very important for an organization to improve its human resources'' (A.L., interview, July 23, 2001). Specifically, involvement in international information networks and conferences directs organizational activities toward training and maintaining (volunteer and/or paid) staff, developing formal accounting and decision-making structures (via executive oversight committees), and working within the institutional sphere to provide quality services.

In contrast to the ambiguous and informal nature of binational collaboration, building formal inter-CBO networks and ''networking'' at international, national and local levels was a clear focus for Mexico City AIDS CBOs. Based on the success of models provided by international AIDS networks, several formal networks have emerged in Mexico City including the *Organizaciones y Mujeres Decidiendo frente al SIDA* (Organizations and Women against AIDS), *Red de Atención y Prevención en VIH/SIDA*, *REDSIDA* (HIV/AIDS Treatment and Prevention Network) and two national networks of people living with AIDS (*FRENPAVIH* and *VANMPAVIH*). These formal networks are populated largely by CBOs in Mexico City seeking to institutionalize their structures and strategies, and to work more closely with the state and international donors. Yet, despite their proliferation, such networks have met with questionable success at improving inter-CBO collaboration and organizational sustainability. For example, a Mexico City activist and organizer explained that his CBO doesn't participate in the formal AIDS networks because:

> Some organizations monopolize information… they strengthen their political position by creating a dependency relationship with the rest of the organizations…. [For example], the president of [one of the networks], that was his strategy, to tell all the less developed organizations 'look, if you join with us, do what I tell you, and vote for me at the next meeting of [the network], then I will find you funding (F.L., interview, July 23, 2001).

Because they are viewed as mechanisms that create dependency relationships and favor ''more developed'' over grassroots organizations, a significant number of CBOs and activists remain on the outside of these formal national AIDS networks.

The proliferation of international and binational networks in Mexico City and Tijuana, respectively, raises questions about the pros and cons of these forms of organizing for local CBOs. The ambivalence around becoming part of transnational networks in both Mexico City and Tijuana is largely expressed as a tension about the costs and benefits of maintaining grassroots versus professional organizational structures and ideologies. In Tijuana, the tension lies within the organization itself as it attempts to become more professional, yet maintain its ''grassroots''. In Mexico City, this tension also exists, but added to it is the symbolic dimension of membership in formally constituted CBO networks that signify professional legitimacy to the state and international actors. The next section further explores these divisions by examining how Tijuana and Mexico City AIDS CBOs have used their respective transnational networks and resources to operate drug banks and reconfigure the social geography of health care.

Discussion: the effects of transnational networks on AIDS CBOs

As described above, one of the primary resources conveyed via transnational networks is AIDS

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medication. The focus on AIDS medication stems from the high cost of antiretroviral therapies (Bronfman & Herrera, 2001) and shortfalls in the Mexican public health sector's ability to provide appropriate AIDS treatment, despite that in theory, all PWAs have access to treatment (Guiterrez et al., 2004). Studies estimate that 65% of PWAs in Latin America have access to antiretroviral therapy, with regional variations based on institutional constraints and scale of the epidemic (Nattrass, 2005). In the course of this study, activists in Tijuana and Mexico City repeatedly told me that state-funded AIDS clinics have no AIDS medication in comparison to CBO clinics. For example, a Tijuana activist described the situation of the government AIDS clinic, COMUSIDA, as late as 2001:

> [G]overnment clinics … are there, but they don't have the medication… The offices are there, but what is there? I did a tour one time with [the Director of COMUSIDA], to her clinic, and I asked her where the medication was, and she pointed to a box on the floor. And there were a lot of different medications in the box, and that was the pharmacy (M.F., interview, November 21, 2001).

As of 2005 the inability of COMUSIDA to provide AIDS medications had not changed. The situation in Mexico City was the same. In contrast to the state clinics' ''box on the floor'', however, representatives from Tijuana and Mexico City AIDS CBOs have described to me in great detail how they have stockpiled AIDS medications and are now the primary source of medication for people living with AIDS.

In Tijuana, the focus is on promoting grassroots activism and keeping organizations operating on a day-to-day basis to dispense medication and offer social support. According to a long-time administrator for a border health education leadership program, ''people started to take things in their own hands when they realized that the system was not working for them; they started figuring out ways to get the resources across the border, like medication'' (S.R., interview, October 29, 1999). Tijuana AIDS CBOs have been adept at maintaining informal binational ties to smuggle large amounts of medication from the United States into Tijuana (Barnes, 2002). Consequently, Tijuana AIDS CBO pharmacies are far superior to the public health sector. When HIV positive patients enter the public health clinics and are diagnosed, they are given a prescription but are instructed not to fill it in the clinic pharmacy, but rather to walk down the street to the CBO clinic, where the medication is dispensed. As described to me by a local foundation administrator:

> [A doctor at] ISESALUD [the state clinic] will write the prescription and tell them to get their meds from PROCABI [a local CBO]… The exchange is uneven. PROCABI does more for ISESALUD; ISESALUD gets 100 times the benefit from PROCABI than vice versa (A.N., interview, May 17, 2002).

Tijuana AIDS CBOs reconfigure the social geography of health care by providing AIDS medications outside the institutional sphere, on their own turf, thereby preserving their grassroots autonomy. Their position on the outside is strengthened because the public health sector is dependent on CBOs to provide medication to a significant part of Tijuana's HIV positive population. CBO ability to provide medication is clearly a positive outcome, yet it is also problematic. First, CBOs focus almost exclusively on activism and providing medication with little attention to organizational technical capacity building or long term sustainability. Second, it is difficult for CBOs to serve all affected populations and they are unable to expand medication coverage to marginal hard-to-reach populations. While a systematic assessment does not currently exist, it is possible to identify service gaps by examining the mission and client base of Tijuana AIDS CBOs. Those that are well-served by Tijuana AIDS CBOs include men who have sex with men (MSM), pregnant women and children, sex workers and injection drug users; those less well-served are migrants, youth, non-pregnant women and non-gay-identified MSM.

Despite the ideological commitment to their grassroots, several Tijuana AIDS CBOs have begun to attempt to offer ''American style'' counseling, information and referrals and have adopted some aspects of professional organizational procedures. This strategy stems from growing recognition that donors prefer CBOs with professional administrative capacities. For example, an administrator for a U.S.-based foundation that has funded several Tijuana CBOs explained that CBOs know it is necessary to have more professional capacities, and that an activist can learn those administrative skills if he or she can separate from being an activist. She said:

> 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…The activist is the one that sees society's set-backs and the lack of services …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 unless that person is willing to leave some of that at the door and strengthen those other [professional] skills it's going to be really difficult (A.N., interview, May 17, 2002).

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This quote highlights the tension between grassroots and professional organizational logics. The professional organizations are more successful at grant writing and demonstrating that they have ''done the job'', whereas the activists are those who ''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'' (C.C., interview, May 16, 2002). According to recent research on urban action networks and organizational fields (Lune, 2007) both kinds of organizations are necessary to achieve the larger goals of the organizational field. However, in Tijuana CBOs that have become more professional in order to obtain U.S. funding have been accused by other CBOs of ''selling out'' and their leaders subjected to slanderous accusations of corruption and sexual indecency (Barnes, 2002). Caught between Tijuana's vicious AIDS politics and the endemic lack of organizational technical capacity, several CBOs that have received U.S. grants have ceased to operate. CBO failure in this case supports previous research that shows abrupt influxes of funding can produce organizational failure (Chambre & Fatt, 2002; Hulme & Edwards, 1997; Minkoff, 1999). In the case of Tijuana, CBO closures have reduced services available to non-gay identified MSM, women, migrants and youth.

In contrast to Tijuana, Mexico City AIDS CBOs use transnational networks to increase their technical capacity to provide services largely within the institutional sphere. Indeed, in Mexico City it is a priority – for the government as well as for community-based AIDS organizations – to strengthen the institutional response of the public health sector by developing capacity of CBOs to provide services in coordination with public health programs. This cooperative relationship between the public health sector and AIDS CBOs is a relatively recent arrangement (emerging in the early 2000s) that evolved over a 10-year history of CBOs fighting with the state for a voice in making AIDS policy and allocating resources. CBO-state antipathy began to lessen in 1996, when a national network of AIDS patients (FRENPAVIH) and several other AIDS CBOs met with the Minister of Health and the faculty of medicine at the Autonomous National University of Mexico (UNAM) to discuss the lack of medication for people with AIDS. Still dissatisfied in April 1997, AIDS CBOs held a protest in front of the national medical center in Mexico City. This demonstration led to the forming of a fund called FONSIDA (*Fondos Nacionales para SIDA*; National AIDS Fund) in 1998 to buy medication for uninsured AIDS patients.

Despite its good intentions, FONSIDA was a failure and defunct by 2000. Access to medication continued to be a major issue, and was finally resolved when the first state-sponsored AIDS clinic – *Clínica Condesa* – was established in late 2000. A public health official who was the liaison between CONASIDA and Mexico City's AIDS CBOs described to me how the CBOs pressured CONASIDA to open a clinic and establish a Chief of HIV/AIDS Programs:

> The *Condesa* clinic came about because civil society was pressuring the government to do something specifically about HIV treatment, so the government put together a committee with representatives from government and civil society. So it was through pressure from civil society that the committee was formed. And we also have a chief of HIV/AIDS programs in Mexico City at the *Condesa* clinic, which did not exist before (R.H., interview, July 30, 2001).

In the case of the *Condesa* clinic, the majority of the core AIDS CBOs worked with the Health Secretariat to establish a space in the clinic for a medication bank supplied and staffed by CBO personnel. The director of one of these CBOs explained in an interview how:

> [Our CBO] was consulted [by CONASIDA] with respect to how the clinic functioned, and we participated in the whole conception of the *Condesa* clinic project, [and] we were able to negotiate that our organization would have a space inside the clinic for a medication bank… All the medication is managed by our organization, but within the *Condesa* clinic (A.L., interview, July 23, 2001).

This CBO-state collaboration is viewed as a strategic relationship by CBOs and the public health sector because neither has to address the complicated AIDS problem on their own.

On the surface, this arrangement seems ideal. The core sub-set of AIDS CBOs in Mexico City have succeeded in consolidating their resources and power and are now the primary providers of AIDS medication for the *Condesa* clinic. However, these CBOs sacrifice a certain degree of political autonomy as they operate within the institutional sphere on state turf, and they are accused of selling out by smaller grassroots organizations. This is because not all CBOs benefit from international networks and resources in the same ways. Those CBOs that remain outside the influence of international networks typically do so because they are ideologically committed to keeping their grassroots and political autonomy. While the politics are not as vicious as Tijuana, this sub-set of ''outsider'' grassroots organizations calls into question the accountability and legitimacy of CBOs that work with the state and receive

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international technical capacity assistance or funding. In particular, grassroots AIDS CBOs are extremely critical of the *Condesa* Clinic because marginal populations, including sex workers, poor women, injection drug users, migrants and youth, still remain outside the purview of the historically conservative public health domain.

Transnational networks provide both benefits and risks for local AIDS CBOs. Mexico City's international networks allow AIDS CBOs to increase their professional capacity and provide AIDS medications. As well, the focus on formal networks fosters closer state-CBO relationships, which leads to formal coordination of AIDS services within the institutional sphere. For Tijuana AIDS CBOs, binational networks are vital to the day-to-day operation of grassroots organizations, allowing them to provide AIDS medication to clients on their own turf. Their success in providing AIDS medications outside the institutional sphere gives Tijuana AIDS CBOs autonomy and leverage with the state as the doctors and clinics of the public health sector work informally with these CBOs to fill service gaps.

On the other hand, transnational networks and resources also cause (or exacerbate) competition and divisions between local AIDS CBOs. In both Mexico City and Tijuana divisions occurred between politically ''pure'' autonomous grassroots organizations and professional CBOs that have ''sold out'' to work with the public health sector and international organizations. The tension between ''insider'' versus ''outsider'' organizations is not new nor is it exclusive to the HIV/AIDS issue. In fact, such conflicting activist logics are a recurring feature discussed in the global civil society literature (Bebbington & Riddell, 1997; Oliviero & Simmons, 2002). Recent research (Alvarez, 2000) on the feminist movement in Latin America indicates that while both organizational logics have brought numerous benefits at the local level, the emphasis on working in the institutionalized sphere in recent years has produced more ambiguous and contradictory local consequences. This is because the ability to participate in institutionalized advocacy activities and networks which provide access to political, cultural and financial capital is open to relatively few actors (typically those who have the technical capacities and resources) in local movement arenas. This situation can '''translate' locally into ways that exacerbate existing power imbalances among activists and organizations'' (Alvarez, 2000, 22).

However, recent research on AIDS urban action networks in New York City (Lune, 2007) indicates that CBOs can and do strategically manipulate insider–outsider conflicts (or take on a mediator role) because such conflicts are valuable for creating divisions of labor within the organizational field to achieve social movement goals. Yet, in Mexico City and Tijuana, the politics of AIDS generated by competition over scarce transnational resources means that AIDS CBOs must stay alive in an increasingly competitive environment, regardless of their insider or outsider status. Frequently, smaller or newer CBOs that serve marginal populations cannot compete and end up closing their doors permanently, thereby shutting out CBOs that serve migrants, youth, single women, non-gay-identified MSM (and IV drug users in Mexico City). In this way, transnational networks simultaneously alleviate and generate health disparities by helping certain types of organizations at the expense of others.

Conclusion

Previous research (Bandy, 2004; Barnes, 2002; Fox, 2002; Staudt & Coronado, 2002) shows transnational networks have a double-edged effect on local organizations. I further the debate by showing regional localities – particularly border or capital city zones – possess significant and unique political, economic and social forces that shape the structure and exchange content of transnational networks; in turn, CBOs use transnational networks and resources to build state–civil society partnerships that re-shape the social geography of local health care provision in innovative ways. In particular, I show that the amount of slack provided by the state in Tijuana versus Mexico City is a key contextual factor that gives CBOs the opportunity to resist (or conform to) institutionalization and de-center power relationships on their own terms. This insight helps researchers, activists and policy-makers working with CBOs to understand the dynamism of local organizations and their networks, in particular how they adapt, are flexible and do not always follow a direct path to institutionalization. Finally, I show that while inter-organizational divisions and competition can be integral to the work of the organizational field, the paradox of transnational networks and resources is that they intersect with and exacerbate (or create) asymmetric power relationships between CBOs by providing much-needed resources for some, while simultaneously undermining other local organizations' ability to survive.

Comparing the Tijuana and Mexico City cases increases understanding of how geo-political context intersects with transnational networks to reconfigure local civil society–state relationships in unique ways. In the case of Tijuana, sovereignty issues between Mexico and the United States, and differences in Mexican

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and U.S. border health infrastructures generate a largely informal configuration of binational networks which allow Tijuana AIDS CBOs to re-shape the social geography of health care provision in their locale by inducing the public health sector to refer patients to CBO clinics operating outside the institutional sphere. Mexico City AIDS CBOs also reconfigure health care delivery, but because of their location at the capital city-center, they are able to attract and build a wider range of formal ties with international actors. The largely formal nature of their networks forced a majority of Mexico City AIDS CBOs to accede to pressure from the public health sector and international donors to provide AIDS services within the institutional sphere. Despite their greater degree of institutionalization, Mexico City AIDS CBOs do manage to maintain an activist identity as they negotiate separate organizational space within the *Condesa* Clinic to supply and control the city's main medication bank. Both of these cases represent innovative models for civil society action and state–civil society partnerships where geo-political context shapes the way CBOs create and utilize transnational networks and resources to accomplish their goals. The lessons learned from this study are relevant to any international health or social issue that involves civil society organizations. However, as long as resources are scarce, both models are problematic because they reconfigure state–civil society relationships in ways that lead to civil society empowerment and increased CBO sustainability for insider organizations at the expense of outsiders.

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References

Altman, D. (1986). *AIDS in the mind of America*. New York, NY: Doubleday.

Altman, D. (1994). *Power and community: Organizational and cultural responses to AIDS*. London: Taylor and Francis.

Alvarez, S. E. (Outubro 2000). Translating the global: effects of transnational organizing on local feminist discourses and practices in Latin America. *Cadernos de Pesquisa, 22*.

Bandy, J. (2004). Paradoxes of transnational civil societies under neoliberalism: the coalition for justice in the maquiladoras. *Social Problems, 51*(3), 410–431.

Barnes, N. (2002). Collaboration between the U.S. and Mexican HIV/AIDS sectors: the role of community-based organizations and federal HIV/AIDS funding policies in creating a binational political-organizational field. *International Journal of Sociology and Social Policy, 22*(4–6).

Bastos, C. (1999). *Global responses to AIDS: Science in emergency*. Bloomington, IN: Indiana University Press.

Bebbington, A., & Riddell, R. (1997). Heavy hands, hidden hands, holding hands? Donors, intermediary NGOs and civil society organizations. In D. Hulme, & M. Edwards (Eds.), *NGOs, states and donors: Too close for comfort?* New York, NY: St. Martin's Press.

Bronfman, M., & Herrera, C. (2001). El VIH/SIDA: Una Perspectiva Multidimensional, Nuevos desafias de la responsabilidad politica. Buenos Aires.

Carrillo, H. (1994). Another crack in the mirror: the politics of AIDS prevention in Mexico. *International Quarterly of Health Education, 14*(2), 129–152.

Chambre, S., & Fatt, N. (2002). Beyond the liability of newness; Nonprofit organizations in an emerging policy domain. *Nonprofit and Voluntary Sector Quarterly, 31*(4).

Collins-Dogrul, J. (2006). Managing US-Mexico "border health": An organizational field approach. *Social Science & Medicine, 63*, 3199–3211.

DiMaggio, P. J., & Powell, W. W. ((1983) 1991). The iron cage revisited: institutional isomorphism and collective rationality. In W. W. Powell, & P. J. DiMaggio (Eds.), *The new institutionalism in organizational analysis* (pp. 63–82). Chicago, IL: The University of Chicago Press.

Epstein, S. (1995). The construction of lay-expertise: AIDS activism and the forging of credibility in the reform of clinical trials. *Science, Technology and Human Values, 20*(4), 408–437.

Epstein, S. (1996). *Impure science: AIDS, Activism, and the politics of knowledge*. Berkeley, CA: University of California Press.

Farmer, P. (1999). *Infections and inequalities: The modern plagues*. Berkeley: University of California Press.

Farmer, P. (2004). *Pathologies of power: Health, human rights and the new war on the poor*. University of California Press.

Fox, J. (2002). Lessons from Mexico-US civil society coalitions. In D. Brooks, & J. Fox (Eds.), *Cross-border dialogues: US-Mexico social movement networking*. La Jolla, CA: Center for US-Mexico Studies, University of California, San Diego.

Freeman, P. (1999). Health services in the United States for citizens of Canada and Mexico in the era of the North American Free Trade Agreements: new opportunities for business travelers, diminishing resources for the vulnerable. In M. Bolis (Ed.), *Access to health services under NAFTA*. Washington, DC: Pan American Health Organization.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Glasius, M., Kaldor, M., & Anheier, H. (2002). *Global civil society yearbook*. London: Center for Study of Global Governance.

Goldring, L. (1999). The power of status in transnational social fields. In M. P. Smith, & L. E. Guarnizo (Eds.), *Transnationalism from below*. New Brunswick, NJ: Transaction Publishers.

Gonzalez-Block, M. A., & Hayes-Bautista, D. E. (1992). *Prospects for joint US-Mexico policies against AIDS, AIDS: A binational challenge*. UCLA.

Guarnizo, L. E., & Smith, M. P. (1999). The locations of transnationalism. In M. P. Smith, & L. E. Guarnizo (Eds.), *Transnationalism from below*. New Brunswick, NY: Transaction Publishers.

Guidry, J. A., Kennedy, M. D., & Zald, M. N. (2000). *Globalizations and social movements: Culture, power and the transnational public sphere*. Ann Arbor, MI: The University of Michigan Press.

Please cite this article in press as: Barnes, N., Paradoxes and asymmetries of transnational networks: A comparative case study of Mexico's community-based AIDS organizations, Social Science & Medicine (2007), doi:10.1016/j.socscimed.2007.11.014

Guiterrez, J. P., Zaragoza, J. L. L., Mendoza, A. V., Pesqueira, E., Leon, S. P.d., & Bertozzi, S. M. (2004). Haciendo frente a la epidemia de VIH/SIDA en México: ?Una respuesta organizada? *Revista de investigación clínica, 56*(2), 242–252.

Homedes, N., & Ugalde, A. (2003). Globalization and health at the United States-Mexico border. *American Journal of Public Health, 93*(12), 2016–2022.

Hulme, D., & Edwards, M. (1997). *NGOs, states and donors: Too close for comfort?* New York, NY: St. Martin's Press.

Keck, M., & Sikkink, K. (1998). *Activists beyond borders: Advocacy networks in international politics*. Ithaca, NY: Cornell University Press.

Lin, N. (2001). Building a network theory of social capital. In N. Lin, K. Cook, & R. S. Burt (Eds.), *Social capital theory and research*. New York, NY: Aldine de Gruyter.

Lune, H. (2007). *Urban action networks: HIV/AIDS and community organizing in New York City*. Lanham, MD: Rowman and Littlefield.

Minkoff, D. C. (1999). Bending with the wind: strategic change and adaptation by women's and racial minority organizations. *The American Journal of Sociology, 104*(6).

Nattrass, N. (2005). *An exploratory analysis of cross-country access to antiretroviral treatment*. CSSR Working Paper No 117. Centre for Social Science Research University of Capetown.

Oliviero, M., & Simmons, A. (2002). Who's minding the store: global civil society and corporate responsibility. In M. Glasius, M. Kaldor, & H. Anheier (Eds.), *Global civil society*. London: Center for Study of Global Governance.

Ray, R. (1999). *Fields of protest: Women's movements in India*. Minneapolis, MN: University of Minnesota Press.

Sassen, S. (1991). *The global City*. Princeton, NJ: Princeton University Press.

Seckinelgin, H. (2002). Time to stop and think: HIV/AIDS, global civil society and people's politics. In M. Glasius, M. Kaldor, & H. Anheier (Eds.), *Global civil society*. London: Center for Study of Global Governance.

Staudt, K., & Coronado, I. (2002). *Fronteras no mas: Toward social justice on the US-Mexico border*. New York, NY: Palgrave Macmillan.

Stiglitz, J. E. (2003). *Globalization and its discontents*. New York, NY: WW Norton and Company.

Treichler, P. A. (1999). *How to have theory in an epidemic: Cultural chronicles of AIDS*. Durham: Duke University Press.

UNAIDS. (1998). *NGO perspectives on access to HIV-related drugs in 13 Latin American and Caribbean countries*. Joint United Nations Programme on HIV/AIDS (UNAIDS).

Yin, R. K. (2003). *Case-study research: Design and methods*. Beverly Hills, CA: Sage Publications.

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