

## 4 / What Kind of Thing Is Community?

The federal government has begun to recognize that demand reduction is best handled at the community level, where broad-based political and interpersonal collaboration can be organized and managed.

—PAUL S. JELLINEK AND RUBY P. HEARN,  
“Fighting Drug Abuse at the Local Level”

Social scientists have been studying community for a very long time, but don’t ask one to give you a definition. Over sixty years ago, a sociologist famously identified ninety-four different definitions of “community” in the social science literature.<sup>1</sup> Many more have been introduced in the decades since.

In and around New Haven Fighting Back the word took on an almost magical role. Participants, program designers, policy makers, and researchers alike used the term “community” interchangeably to refer to structures, groups, places, passions, sentiments, and interests. The word was simultaneously sacred (unassailable and an easy source of legitimacy) and meaningless (used so loosely that no one could define it). It was both subject (those who must be involved) and object (those to whom things would happen or be given). It was a concept that distinguished Fighting Back from other programs, and it was what made it like all the others. It was, possibly, the most referenced but least understood concept in all of Fighting Back.

The dominance of the word “community” in Fighting Back rhetoric was both a product of its time and a reflection of the Robert Wood Johnson Foundation’s commitment to forging a public health approach

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<sup>1</sup> George A. Hillery, “Definitions of Community: Areas of Agreement,” *Rural Sociology* 20, no. 1 (1955): 111–123.

to substance abuse. This would involve a shift of focus away from treating individuals and toward mobilizing whole communities to reduce causes and create coherent responses.

The logic of public health—attending to the health of populations rather than individuals—can be traced back to antiquity, but as a distinct field of inquiry it has its origins in late-nineteenth- and early-twentieth-century efforts to make use of the germ theory to prevent and control the spread of infectious disease. Its methods include surveillance, data collection, and the promotion of disease-preventing behaviors “through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.”<sup>2</sup>

The focus on community also resonated with the zeitgeist of the 1980s. After being out of policy fashion during the Reagan years, community returned to vogue in the late 1980s. Resurgence of interest in social capital had sociologists arguing that relational expectations, webs of information, and shared social norms were important factors in preventing social problems. The 1985 book *Habits of the Heart*, by the sociologist Robert Bellah and colleagues, about the tensions between American individualism and the willingness or urge to work together for the common good, was a popular read. All around the country were small efforts to take back neighborhoods. Scholars and journalists championed James Q. Wilson’s broken windows theory, originally about vandalism and crime but interpreted to suggest the need to grow prosocial norms at the local level. Communitarians advocated for partnerships between public and private groups in support of civil society.<sup>3</sup> In his 1989 inaugural address, President George H. W. Bush famously pointed to organizations that were working in communities across the country and pledged that his government would work with them:

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<sup>2</sup> Charles-Edward Amory Winslow, “The Untilled Fields of Public Health,” *Science* 51 (1920): 23–33.

<sup>3</sup> Robert N. Bellah et al., *Habits of the Heart: Individualism and Commitment in American Life* (Berkeley: University of California Press, 1985); James Q. Wilson and George L. Kelling, “Broken Windows: The Police and Neighborhood Safety,” *Atlantic Monthly* 114 (March 1982): 82–103; James Q. Wilson and George L. Kelling, “Making Neighborhoods Safe,” *Atlantic Monthly* 263, no. 2 (1989): 46–52; Amitai Etzioni, *An Immodest Agenda: Rebuilding America before the Twenty-First Century* (New York: New Press, 1983); Amitai Etzioni, *The Moral Dimension: Toward a New Economics* (New York: Macmillan, 1988); Amitai Etzioni, *The Spirit of Community: Rights, Responsibilities, and the Communitarian Agenda*, vol. 1 (New York: Crown, 1993).

I have spoken of a thousand points of light, of all the community organizations that are spread like stars throughout the Nation, doing good. We will work hand in hand, encouraging, sometimes leading, sometimes being led.<sup>4</sup>

Community solutions also appealed to critics of the Reagan-era war on drugs with its Just Say No campaigns that portrayed drug and alcohol problems as a failure of personal regulation and its shift of resources toward law enforcement, supply interdiction, and incarceration as the solutions of choice.

The constant rhetoric of community was a seductive umbrella under which disparate motivations could merge, giving the impression that everyone was talking about the same thing. But even a slightly critical observer of this rhetoric might suspect that this emperor had no clothes. “Community” was an ideological talisman rather than analytical concept, referring, all at once, to so many different things that we are forced to ask, What kind of thing is “community” when it comes to understanding Fighting Back?

## What Is “Community” About This Thing?

If our goal is to figure out how community initiatives like Fighting Back succeed or fail, we need to zero in on what is “community” about them in practice. We do not seek a least common semantic denominator or an overarching definition or even what people really mean when they use the term. In fact, we need to discard many of the political, ideological, and emotional referents of “community” that emerged in the discourse about Fighting Back.

In that discourse, community was an actor (“communities around the country that are beginning the long process”<sup>5</sup>), a unit of intervention (the program targeted cities of one hundred thousand to two hundred thousand population), a medium (for the transmission of norms—individual behavior would change when the community’s collective intolerance for drug and alcohol consumption increased),

<sup>4</sup> Bush, “Inaugural Address, 1989.”

<sup>5</sup> Robert Wood Johnson Foundation, “Fighting Back against Substance Abuse: A Call for Proposals,” 1989.

a population (of persons “most affected by the problem”<sup>6</sup>—substance abusers, their families, and residents of neighborhoods where the problem was greatest), or a social structural location (the bottom in the sense of top-down and bottom-up processes).

This terminological Tower of Babel can distract us from our task; our question is not, What is community? or Who is community? but What kind of thing is community for the doing of something like Fighting Back? In the following sections I provide a preliminary answer by considering in turn what participants were getting at, in practice, when they talked about community in various ways. What emerges from this is that in each case they can be seen as thinking about urban communities as communities of organizations.

## Community as Experimental Object

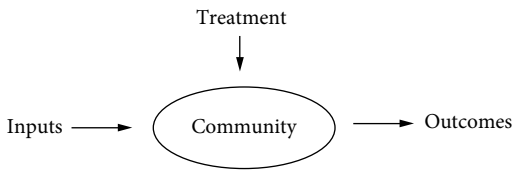
For both the Robert Wood Johnson Foundation and many of the scholars whose work contributed to the development of the Fighting Back idea, the community was essentially an object of intervention. Drawing on a public health model, this understanding was rooted in substance abuse being strongly influenced by socioenvironmental factors and being a community problem, something that spreads within a population. It meant a focus on community as a locus where conditions accumulate to cause substance abuse and where the effects of individual substance abuse accumulate to produce social problems. If the community has the problem, then community-level treatment can reduce the causes, lessen the negative impact, and revive the community.

Thus, when the foundation asked its evaluators, Does Fighting Back work? their research design involved comparison of communities that had received the Fighting Back treatment and others that had not (Figure 4.1).

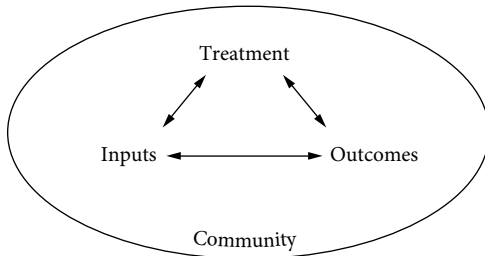
Here inputs include existing conditions, demographics, socioeconomic conditions, and so on. The treatment would be several years of Fighting Back, and the expected outcome was reduction in the demand for alcohol and drugs. “Community,” then, is like a chemist’s flask to which reactants (status quo conditions and the intervention) are added in hopes of producing outcomes. If the treatment is administered to

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<sup>6</sup> Ibid.



**Figure 4.1** Community as an object of experimental treatments.



**Figure 4.2** Inputs, treatments, and outcomes are always already embedded in community.

experimental communities and withheld in control communities, evaluators can assess whether the intervention is effective.

Taking the community as object in this sense, though methodologically conventional, ignores the fact that inputs, treatment, and outcomes are all already embedded in the community (Figure 4.2). The actors in the Fighting Back intervention were organizations and individuals in organizations in the community. The conditions that constituted the inputs were populations of people, organizations, and the products of organizational activity—employment levels, public safety, real estate, education, substance abuse treatment, and politics. The community was the network of organizations that would both carry out the intervention and be modified by it. The outcomes, too—greater degrees of collaboration, newly established organizations, or increased organizational outputs—all implicate organizations in the community. The “community” is the sum total of all these organizational phenomena, and so the intervention, the inputs, and the outcomes are not easily separated analytically from it. Community initiatives do not simply act on communities; they take place in communities of organizations, are carried out by communities of organizations, and leave their traces on communities of organizations.

## Community as Coherent Subject

An almost opposite view of community, especially prevalent among program officers at the foundation and the staff at the national program office, was to see each grant recipient community as a coherent actor or subject, an entity that could do things. “New Haven needed to get its act together” or “Vallejo could learn a thing or two from Santa Barbara” were the sorts of things you might hear. The original request for proposals, after all, was addressed to “communities around the country who are beginning the difficult task of taking back their streets,”<sup>7</sup> and the program’s founders wondered “whether communities would be able to turn the corner.”

In New Haven, the individuals who originally met to talk about the grant were buoyed by the thought that this was something New Haven could do. And during the course of the project’s existence parts of the community were thought about in the same way. In proposals and meetings people would speak of “the minority community” or “the East Side community” or “the treatment community” or “the grass roots,” wondering what they were thinking, wanted, or could be counted on to do.

Any one of these can be heard as just a vernacular reification, or personification, a necessary bit of shorthand in everyday speech. But they are not merely so. On closer examination, we can get behind the usage. The original call for proposals, for example, did unpack “community.” It said that Fighting Back would consist of “[a] citizens’ task force” that would “represent all groups in the community whose involvement and commitment will be needed for the initiative to succeed: parents, clergy, tenant groups, business and community leaders, health professionals, school superintendents, principals, judges, chiefs of police, elected officials, and others.” It would be a “community-wide consortium of all of the institutions, organizations, and public and private agencies whose participation is required to implement the proposed initiative, . . . news media, civic and religious organizations, schools, businesses, major health care providers, human service agencies, drug and alcohol treatment providers.”<sup>8</sup>

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

The community that would implement Fighting Back was, in fact, an aggregation of organizations, both formal and informal. There were, of course, real people sitting around the table, but they were, by and large, sitting there because of their organizational roles. What kind of thing is a community for the doing of Fighting Back? The community as actor was a community of organizations.

## Community as System

Yet another element in the tangled semantics of “community” that emerged in our fieldwork was community as system. This recognizes organizations as primary and avoids simplistic reification of community as an unproblematic unity. Through the lens of “system” participants saw “fragmentation” and “disorganization,” parts—organizations—that were, generally, not well coordinated. Community is something of an arena in which services, agencies, and organizations, each with a role to play in solving the problem at hand, interact—more or less—productively. When the foundation said it wanted to test its assumption that “broad-based community collaboration was possible,”<sup>9</sup> it had in mind these agencies and organizations and health and social service professionals that dealt with substance-abuse-related problems. “Some of these agencies didn’t even talk to one another,” one of the program’s architects wrote. “We learned that some of the using population had multiple problems, but if they had a drug problem, they had to go to one agency; if they had an alcohol problem, they had to go to another agency; and if they had a related health problem, they had to go to yet another agency. People said if you could possibly bring all of this activity under one roof, it would be a big help.”<sup>10</sup>

From this perspective, too, then, community was a community of organizations. When they talked about building a coordinated system of prevention, treatment, and aftercare, the community was organizations, with people, arguably, nowhere to be found.

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<sup>9</sup> Irene M. Wielawski, “The Fighting Back Program,” in *To Improve Health and Health Care*, vol. 7, ed. Stephen L. Isaacs and James R. Knickman, Robert Wood Johnson Foundation Anthology (Princeton, NJ: Jossey-Bass, 2004), chap. available at <http://www.rwjf.org/content/dam/web-assets/2004/01/the-fighting-back-program>.

<sup>10</sup> *Ibid.*, 5.

## What about the Grass Roots?

The original call for proposals mandated the participation of “all groups in the community whose involvement and commitment will be needed”<sup>11</sup> and cataloged the institutions, organizations, and agencies the funder had in mind. Except for mention of “those most affected by the problem,” conspicuous by absence was any explicit requirement for the participation of people who lived in the communities. But as soon as Fighting Back got off the ground, the grassroots dimension of community became the focal point of conflict in Fighting Back sites across the country.<sup>12</sup>

It would be easy to see such conflict in simple terms: Fighting Back was supposed to be a community intervention, but its planning did not involve the people who were the community. This was certainly true in New Haven; the earliest iterations of Fighting Back were dominated by a small, mostly white, professional elite who could not claim to reflect or represent the residents of the city. It is also true that the organizers intentionally excluded individuals and organizations they considered likely to co-opt any new resources coming into the community. And it is further true that in the beginning, at least, there was little imagining of just what “involving the people most affected by the problem” would mean.<sup>13</sup> Thus, the early Fighting Back can be said to have failed to encourage or accomplish the participation of ordinary people and the community.

But it would be an oversimplification to interpret Fighting Back’s challenges in terms of a sort of street-level populism. When Fighting Back was avoiding community, it was failing to engage with specific long-standing organizations, the neighborhood-based community development corporations. When, later in the decade, they would get better grades for community involvement it was through their work with the community management teams and other organizations. The euphemistic use of “the community” to mean “poor people,” “persons

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<sup>11</sup> Robert Wood Johnson Foundation, “Fighting Back against Substance Abuse,” 1989.

<sup>12</sup> Charles Kadushin et al., “Why It Is So Difficult to Form Effective Community Coalitions,” *City and Community* 4, no. 3 (2005): 255–275; Matthew Lindholm et al., “‘Fighting Back’ against Substance Abuse: The Structure and Function of Community Partnerships,” *Human Organization* 63, no. 3 (2004): 265–276; Matthew Lindholm, “RWJ and the Grassroots: Race and Administration in the Social Construction of Inner City Communities” (Ph.D. diss., City University of New York, 2001).

<sup>13</sup> Robert Wood Johnson Foundation, “Fighting Back against Substance Abuse,” 1989.



of color,” or “the people who live in the neighborhoods,” can distract from the fact that, in practice, the meaning of “involvement of community” was the involvement of organizations.

## Community as a Community of Organizations

Despite the dominance of the rhetoric of community as participation, subjects, and objects of intervention, the more time we spent in the field, the clearer it became that the project was never about organizing people or places or about psychosocial environments; Fighting Back was an organizational intervention that operated in and on a community of organizations. The premise of Fighting Back, remember, was that demand reduction efforts were under way but needed to be coordinated to be effective:

Despite the proliferation of local demand-reduction programs and activities, there has been little attempt to tie such endeavors together. . . . There is no common understanding of the problem, no consensus regarding priorities, and, as a result, no overall strategy for deploying the community’s multiple resources in a focused, unified effort. Under such circumstances, it is hardly surprising that few communities, if any, have turned the corner on the drug problem.<sup>14</sup>

The “common understanding” was not among residents of neighborhoods; the goal of Fighting Back was to establish consensus within a population of organizations. The community in which the intervention took place was a community of organizations, and the intervention was to better organize the organizations. Indeed, even President Bush’s “thousand points of light” were organizations, not people: “I have spoken of a thousand points of light, of all the *community organizations*.”<sup>15</sup>

To speak of a community of organizations is not to make an ontological claim about what communities are or to get involved in the definition game. Rather, it is to suggest that some of the dynamics of community initiatives like Fighting Back can be understood better from

<sup>14</sup> Paul S. Jellinek and Ruby P. Hearn, “Fighting Drug Abuse at the Local Level,” *Issues in Science and Technology* 7 (1991): 79.

<sup>15</sup> Bush, “Inaugural Address, 1989”; emphasis added.

a perspective that sees communities as collections of organizations and initiatives as attempts to (re)organize organizations. The term “community of organizations” is akin to what others since have called an interorganizational field, but I use the new term to emphasize the centrality of organizations in the thing that we talk about as community in the context of initiatives like Fighting Back rather than suggesting some new analytical concept.<sup>16</sup> Calling it a community initiative does not remove it from this realm of organizations; the tendency to fetishize the word “community” seemed frequently to cause participants, policy makers, funders, and project evaluators to think that it did.

By looking at programs like Fighting Back generically as attempts to do something in communities rather than to communities and by characterizing communities as communities of organizations, we can better understand how such interventions work and better understand the kind of thing a community is for carrying out an intervention like Fighting Back.

## Implications of Community as Community of Organizations

“Community” often connotes romantic visions of connections between people, feelings of camaraderie and solidarity, and trust and safety. Within the social sciences there is a long tradition of explaining where it went, what chased it away, and how to get it back (see, for example, the work of Ferdinand Tönnies, Émile Durkheim, Georg Simmel, Barry Wellman, and many others). Contemporary scholars portray community as an important independent variable affecting health, happiness, and social welfare. In our fieldwork we often noted a tendency to see the community as the opposite of, and more real or genuine or morally valuable than, say, government, big business, organizations, and elites. Such associations of community with an idyllic past or utopian future, with being happier or better off or just plain folk, distort how we see initiatives like Fighting Back, leading us, for example, to romanticize and valorize participation for its own sake and biasing us toward overly individualistic explanations of how community initiatives work or do not work, and to miss, specifically, the importance of organizations at the core of the community in which they take place.

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<sup>16</sup> Roland L. Warren, “The Interorganizational Field as a Focus for Investigation,” *Administrative Science Quarterly* 12, no. 3 (1967): 396–419.

## 5 / What Kind of Thing Is an Organization?

Organizations are tools for shaping the world as one wishes it to be shaped.

—CHARLES PERROW, *Complex Organizations*

If we understand community as a community of organizations, the logic and promise of community initiatives like Fighting Back become easier to grasp. The organizational members of a community can be identified and counted. We know what they are good at and why they exist and how they fit into a division of labor. Many are, by their very mission, already committed to the welfare of the community. We know that organizations try to pay attention to their environment and can even say what parts of that environment they are attentive to. But the same argument that led us to look behind the taken-for-granted term “community” demands that we ask, What kind of a thing is an organization?

If we look at the literature on community initiatives, the Robert Wood Johnson Foundation’s descriptions of Fighting Back, the proposals and reports produced by the Fighting Back sites, and the everyday discourse we observed in our fieldwork, organizations sound, first and foremost, just like people. They have motives and abilities. They pay attention to the world around them, process data, and make rational decisions. They can set aside their own agenda and cooperate for the common good. This list could go on, but even if we are completely comfortable with the person metaphor, are organizations really like people? When it comes to understanding how initiatives like Fighting Back play out in the real world, it turns out they are not. A lot of what

happened in New Haven becomes more comprehensible when we work through the answers to a very basic question: If not just like a person, what kind of thing is an organization (for the doing of projects like Fighting Back)?

The mistake of believing that organizations are just like people frequently led to misreading events, especially toward explaining away undesired outcomes as merely political, or presuming that New Haven and New Haven Fighting Back were simply pathological cases of something that would have worked elsewhere, or concluding that the turn of events in New Haven could be explained by bad actors acting badly. In this chapter we will see that organizations are highly constrained actors, players on the social stage that are distracted, partially blind, and subject to serious commitment issues. Much of what happened in New Haven will turn out to be normal (in the sociological sense), that is, exactly what you would expect when you try to do this kind of thing with this kind of actor in this kind of arena.

## Organizations Are Constrained Actors

In the Fighting Back theory the community of organizations represented a cornucopia of resources on which the project could draw, a set of powerful actors waiting to be coordinated, a collection of commitments ready to be motivated. Substance abuse was a complex problem, but a solvable one, given the immense array of organizational resources in the community. All that was necessary was to get them to the table and develop a consensus that substance abuse was a top community priority. The written material produced by the foundation, as well as the literature on community coalitions, hammered away at the idea that communities already possessed the necessary parts and pieces and that all that was needed was to put them together.<sup>1</sup>

This was, of course, easier said than done. New Haven was a particularly promising Fighting Back site in that, unlike some communities that had too few existing programs to build an effective community coalition, it had all the necessary ingredients. Its arsenal of resources never failed to impress outsiders. One early site visitor made a list of

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<sup>1</sup> See, for example, a popular read around the time *Fighting Back* was getting under way: Mathea A. Falco, *The Making of a Drug Free America: Programs That Work* (New York: Times Books, 1992).

organizations and the individuals who represented them at the Fighting Back table:

Dr. Dow and the Board of Education; Tomas Reyes and the Board of Aldermen; Dick Bell and the Chamber of Commerce; Edna Girardeau and the State Representative's office; Helmar Ekstrom and the New Haven Foundation; Marcial Cuevas of "the housing group"; Cornell Scott of the Hill Health Center; Mustafa Abdul-Salaam and the City Wide PTO [parent-teacher organization]; Mr. Burford and University Hospital; Roger Weissberg and the Social Development Program; Tom Kosten who just received a \$10 million . . . grant for some study; Chief Farrel of the police department; Minnie Anderson and the Coalition for People.<sup>2</sup>

To collaboration advocates, lists like this represented an enviable array of deployable resources; an amazing team could be assembled from the heavy hitters at the table. Each entry on the list, though, was a star in its own right, with its own high-profile programs or projects to attend to. The roster that so impressed outsiders as collaborative potential was a virtual map of all the other things organizations were doing in New Haven. These were busy people representing busy organizations.

Their other involvements meant that, even if organizations could overcome their turf issues, there were limits on what they could actually offer the initiative. The very characteristic that made them attractive partners—that they were the leading organizations in their fields—meant they were embedded in a rich array of obligations that constrained the discretion of whomever they had sent to the Fighting Back table. On numerous occasions it became obvious that while they represented a great wealth of resources, each partner was limited in how those resources could be made useful to Fighting Back, if at all. Three issues—the debate over needle exchange, disappointment about Yale involvement, and the mayoral transition—illustrate some of the ways that organizations were more highly constrained actors than conventional wisdom and the rhetoric of coalitions and collaboration suggest.

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<sup>2</sup> NH1230, "Reviewers' comments," no author, 1989.

### *Needle Exchange and Organizational Values*

In July 1990 the Connecticut legislature passed a bill permitting, on a trial basis, intravenous drug users to receive clean needles in exchange for used ones as a measure against HIV infection.<sup>3</sup> The bill had its origins in New Haven; local activists had been carrying out an illegal needle exchange program there for several years, and researchers had taken note of its promise. The bill was backed by the AIDS Division of the city health department and a small coalition of local health workers and researchers.

In early summer, the citizen task force (CTF) was asked to help shape the community consensus that would be necessary to implement a pilot project designed to find out whether needle exchange reduced the spread of HIV among intravenous drug users. This was Fighting Back's first real opportunity to play a public role in the human service politics of New Haven. It was supported by people involved with Fighting Back, including the mayor and police chief, and researchers at Yale would be monitoring and evaluating the program, but there was serious disagreement within the task force over whether to support it. Some CTF members said they understood the science but that needle exchange sent a message of hopelessness to the community. Others felt bound by the skepticism expressed by some African American community leaders.<sup>4</sup> The APT Foundation, reportedly required to be in line with the National Institute on Drug Abuse, one of its funders, came out against it. Other substance abuse organizations followed suit.

In the end, the task force agreed to support the program. This outcome suggests a simple triumph of reason over irrational skepticism, but the path to the decision revealed to participants how organizational commitments can trump both values and rational analysis as well as restrict what collaborators could say and do, despite personal convictions and professional assessments.

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<sup>3</sup> Centers for Disease Control and Prevention, "Impact of New Legislation on Needle and Syringe Purchase and Possession—Connecticut, 1992," *Morbidity and Mortality Weekly Report* 42, no. 8 (1993): 145–148.

<sup>4</sup> See Paul Galatowitsch, "A Neo-institutional Analysis of New Haven's Response to the AIDS Crisis" (unpublished manuscript, Department of Sociology, Yale University, 1997), for an account of the maneuvering involved in getting the needle exchange program up and running.

### *Big Organizations Are Not Monolithic*

A second illustration of organizations as constrained actors emerged in the question of Yale University's role in the project. Foundation representatives frequently asked New Haven about Yale's participation in Fighting Back. That "New Haven is the only finalist site with a major university medical center,"<sup>5</sup> one of the early proposal readers had noted, made it an especially attractive site, but Yale's lack of explicit participation troubled the national program office.

In response to these concerns, Benno Schmidt Jr., Yale's president, signed a letter to the national program office describing the university's ongoing substance-abuse-related activities, its involvement on the CTF—university secretary Sheila Wellington,<sup>6</sup> James Comer of the Yale Child Study Center, and Myron Genel, dean of Yale School of Medicine—and the university's partnerships with the Connecticut Mental Health Center, the Substance Abuse Treatment Unit, and the APT Foundation. He added, "The central distinguishing notion of the City's grant application is that the product of medical research can and will be immediately integrated into a service delivery system in the inner city."<sup>7</sup>

Schmidt's message was that the university was involved in Fighting Back insofar as many of its component parts were engaged in Fighting Back-related activities. The foundation, though, wanted to see Yale *qua* Yale doing something university-wide, the way a small college might mount an anti-binge-drinking campaign. But big organizations like a major university rarely move like that. They are not monolithic entities that can be either involved or not; rather, they are complex institutions that can be involved in parts. The university's parts are only loosely connected to one another, while each part can be tightly connected to outside funders, academic fads in different disciplines, and specific ongoing projects. Together they represent an enormous mountain of

<sup>5</sup> NH1230, "Reviewers' comments," no author, 1989.

<sup>6</sup> The Secretary of the University is the second-highest official after the president at Yale. Wellington was generally represented by an assistant, Susan Godshall, at CTF meetings but would attend herself when the foundation or outside visitors came to New Haven for site visits.

<sup>7</sup> NH1020, "Support letter to Anderson Spickard," Benno C. Schmidt Jr., president, Yale University, 4 December 1989.

resources, but a mountain that even the president of a university cannot easily move.<sup>8</sup> The foundation was right to think that Yale was an entity whose size, central location, and role in the economy meant that when it moved, the ground shook for miles around, but for all practical purposes, the parts of such an institution that might come to the table could never set the whole in motion.

### *Organizations Are Embedded in Current Events*

A final example of how organizations are constrained actors reflects the fact that organizations are always embedded in current events. As the project got underway in New Haven, the new mayor was struggling to establish a governing coalition and deal with a massive deficit left by his predecessor.<sup>9</sup> Many of his efforts to change business as usual exacerbated conflict within New Haven, as players scrambled to be in position to benefit from new arrangements. The deficit meant cutbacks and hiring freezes that reduced the prizes available from the change in administrations. Even city departments and community organizations that were its natural allies were more concerned with adapting to this new environment than with making Fighting Back work.

The ongoing tensions between Fighting Back and the city's Human Resources Administration and the conflict with the neighborhood development corporations were in some ways not about Fighting Back at all. These organizations' behavior vis-à-vis Fighting Back was a reflection of other disputes and struggles in which they were involved. An organization may be at the table, but what it can and will do there may be determined by events and circumstances taking place at other tables, some far from this one.

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<sup>8</sup> For more on this issue, see Paul Johnston, "Through the Looking Glass in New Haven: Locating the Social Academic Complex in the Urban Field of Public Organization (an Exercise in Reflexive Liberalism)" (unpublished manuscript, Department of Sociology, Yale University, 1995); Peter L. Szanton, *Not Well Advised* (New York: Russell Sage Foundation / Ford Foundation, 1981).

<sup>9</sup> See Paul Johnston and William Holt, "Urban Public Organization as Obstacle to Regime Change: The Case of New Haven" (unpublished manuscript, Department of Sociology, Yale University, 1994); Paul Johnston, Michael Rowe, and Patrick Swift, "Dilemmas of Human Service Reform in New Haven: Integrating Three Levels of Organizational Analysis," *Contemporary Drug Problems* 22 (1995): 375–391.



## Organizations Are Actors with Commitment Issues

An almost ritual step in the development of projects like Fighting Back is recruiting organizational partners. Organizers solicit existing organizations and programs, asking for explicit participation, in-kind resource commitments, or just letters of support lauding the new program. New Haven did this for its first proposal, listing over a hundred organizations and programs that would participate in the program along with descriptions of what each would contribute.

In October of 1991 an executive on loan from the regional gas company suggested that Fighting Back follow up with the organizations that had written support letters “to re-affirm promises and enlist commitments to *Fighting Back*.”<sup>10</sup> His initiative, apparently, alarmed some task force members who knew that much of the support had been symbolic: endorsement letters were written as a part of ordinary organizational reciprocity, an indication that an organization’s activity resonated with Fighting Back, rather than a commitment to ante up. They cautioned him to proceed slowly, and by December he had been instructed to contact only the business organizations. The CTF minutes note that “members of the utilities, media, etc., who submitted letters of commitment will be contacted at a later date by staff and/or CTF members.”<sup>11</sup>

In fact, over the entire history of the project, even as partners were constantly added to the Fighting Back roster, there are few examples of substantive follow-up. Part of being a good citizen in a community of organizations was writing support letters and signing on to other organizations’ grants, and part of being a good fellow citizen was knowing that these offers of support were more gestures than concrete commitments. Organizations, especially, perhaps, nonprofits, are more capable of standing for resources than handing them over, so the tally of that organizational support is always more symbolic than substantive.

Most contributions consisted of what organizations were already doing, and the contribution calculus amounted to noting that these efforts were resonant with Fighting Back’s goals. Organizations had their own trajectories and commitments, which joining Fighting Back did not change—and the larger the organization, the more the inertia. Having a police department representative at the table, for example,

<sup>10</sup> CTF901015, 15 October 1990.

<sup>11</sup> CTF901220, 20 December 1990.

was characterized as “law enforcement” participation, when, in fact, it might mean only that the police department was willing to take on a Fighting Back–funded youth worker. Getting substance abuse agencies to sit down together was an opportunity to form a “united front against a common enemy,” but each agency’s discretion was limited by where its funding came from and what its day-to-day obligations were and what projects it had under way.

Some participants saw this as organizational insincerity (some partners are all talk, no action) or lack of power (representatives were not high enough in their organizations to deliver on promises). But these were organizations being organizations: stiff and chunky coalition partners unable to give themselves over fully to the common cause. In a political coalition, votes can be traded, but efforts to build a coalition of all the organizations in a community can produce an amalgam of bureaucracies that may be less flexible and resourceful than even its component organizations, let alone being nothing like a team of individuals. The value of mere symbolic participation is real, but it should be distinguished from actual participation when we try to understand how such initiatives succeed or fail to attain their objectives.

## **Organizations Are Distracted Actors**

A mantra repeated by both local and national Fighting Back staff was that the mission was just to “get substance abuse on everybody’s agenda.” One strategy for accomplishing this was to recruit everybody, which meant the hundreds of agencies and organizations in the community. The theory was straightforward: Fighting Back would make its pitch, organizations would join, and representatives would attend meetings, providing a conduit through which the Fighting Back message would diffuse into every corner of the community (via, apparently, every organization in the community).

Some task force members spoke as if they saw expanding participation of individuals in the community as the path to success: “Get as many people involved at grass roots to come up with a solution.”<sup>12</sup> But organizations remained the target: “[I] would like to see the planning process involve the total community—government, neighborhoods, business—and coordinat[e] each other’s activities. Avoid duplication

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<sup>12</sup> Interview 1991.

and turf fighting.”<sup>13</sup> Month by month, more and more organizations and agencies signed on. In practice, signing on meant anything from joining the task force or a subcommittee to writing a support letter or simply being listed as a resource. As their ranks grew, though, it proved challenging to keep organizations involved even at the lowest levels, especially those that had been recruited because broader participation was an end in itself or because some group or interest or area needed to be represented.

Participants seemed to understand that keeping organizational partners involved was exhausting and that the process ran counter to their goal of community involvement. An early project leader noted that “[organizational] people are too busy. [And there was] not enough effort to invite people who [do] have the time. [We need] more grassroots people.”<sup>14</sup> But the recruitment of organizational partners remained their *modus operandi*. Documents listed over two hundred partner organizations, but only half of these appear to have had any concrete involvement in Fighting Back activities and only a tiny fraction (perhaps 10 percent) were regularly involved. Many were somewhat active immediately after being recruited but then tended to disappear from the minutes of Fighting Back meetings.

### *Being Busy and Being Committed*

The people involved in New Haven Fighting Back knew that time constraints limited participation, but the prevailing sentiment seems to have been that everyone has time pressures, but some manage to participate anyway. Mere participation—showing up at meetings—was seen as an indicator of commitment to the process, of one’s community spirit, and participation problems were seen in social control terms—how to enforce attendance requirements, for example. More time at the table, though, could actually increase participants’ wariness: “The business community sees the city as ineffective. They are not really involved in Fighting Back, not invested,” explained a task force member in 1991.<sup>15</sup> When the complexity of the drug problem

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<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

and the issue of root causes came to the fore, people got discouraged: “They are burned out on attempts to make changes and stretch resources. No one can fix the economic problems, and they don’t want to go through the process.”<sup>16</sup> Active engagement could actually encourage disengagement.

The ebb and flow of active participation led core participants and observers to question the commitment of partner organizations that were willing to sign up but failed to follow through with active participation. But rather than accepting at face value the logic that participation indicates commitment and community spirit, we should ask whether it really makes sense to expect high levels of participation in a community of organizations. Organizations joined because their mission had something to do with substance abuse or, sometimes, as a show of support for an organizational neighbor. But beyond the act of joining, their participation was constrained by the simple fact of having other things to do as an organization. Unless Fighting Back was going to become a funder (through a subcontract, for example), participation, at best, meant penciling in a monthly meeting in a staff member’s planner. And the longer the process dragged on without real action, the more even this evolved into waiting to see what would happen. Coalitions in a community of organizations face a generic conundrum: the very organizations that are attractive as potential members are distracted by having better things to do; the more attractive the organizational partner, the more distracted.

The distraction effect can take different forms. Small organizations, for example, may find ongoing participation in a deliberative planning process more costly in personnel time than larger peers. Hundreds of organizations were recruited to Fighting Back, but larger organizations—hospitals, APT, the city, and the university—had staff whose primary job was going to meetings; for a small organization a two-hour meeting might be 1–5 percent of its total weekly staff hours. When this resulted in a participation gap, it was easily misinterpreted as representing differing levels of organizational commitment to Fighting Back priorities, when what it actually revealed was that participation imposes a heavier tax on smaller organizations than larger ones.

The ensemble of active participants affects what the coalition does. Community initiatives are often valorize wide participation, but this

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<sup>16</sup> Ibid.

ignores how actual participation is influenced by the ways potential member organizations are distracted, and these may vary systematically by properties such as organizational size, location, or sector. Organizations, far from being the ready-to-be-recruited partners assumed by the collaboration paradigm, are, in reality, highly distracted actors, and this property alone can change what a coalition is and does.

## Organizations Are Blinkered Actors

As noted in Chapter 4, one meaning of “community” in Fighting Back was that the members of the community of organizations were operating in the same geographic (New Haven) and problem-defined (substance abuse) arena. Once at the table, the theory went, the recognition that these organizations all “lived in, and worked on, the same community” would motivate them to set aside differences “in favor of what is widely perceived as a greater common interest.”<sup>17</sup> This logic depends on the assumption that these organizations do live in the same community. As we watched Fighting Back evolve in the New Haven community of organizations, doubts were cast on this assumption.

“Setting aside differences” suggests that conflict arises from peripheral issues or mere matters of opinion that can be adjusted as needed to reach an underlying consensus on core issues. It was, in fact, easy for the organizations at the Fighting Back table to agree in 1990 that substance abuse was a major problem in New Haven but so were homelessness, infant mortality, AIDS, unemployment and the economy, and a deficit that threatened to bankrupt the city. But other organizations were less willing when Fighting Back wanted to define substance abuse as *the* major problem. In part, this is a simple case of organizational self-interest: agencies get resources by shining a spotlight on their particular problem and, while they are willing to talk about working together, bumping their problem to second position was not a viable option.

The tendency of each organization to champion its own problem left many New Haveners convinced that their community was hopelessly fragmented into organizational fiefdoms in which organizational welfare always came before the good of the community as a whole. A

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<sup>17</sup> Paul S. Jellinek and Ruby P. Hearn, “Fighting Drug Abuse at the Local Level,” *Issues in Science and Technology* 7 (1991): 80.

former project leader noted in 1993 that there was a “lack of good will in the community . . . [and] not enough trust.” Another noted, “Some of [these] community based organizations are entrenched in ‘poverty pimping’ [and] maintaining their power bases.” Informants could name a long list of organizations that were “corrupt” or “ineffective” or “hadn’t done anything in years.”<sup>18</sup> The root of the problem, everyone seemed to think, was that each cared about New Haven but others did not and that declarations like “we are all in this together” were cynical and insincere.

At some task force meetings, the organizations at the table almost appeared to operate in completely different communities. The housing organization people saw the city in terms of vacant units, absentee landlords, and home ownership ratios. The treatment people saw detox slots, treatment beds, and relapse statistics. For the chamber of commerce representative the city was employment statistics, business incentives, and economic development grants. Each had developed a routine of lobbying for the importance of its own particular slice of the problem pie and each looked out at the community through a lens that foregrounded its problem and left everything else out of focus.

Even when the topic was substance abuse, each organization saw it differently. Asked in 1990 about the major consequences of substance abuse, task force members’ responses ranged from crime and neighborhood deterioration to birth outcomes and family problems, depending on each one’s specialty. On what provided evidence of the community’s alcohol and other drugs problem, answers ranged from crime arrest data, treatment waiting lists, HIV data, babies and women getting HIV, state child abuse and neglect data, demand for treatment, drug screens, people using in the streets, increased homeless population, or AIDS numbers or STD numbers. Not surprisingly, what an organization saw depended on what it was funded to see.

But organizational self-interest was not the whole story. These players were mostly sincere and competent in their work on behalf of New Haven. A member of the board of alders might have hit the nail on the head when he suggested that most conflicts arose from “people hav[ing] different backgrounds. They get stuck on what is a priority other than treatment. Perhaps it will be economic development and families. Or the criminal side not working.”<sup>19</sup> Depending on where in

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<sup>18</sup> Interview 1993.

<sup>19</sup> Interview 1990.

the city they worked and what problem they were trying to solve, different organizations had significantly different images of the city. For APT the community was a map of where its methadone patients came from and where its clinics were located or where the next cohort of research subjects could be found; for the fire department or the police department the community was a computer map of recent incidents and the physical location of stations and substations. Knowledge about the community was distributed according to expertise, leaving each group of participants with its own caricature of the city: the prevention specialists view of New Haven, the birth outcomes view of New Haven, and so on.

But this is not an organizational pathology. These organizations were acting exactly as they were supposed to—developing expertise and surveillance capacity for ascertaining where their services were needed and assessing the impact of their work. Exhortations like “Let’s put aside our differences” or “We are in this together” are much more easily processed by individuals than organizations. The analogical thinking at the core of coalitions in communities of organizations becomes overstretched when we forget that organizations are not just like persons in this regard.

## **What Kind of Thing Is an Organization?**

Previously I suggested that to understand how community initiatives like Fighting Back work it was important to transcend our everyday sense of what a community is and to recognize that the community in which initiatives take place is a community of organizations, not a community of people. In this chapter I have extended this, arguing that we need to transcend the naïve view that organizations are actors analogous to persons. Four general characteristics of organizations are relevant: organizations are highly constrained actors, organizations are less free to make commitments than individuals, organizations are naturally distracted actors, and the organizations in a community of organizations may effectively not actually live in the same community. Misreading these properties of organizations by personifying them can lead to real misreadings of the unfolding history of programs like Fighting Back.

## 6 / Doing Things with Organizations in Communities

Col-lab-o-ra-tion: noun 1. the action of working with someone to produce or create something. 2. traitorous co-operation with an enemy.

—*Oxford Dictionary of English*

Bad collaboration is worse than none at all.

—MORTEN HANSEN, *Collaboration*

In preceding chapters I ask what kind of a thing a community is as an arena and object of intervention and what kinds of things organizations are as tools. This chapter combines the answers to describe what it is like to do things with organizations in communities of organizations.

In Chapter 4 I suggest that in the context of programs like Fighting Back, “community,” as a thing, is a loose and diverse network of organizations. Chapter 5 argues that those organizations are, in important ways, not like individuals. Now I examine the technologies at the center of the project: collaboration, coordination, and coalitions as applied to communities of organizations. Here the word “technology” is used generically to stand for any process that converts inputs to outputs. Organizational technology can include rules for determining what is or is not relevant, rules for combining and transforming inputs, and means of monitoring the outputs and for feeding information back to the organization. As we have seen in our descriptions thus far the Fighting Back project aimed to reduce demand for alcohol and other drugs by encouraging interorganizational collaboration, coordinating the work of organizations, and building an organizational coalition. Thus, the technologies Fighting Back would deploy were coalition formation, interorganizational cooperation, and collaboration.



To ordinary ears, coordination, collaboration, and coalition sound like obviously good things, perhaps even synonyms; it would be easy to pass right over them, taking them as self-explanatory and self-evident. Indeed, this is precisely what happened in *Fighting Back*; nobody gave them much of a second thought. But it is useful to think about these as a set of organizational technologies because technologies have generic properties that help us to understand what kinds of problems they solve and what kinds of problems they generate. Perhaps the most important of these properties is ambiguity. We describe a technology as low ambiguity when it is well understood by those who use it, when they know what to pay attention to in inputs and environment, when they can distinguish good raw material from bad, and when they can tell a desired output from an undesirable one. By contrast, we say a technology has high ambiguity when we are not quite sure how it works, when it is difficult to ascertain whether it is working well, and when it is hard to know whether a given set of raw material inputs is likely to presage positive outcomes.

Collaboration, coordination, and coalition, I argue in this chapter, are ambiguous social organizational technologies, and this has consequences that explain a lot of what was seen on the ground in *Fighting Back*.

## The Three Cs in Theory and Practice

The words “collaboration,” “coalition,” and “cooperation” were used pretty much interchangeably in and around New Haven *Fighting Back* over the years. The absence of any attempt to define or debate the meaning of these terms suggests that participants assumed that they knew, and agreed on, what they meant. The scholarly literature on community initiatives of the time, likewise, did not offer consensus definitions of these interorganizational technologies. Articles on community coalitions spoke vaguely of “multiple interventions aimed at both individuals . . . and at risk-producing environments,”<sup>1</sup> “an organization of individuals representing diverse organizations, factions or constituencies who agree to work together in order to

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<sup>1</sup> Frances Dunn Butterfoss, Robert M. Goodman, and Abraham Wandersman, “Community Coalitions for Prevention and Health Promotion,” *Health Education Research* 8, no. 3 (1993): 315.

achieve a common goal,”<sup>2</sup> “an organization of diverse interest groups that combine their human and material resources to effect a specific change the members are unable to bring about independently,”<sup>3</sup> and “the pooling of appreciations and/or tangible resources by two or more stakeholders to solve a set of problems which neither can solve individually.”<sup>4</sup>

Each description in the literature and each allusion to coalitions, coordination, or collaboration by participants conveyed a sense that they would know it when they saw it. There might have been consensus that substance abuse, as a social problem, would require them, but as organizational technologies, almost nobody thought collaboration, coordination, and coalition building were something to be learned. In the following discussion I treat these three Cs as a single, generic concept, much as the participants did.

One image implicit in Fighting Back discourse was that of an uncoordinated multifront war: much was being done but efforts were less complementary than they could and should be. The emphasis on the fragmentation of existing efforts as an explanation for ineffectiveness was not new in the substance abuse field. Early in the twentieth century lack of coordination between narcotics and alcohol control agents had often been cited as a factor in the failure of prohibition, and since the 1970s every new federal drug policy has promised some variation on a thoroughly coordinated national attack that would solve the drug problem once and for all.<sup>5</sup> In 1989 William Bennett, George H. W. Bush’s drug czar, claimed, “The drug war was being won in America, through the combined efforts of interdiction, deterrence, and prevention.”<sup>6</sup>

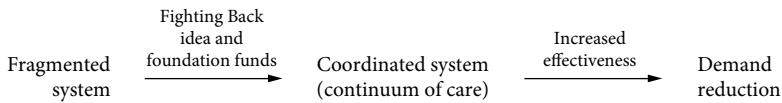
<sup>2</sup> Ellen Feighery and Todd Rogers, “Building and Maintaining Effective Coalitions,” Health Promotion Resource Center, Stanford University School of Medicine, 1990, available at [http://www.ttac.org/tcn/peers/pdfs/07.24.12/CA\\_BuildingAndMaintainingEffectiveCoalitions\\_Resource.pdf](http://www.ttac.org/tcn/peers/pdfs/07.24.12/CA_BuildingAndMaintainingEffectiveCoalitions_Resource.pdf), p. 1.

<sup>3</sup> Cherie Brown, *The Art of Coalition Building*, 4, quoted in Butterfoss, Goodman, and Wandersman, “Community Coalitions for Prevention and Health Promotion,” 4.

<sup>4</sup> Barbara Gray, “Conditions Facilitating Interorganizational Collaboration,” *Human Relations* 38, no. 10 (1985): 912.

<sup>5</sup> Franklin E. Zimring and Gordon Hawkins, *The Search for Rational Drug Control* (Cambridge: Cambridge University Press, 1992), 47.

<sup>6</sup> William Bennett 1990, quoted in Mary Ann Pentz, “Local Government and Community Organization,” in *Handbook on Drug Abuse Prevention*, ed. Robert H. Coombs and Douglas Ziedonis (Needham Heights, MA: Allyn and Bacon, 1995), 69.



**Figure 6.1** Simplified causal sequence connecting Fighting Back to demand reduction.

What was new about Fighting Back was that it made local communities the locus of the coordinating effort. But rather than a multifront attack, it was defined in terms of a decentralized, but coordinated, system, the continuum of care (Figure 6.1).

The program's designers seemed to envision two dimensions of coordination. A comprehensive community-wide system of prevention and treatment was the goal; comprehensive and community-wide meant coordination across (geographic and organizational) space and sector (prevention, treatment, etc.). Such a system, they believed, would be an effective tool to reduce the demand for illegal drugs and alcohol. It was not that there was a dearth of programs, the Robert Wood Johnson Foundation reminded applicants, it was that there had been few attempts to tie such endeavors together. The funder even required applicants, as a part of the grant process, to describe how existing efforts could be brought together to form a single system. The answer, of course, was coordination, collaboration, and coalitions, but for all the three-C rhetoric there was little or no discussion about how a community was supposed to deploy these organizational technologies.

From the start the single community-wide system proved an elusive goal. Endless talk about collaboration and the continuum of care and the ongoing recruitment of new partner organizations provided no guidance on how to subsume existing programs under, or connect them to, Fighting Back. Roslyn Liss's charts and tables allowed service providers to visualize the aspirational system, but practical coordination rarely went beyond the unthreatening talk of referrals and the persistent fantasy of centralized case management.

In its first few months of operation, New Haven Fighting Back learned repeatedly that existing organizations could not be coordinated with the wave of a wand. At the national meeting of Fighting Back sites at the end of the first year, project leaders were relieved to learn that other sites were also stymied about "how to involve ongoing

initiatives.”<sup>7</sup> Unsuccessful attempts had been made to position the citizen task force (CTF) as a central policy-making body, a grant approval body, and a promulgator of prevention and treatment protocols for all agencies in the community dealing with alcohol and other drugs. The achievement of real coordination became so inconceivable that by the end of the two-year planning period working together had been transformed from means to end: as I noted earlier, the overall mission of Fighting Back was changed from “reduce demand” to “enable all concerned citizens . . . to work together . . . to measurably reduce demand.”<sup>8</sup>

With this revised mission New Haven Fighting Back retreated from coordinating the entire system, instead using terms like “facilitate,” “catalyze,” or “broker.” In these roles, which came to be called “neutral convening,” New Haven Fighting Back did, as previously described, achieve several successes that could be called collaborations, but in each case it was a small group of partners rather than the entire system that was coordinated, and it took a significant amount of work to make it happen. The Consortium for Substance Abusing Women and Their Children, for example, coordinated several grant-writing efforts and played a central role in the formulation of New Haven’s state legislative proposals on substance abuse. Fighting Back, in the person of the project director, had also helped broker the agreement on how chronic inebriates were treated by the emergency medical system, and it played a pivotal role in organizing local agencies to design and lobby for the drug court in New Haven.

These success stories played out against the backdrop of another ostensibly more modest one: the creation or maintenance of broad assemblages of city and state agencies, service providers, nonprofit organizations, and neighborhood and resident groups that persisted over time. Many would complain that these entities never did anything or did not achieve major goals, but Fighting Back’s contribution to keeping these players talking was no small achievement.

In contrast to these successes, long-standing efforts to create a centralized case-management system, a central intake facility for treatment, or even the adoption of common intake forms that would institutionalize a continuum of care never really got off the ground during this time. After seven years of Fighting Back, the coordinated

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<sup>7</sup> CTF910516, 16 May 1991.

<sup>8</sup> CTF910321, 21 March 1991.

system envisioned in the original request for proposals did not exist. What limited service coordination and coalition formation that had emerged were as much products of substance abuse treatment providers circling the wagons in response to managed care companies taking over Medicaid as they were responses to entreaties from, or actions by, Fighting Back.

## Blaming the Actors

Participants in New Haven agreed with Fighting Back's designers that fragmentation was a problem; they characterized the absences of broad cooperation as a failure to get everyone on board. Sometimes such failures made them wonder, with the foundation's Jellinek and Hearn, whether "concern about the drug crisis is sufficiently broad and deep for diverse community groups to finally set aside their differences in favor of what is widely perceived as a greater common interest."<sup>9</sup> Unsuccessful collaboration was explained in terms of turf battles among service providers, neighborhood organizations, and city and state agencies and the obstructive behavior of particular individuals and organizations. When not blaming local colleagues, Fighting Back officials would condemn the national program office and the program officers at the foundation for being clueless about how things really worked on the ground.

Any failure to coordinate, collaborate, or form a successful coalition was portrayed, in other words, as resulting from errors, mistakes, corruption, or failings and pathologies in the community of organizations.

## Collaboration and Coalitions Are Ambiguous Technologies

The people who designed Fighting Back realized that asking communities to "orchestrat[e] the efforts of their many public, private, and voluntary organizations" was asking them to do something that "few communities, if any, [had] successfully achieved in response to any issue."<sup>10</sup> Communities would have to be encouraged, cajoled, and

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<sup>9</sup> Jellinek and Hearn, "Fighting Drug Abuse at the Local Level," *Issues in Science and Technology* 7 (1991): 80.

<sup>10</sup> Ibid.

provided incentives, and the foundation would provide resources to those that were ready and willing.

But if few communities had formed these grand coalitions, perhaps it was not because they were unready or unwilling or lacked resources but because no one really knew how to do it? Other than coordination by centralized hierarchical control—a nonstarter in most American contexts—communities had few models from which to draw for alternative technologies with which to transform their substance abuse domain into a coordinated system. Everyone could talk about collaboration and coordination, but no one, it seems, had any idea of how to build a system out of neighborhood groups, treatment providers, hospitals, businesses, politicians, academic researchers, and churches.

Coordination, collaboration, and coalitions in a community of organizations are perfect illustrations of ambiguous social organizational technologies. Calling them technologies emphasizes that they are, in this context, an application of knowledge to a practical purpose. But they are ambiguous in that it is often unclear just what they are, when to use them, how they work, or why they fail. Do they require gathering organizational representatives in meetings? Writing contracts among collaborators? Establishing joint projects and commingling funds?

The three Cs are challenging when the parties are persons; among organizations, even more so, not least because our tendency to analogize organizations to persons makes us overlook the very characteristics that make organizations difficult to work with. In the rhetorical environment of programs like *Fighting Back* there evolves a kind of fetishization of the three Cs that blinds participants to the ambiguity associated with them. Some of these are described in the next several sections.

First, despite their ubiquity, cooperation, collaboration, and coalitions are nonstandard institutional forms in communities of organizations. Second, their symbolic value may exceed their real effects, making it hard for participants to rationally assess their use. Third, it is simply difficult to tell whether they are happening and to ascertain when enough is enough. Finally, because their emotional appeal can overwhelm their practical utility, it is hard to see that getting things done does not always require everyone to get along: real change can result from limited and targeted cooperation, collaboration, and coordination among small groups of partners.

### *Collaboration as an Unnatural Act*

The designers and funders of Fighting Back wrote as if collaboratives and coalitions were standard, off-the-shelf community institutions like police departments, chambers of commerce, parent-teacher organizations, or sports teams. Some parts of the project could be modeled on familiar structures—the CTF, for example, was based on so-called blue-ribbon panels—but there were few prototypes for community-wide coalitions or collaboratives against a social problem. New Haven's and other sites' struggles over how to include existing initiatives were struggles to invent and implement structures of coordination lying somewhere in the unfamiliar territory between bureaucratic control and laissez-faire market interaction.

What experience community-based organizations did have with coalition building was for cases in which the opposition was more easily identified as a specific organization or institution. Banding together to fight city hall or other large institutions was a part of their collective tool kit, as was joining a one-group-against-another community feud or a campaign against objects and things (some Fighting Back communities focused on tangibles such as billboards, graffiti, or liquor store licensing), but in the case of substance abuse, the culprit was amorphous, at once everywhere and nowhere, as much inside as outside the community. Furthermore, the structure of the organizational domain itself (large numbers of small, special-purpose organizations) and the nature of those organizations (dependent on an annual funding cycle and their ability to justify their existence in terms of the special niche they filled) made collaboration, cooperation, and coalition formation an unnatural strategy. Some of the organizations in the community owed their existence to frustration with existing organizations and had developed a pattern of institutionalized noncooperation or, at least, a live-and-let-live approach, over the years.

### *Costs and Benefits of Cooperation*

New Haven Fighting Back learned early on that cooperation and coordination are costly. Each time the organization grew, new participants had to be brought up to speed. Keeping collaborators abreast of ongoing developments required more time and resources than were

available in the scramble to get the grant. Even the main players had trouble staying on the same page. One CTF member, asked what he would do differently, said he “would bring cochairs together to review what [the] grant is and lay out expectations and go through a process to develop a shared vision.”<sup>11</sup> Despite months of meetings, a shared vision was still an elusive goal. There was also an ongoing tension between the care and feeding of their stable of partner organizations necessary to keep them on board and putting these partners to work for the project. It often seemed that the resources expended to foster cooperation outweighed the benefits of buy-in or feelings of ownership that they produced.

### *Are We Collaborating Yet?*

Even if working together could produce net benefit for the community or mutual benefits for the partners, it was, in the absence of specific projects to work on, difficult to detect whether collaboration was happening, partners were cooperating, or a coalition was forming. Most of the time meeting attendance was the only evidence of working together. Collaboration and coordination were frequently conflated with softer forms of coparticipation.

To fulfill the foundation’s mandate to build a coalition against substance abuse (and get the funding), New Haven Fighting Back took the Noah’s ark approach, ensuring that organizations from all the sectors were on board (that is, wrote a support letter and came to meetings). Some member organizations showed up because it was important to be at the table to get a share of the resources when the budget was drawn up, some because of personal ties, and some because Fighting Back was the project of the moment. Despite the rhetoric of the power of coalitions and the attractiveness of collaboration, during the first several years of Fighting Back there was little, except getting the grant, that anyone could point to as an example of cooperation, and even the grant-getting process was a poor advertisement for the process. Ambiguity about what coalitions and collaboratives and cooperating and collaborating looked like and the complete lack of ongoing feedback made detecting their presence or absence almost impossible. Lists of

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<sup>11</sup> Interview 1991.



meeting attendees, lack of overt conflict, and repeating the three-C mantra had to suffice.

### *How Much Collaboration Is Enough?*

It does not take an expert to realize that there is almost certainly a diminishing marginal rate of return to collaboration. At some point, as a circle of participation expands, the cost of adding another member may be more than the benefit of having that member on board. The challenge of detecting collaboration makes it difficult, though, to evaluate the benefits of striving for a little more collaboration. The symbolic premium placed on community-wide involvement can easily mask diseconomies of scale. New Haven Fighting Back sought new organizational partners because the foundation expected community-wide involvement, but there was no reliable metric for deciding whether further expansion was warranted, what should be expected from new members, or how expansion related to concrete projects. The ambiguity of the three Cs as organizational technologies was exacerbated by this lack of feedback mechanism, some signal that would say, "Stop."

### *Maybe Everyone Does Not Have to Get Along*

Over the long term, it turned out that New Haven Fighting Back's most significant accomplishments were by a few limited groups of partners assembled especially for particular tasks. New Haven Fighting Back figured out that across-the-board coordination often got in the way of the identification of a few specific conflicts that needed to be resolved. The real coordination target was not everyone, all the time, but rather small subsets of organizations within the community focused on particular tasks. Despite the rhetoric of integration and single systems, incomplete cooperation and limited participation often seemed more effective while broad collaboration could be dysfunctional; New Haven Fighting Back's experience suggests that in communities of organizations the optimal level of cooperation and coordination, of nonfragmentation, may be much less than 100 percent.<sup>12</sup>

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<sup>12</sup> Roland L. Warren, Stephen M. Rose, and Ann F. Berggrunder make a similar point in their underappreciated classic of the urban studies literature, *The Structure of Urban Reform* (Lexington, MA: D. C. Heath, 1974).

## Ambiguous Organizational Technologies

These observations are not meant to suggest that collaboration, coordination, and coalition formation in a community of organizations are either impossible or undesirable. They are, though, marshaled in support of the argument that the organizational technologies deployed in the Fighting Back initiative and others like it are unclear and ambiguous technologies. Consider this description by the organizational theorists Michael D. Cohen, James G. March, and Johan P. Olsen:

Technology is often unclear. Although the organization manages to survive and even produce, its own processes are not understood by its members. It operates on the basis of simple trial-and-error procedures, the residue of learning from the accidents of past experience, and pragmatic inventions of necessity.<sup>13</sup>

There are, of course, many specific and concrete ways organizations can coordinate their activities: sharing information, space, and other resources; referral; competition; merging; funding one another; or subcontracting. Many of these occurred in New Haven. But when lumped together under magical umbrella concepts such as collaboration and coalition formation they can become part of an ambiguous technology for system building and community repair. Even savvy participants found it difficult to connect wielding those concrete tools with the abstract idea of building a collaborative system or coalition. The hypercertainty that cooperation, coalitions, and collaboration were what the community needed and what the foundation wanted coupled with their inherent ambiguity left them taken for granted, unexamined, and poorly understood.

In the previous chapter I focused on the tendency to mistake organizations for persons, noting that organizations lack skills and characteristics that give individuals at least the chance to collaborate successfully. In this chapter, my claim is that these organizational deficits are compounded by the inherent ambiguity of interorganizational

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<sup>13</sup> Michael D. Cohen, James G. March, and Johan P. Olsen, "People, Problems, Solutions and the Ambiguity of Relevance," in *Ambiguity and Choice in Organizations*, ed. James G. March and Johan P. Olsen (Bergen: Universitetsforlaget, 1976), 24–25.

technologies deployed in projects like Fighting Back. Because the technology of collaboratives and coalitions is so ambiguous, project leaders are limited in their ability to produce more benefits than costs when their goals include involving everyone as an end in itself. When New Haven Fighting Back followed other instincts and included only those partners necessary for a given initiative, it had limited success, but trying to implement the rhetoric of being community-wide for its own sake yielded few positive results. This suggests a basic tension in the ideology of participation: what is the status of stakeholders in a community of organizations? Do the advantages of multiple perspectives at the table translate when the participants are organizations? Do we need to think a little more deeply about what organizations are like as the tools and raw materials of community initiatives?