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UNIVERSITY OF CALIFORNIA, IRVINE

Reducing the Harm of the Nonprofit Industrial Complex: How SSPs and the Harm Reduction
Movement Resist Neoliberal Ideology

DISSERTATION

submitted in partial satisfaction of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in Criminology, Law and Society

by

Carol Newark

Dissertation Committee:
Professor Richard McCleary, Chair
Professor Elliott Currie
Professor Naomi Sugie

2022

DEDICATION

For Dr. Julie Horney

Julie believed in me when I didn't believe in myself. She encouraged me to not only pursue this degree, but to live an adventurous life. Without her guidance, none of this would be possible.

Rest in Peace

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ABSTRACT OF THE DISSERTATION

Reducing the Harm of the Nonprofit Industrial Complex: How SSPs and the Harm Reduction

Movement Resist Neoliberal Ideology

By

Carol Newark

Doctor of Philosophy in Criminology, Law and Society

University of California, Irvine, 2022

Professor Richard McCleary, Chair

As nonprofit syringe services programs (SSPs) and the harm reduction social justice movement gain broader mainstream acceptance, they receive more funding opportunities from the government and private foundations. On one hand, funding can be seen as a net positive because it is necessary for programs to operate. However, scholars have pointed out how this funding can also be detrimental to SSPs and the broader harm reduction movement. In this dissertation, I discuss how funding is a double-edged sword: a necessity for programs, yet an opportunity for funders to exert control over services and social movements. I do this by examining funding streams made available to SSPs in California, and how SSP staff navigate their funding constraints. I also explore how the social movement continues to pursue radical social change, despite its involvement in what scholars have termed the nonprofit industrial complex (NPIC). My findings highlight how the harm reduction movement is able to resist the neoliberal ideology of the NPIC through intentional choices and actions. These findings provide nuance to our understanding of the dynamics between social services, social movements, and the NPIC. This research can be used by scholars, service providers, and activists alike, to understand how to build a social justice movement while continuing to participate in the NPIC.

Chapter 1: Introduction

On the Sunday night before finals week in the spring quarter of 2015, I volunteered for a syringe services program (SSP) for the first time. I had two final papers due in less than 48 hours, yet I was driving to Hollywood to help two staff members from the Community Health Project of Los Angeles pass out sterile needles, collect used ones, and provide other harm reduction supplies out of their RV. That day changed my life. Over the past seven years, I have worked at SSPs in Orange and Los Angeles Counties. Admittedly, my love and commitment to this work has, at times, surpassed my commitment to graduate school. So much so, that I went on leave from school for a year to work at an SSP in LA. However, I returned in the Spring of 2020 to complete this dissertation. Naturally, I chose to do my research on SSPs and the harm reduction movement in California.

SSPs are an evidence-based public health approach that address the needs of people who use drugs (PWUD) using a harm reduction approach. This approach to substance use recognizes drug use as a part of peoples' lives, and aims to reduce the harms associated with it rather than criminalizing the behavior (Marlatt, 1996). The primary goal of an SSP is to reduce the spread of HIV or Hepatitis C (HepC) among people who inject drugs by providing sterile syringes and access to safe syringe disposal. Through the provision of sterile injection equipment, SSPs reduce the spread of HIV and HepC, and help prevent abscesses and endocarditis (Des Jarlais, Perlis, Arasteh, Torian, Hagan, et. al, 2005; Santibanez, Gargein, Swartzendruber, Purcell, Paxton, & Greenberg, 2006; Ruiz, O'Rourke, & Allen, 2015).

Despite the overwhelming research demonstrating their effectiveness both internationally and in the United States, SSPs have a long and tenuous history in the U.S. (Buthenthal, 1998; Laguna, 2021; McMullen, Naeim, Newark, Oliphant, Suchard, & Banimahd, 2021; Showalter,

2018). SSPs were originally illegal, so they worked together to build the harm reduction movement which aimed to decriminalize their work and to advocate for the rights of PWUD (Bluthenthal, 1998). As the opioid epidemic has ravaged the U.S., SSPs and the harm reduction movement have gained more acceptance as a way to deal with issues related to substance use, including infectious disease and overdose deaths. As harm reduction has become more mainstream in certain locales, funding streams that were historically unavailable have opened up to SSPs. States like California have allocated funds for specific grants, such as the California Clearinghouse and the California Harm Reduction Initiative (CHRI), to help underfunded programs purchase supplies and pay staff.

In order to qualify for grant funding, SSPs must file for nonprofit status or find an established nonprofit to act as a fiscal sponsor. Thus, SSPs have become a part of what scholars have coined the “nonprofit industrial complex” (NPIC) (Gilmore, 2007; Finley & Esposito, 2012; Smith, 2007). The NPIC is defined as the web of relationships created between those in the government and private foundations who establish the grant funding opportunities, and the nonprofit social service and social justice organizations who compete for them. It is a symbiotic relationship in which nonprofits rely on governments and wealthy philanthropic foundations for funding, who in turn use the money to control the services and derail social justice movements (Smith, 2007). However, increased access to funding can also provide legitimacy in the community as well as stability in services, allowing programs to expand (Anasti, 2017; Andreassen, Breit, & Legard, 2014).

I chose to study the relationship between the NPIC, SSPs, and the harm reduction movement for several reasons. First, critics of the NPIC have pointed to the tension between social service nonprofits and social justice movements, arguing that the two do not necessarily

go hand in hand (Kivel, 2007). Service organizations rely on the existence of social problems that social justice movements aim to solve through changes in public policy. If social problems are addressed at the macro level, it eliminates the need for the individual level service provision work. Yet, the harm reduction movement in CA is mainly comprised of current and former SSP service providers, and participants. Despite being legal in the state, the movement continues to advocate for policies that benefit PWUD (Assembly Bill 1344; Assembly Bill 2077; Senate Bill 57). My dissertation research uncovers how SSP staff, as both service providers and movement activists, navigate the NPIC, and how the movement seeks to insulate SSPs from its perils.

Second, prior research focuses on social services and movements that have long been part of the NPIC. Little research has been published on nonprofit organizations and movements, like SSPs and harm reduction, who have only just begun their relationship with the NPIC (Anasti, 2017). SSPs were not legalized statewide in CA until 2011, and were banned from receiving federal funding until 2016 (AB 604; Weinmeyer, 2016). SSPs and the harm reduction movement are relatively newer compared to other service/movement partnerships. For example, domestic violence services and the survivors' rights movement got their start in the 1970s. SSPs began their fight 20 years later in the 1990s and continue to struggle for mainstream acceptance today (Bluthenthal, 1998; Shoawalter, 2018).

Lastly, overdose deaths have soared to record highs, surpassing 100,000 deaths in a one-year period in 2021 (Centers for Disease Control and Prevention, 2021). The main driver of this increase is the powerful synthetic opioid, fentanyl. SSPs distribute and train people to use the opioid overdose medication naloxone (or Narcan), making them vitally important in the fight to reduce overdose deaths. In order to effectively do this, SSPs need funding, and with that comes some level of participation in the NPIC. Critics of the NPIC have found that participating in it

can fundamentally alter the way services are provided and can thwart social justice movements (Finley & Esposito, 2012; Hall & Reed, 1998; Kivel, 2007; Smith, 2007; Steedman & Rabinovicz, 2006). My dissertation explores how SSPs and the harm reduction movement adapt to the necessary evil of the NPIC.

The NPIC is a product of neoliberalism, which I use as my overarching theoretical framework throughout this dissertation. I illustrate how neoliberal ideology has permeated our society, and the impact that it has on service organizations, their participants, and social justice movements. I then analyze how this ideology has impacted SSPs and the harm reduction through the mechanisms of the NPIC, and explore how they react to and navigate that relationship. Once these dynamics have been detailed through my research, I observe how they played out in the context of the COVID-19 pandemic, which offers an opportunity to observe the strain caused by neoliberalism and the NPIC under extreme circumstances. This dissertation adds to the body of literature surrounding neoliberalism, the NPIC, and how service providers and radical social justice movements engage with it by answering the following research questions: 1) Does nonprofit funding for SSPs reflect the mission of the harm reduction movement or the norms and policies of neoliberalism? 2) How do SSPs and the harm reduction movement navigate the NPIC in order to uphold the core principles of harm reduction? 3) How did SSPs and their participants experience the early stages of the COVID-19 pandemic?

Neoliberal Approach to Social Issues

Prior to the 1970s, Keynesian economic theory was the leading framework of economic and political policymaking in the U.S. (Palley, 2005; Thorsen, 2010; Thorsen & Lie, 2006). Developed by John Maynard Keynes, Keynesian economics advocates for the government and central banks to intervene in the economy in order to advance the common good (Keynes, 1936).

Keynes believed that total employment was necessary for capitalism to grow and thrive, and we see his economic theory at work in Roosevelt's New Deal policies (Martinez & Garcia, 1999; Thorsen, 2010; Thorsen & Lie, 2006). Over time, New Deal era policies have been dismantled in favor of today's dominant political and economic ideology, neoliberalism (Harvey, 2005; Martinez & Garcia, 1999; Palley, 2005; Thorsen, 2010; Thorsen & Lie, 2006).

While Keynesian economics advocates for advancing the public good, creating strong workers unions, and a robust social safety net, neoliberalism advocates for the exact opposite. It replaces the concept of the public good with individual responsibility, tasking the poor with finding solutions to their own problems like lack of healthcare, housing, and education (Finley & Esposito, 2012; Giroux, 2004; Martinez & Garcia, 1999; Smith, 2007). The individual responsibility framework dictates that each person is solely responsible for the consequences of the decisions they make – and all decisions are considered to be freely made (Finley & Esposito, 2012; Giroux, 2007; Thorsen, 2010; Thorsen & Lie, 2006). This every person for themselves mentality makes it difficult for us to act collectively in response to societal issues. As Schept (2015) points out, the solution to the problems of neoliberalism is always more neoliberalism.

In thinking of drug addiction as a social problem, the neoliberal response focuses on the individual. The emphasis is placed on getting individuals into treatment, often through the coercion of the criminal justice system (Tiger, 2011). An alternative approach is to view drug addiction as a societal level problem that can be solved by decreasing poverty, and increasing access to healthcare, housing, and education (Ewald, Strack, Orsini, 2019). The harm reduction movement recognizes drug addiction as a societal problem. It offers syringe services to keep people safe and alive while simultaneously working to dismantle the systems of oppression that help cause it (Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012).

Unfortunately, neoliberalism dictates that the government cannot interfere with and regulate the market in a way that would produce these societal level changes. Instead, it creates and funds programs meant to enhance an individual's ability to participate in it. (Eikenberry, & Kluver, 2004; Finley & Esposito, 2012; Gilmore, 2007; Munck, 2005; Thorsen & Lie, 2006; Smith, 2007; Stuart, 2016). A great example of a neoliberal social policy is the Section 8 housing voucher program, which provides individuals with vouchers to secure housing in the private rental market rather than creating public housing (Stuart, 2016; Stoloff, 2004). Landlords receive low-cost mortgages and rent subsidies if they are willing to accept the vouchers (Stoloff, 2004; Teater, 2009). Yet, many landlords are unwilling to participate, creating waitlists for as long as ten years for a voucher, and then another waitlist for a unit where the voucher will be accepted (Teater, 2009). In 2017, the waitlist for a voucher in Los Angeles County was 11 years long (Wick, 2017).

Neoliberalism offers a fascinating lens through which to study SSPs, as their harm reduction approach is not interested in fixing personal deficiencies in the name of individual responsibility. SSPs are interested in one thing: reducing the harm associated with drug use. The logic of neoliberalism suggests that programs should instead exist to help people stop using drugs so that they can participate in the free market economy. For decades, SSPs existed mostly outside of mainstream society, where they could squarely oppose neoliberal ideology. However, as programs become legal, secure nonprofit status, and apply for funding, they must grapple with these two opposing ideologies. When SSPs become nonprofits and accept funding contracts they become part of the NPIC, which is based in neoliberal ideology.

Neoliberalism and the Nonprofit Industrial Complex

The NPIC is a direct product of neoliberalism and the individual responsibility framework. It is borne out of our need to address societal issues like poverty, homelessness, and overdose deaths, but our unwillingness to create a strong social safety net because doing so interferes in the free market economy (Connell, Fawcett, & Meagher, 2009; Smith, 2007). The nonprofit sector was created to address these social issues at the individual level; therefore, nonprofits exist to help people become “more productive members of society” (Eikenberry & Kluver, 2004; Gilmore, 2007; Smith, 2007). Instead of passing legislation that would address class, gender, and race inequality through market intervention, the government skirts its responsibility by doling out funding to nonprofit organizations (Finley & Esposito, 2012). Outsourcing the social safety net to the nonprofit sector gives rise to the NPIC, and a mechanism through which neoliberal ideology can permeate into service provision and social movements (Allard, 2009; Gilmore, 2007; Finley & Esposito, 2012; Smith, 2007).

According to scholars of the NPIC, it is a set of political and financial relationships that give those in the ruling class surveillance and control over service provision, as well as the political advocacy done by nonprofits (Smith, 2007; Rodriguez, 2007). The ruling class, as defined by this body of literature, includes lawmakers and those who sit atop of the economic pyramid in the United States (Kivel, 2007). Kivel (2007) explains that wealth is distributed in the shape of a pyramid, with those in the top 1% owning 47% of the nation’s wealth. Today, the wealthiest 1% of the population owns roughly 32% of the nation’s wealth (Statista Research Department, 2022). The second tier of the economic pyramid is also included in this definition, and includes 9% of the population which owns 37% of the wealth today. Together, the top 10% of the economic pyramid owns 69.2% of the wealth in the United States, while 50% of the population owns just 2.8% of the wealth. According to the literature on the NPIC, those with the

most wealth use their financial power to influence politicians and start private foundations (Smith, 2007). They then put their money into their private foundations, which exempts them from paying taxes on their wealth. These foundations then solicit donations from others with wealth looking to make tax deductible donations. The foundations themselves tout their achievements in giving back to the community in the form of grant funding for nonprofits (Kivel, 2007; Finley & Esposito, 2012; Rodriguez, 2007; Smith, 2007). Because grant funding streams are created and managed by the local, state, and federal government, as well as private foundations, those in the ruling class have the power in determining what types of causes, projects, and organizations will receive funding. This hierarchical relationship creates a situation where the nonprofits who seek funding must make themselves more attractive to funders, rather than the people that they serve (Baines, 2010). This situation is exacerbated by the funding scarcity created by neoliberalism.

Neoliberalism seeks to not only outsource the social safety net, but also to limit the amount of money given to the nonprofit sector (Gilmore, 2007). This creates a funding scarcity, which makes grant funding opportunities highly competitive (Baines, 2010). My dissertation studies SSPs at a moment in which they have received an increase in funding, signaling a higher level of acceptance for harm reduction among those in power. In order to be successful in the marketplace of funding, SSPs must write highly competitive grant applications that pledge to take actions that will appeal to funders, not necessarily the community that they serve (Lehmann, 1990). Whether or not these actions are successful, they must define it as such in order to increase their chances of obtaining future funding (Berman, Brooks, & Murphy, 2006; Hall & Reed, 1998; Richmond & Shields, 2004; Smith, 2007; Steedman & Rabinovicz, 2006).

At its core, neoliberal ideology aims to maintain the status quo. Therefore, funding focuses on short-term individual level goals, rather than long term community level changes. Often, movement building activities are listed as non-fundable action items in grant contracts (Berns, 2004; Eikenberry & Kulver, 2004). Prioritizing both social services and social change is difficult for programs, yet possible. If service organizations are able look at the problems they exist to deal with as structural rather than individual, they can engage in service provision while advocating for broad social change (Berns, 2004; Miami Worker Center, 2004). For example, Finley and Esposito (2012) suggest that DV organizations bring their clients into the fight for social justice to help them achieve a true empowerment that shifts the distribution of power in society, which will ultimately decrease incidences of domestic violence (Berns, 2004; Finley & Esposito, 2012; Magnus & Donhue, 2021).

SSPs and the harm reduction movement have a long history of doing just that, as they have had to fight for social change in order for their services to even exist legally (Bluthenthal, 1998; Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012; Marlatt, 1996; Roe, 2005). The harm reduction movement was started by PWUD during the AIDS epidemic who were fighting for large scale structural change that would keep them and their friends from contracting HIV. The movement continues to take a bottom-up approach to both service provision and political activism, meaning that SSP participants have a real voice in conversations about how services will be provided and what the political agenda of the movement will be (Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012; Marlatt, 1996). Whereas other service providers within social movements may struggle finding a balance between service provision and activism, in the early days of SSPs, there was no choice to be made. Simply operating a program could be considered an act of civil disobedience meant to advance the broader harm reduction

movement, as SSPs were illegal in many states (Bluthenthal, 1998). As funding and support for programs has grown, they must stay committed to activism and their bottom-up approach (Roe, 2005). This will help strike a balance between service provision and advocacy. My dissertation uncovers how programs are grappling with this complicated dynamic.

Research Context

The context of my dissertation is two-fold. The first part of my dissertation focuses on SSP funding made available throughout CA, as well as interviews with SSP staff and harm reduction movement activists throughout the state. I chose to focus on CA because of the wide variety of funding opportunities for SSPs. Certain counties and cities fund their SSPs directly, while others do not. Programs who receive less funding from their city or county rely more on state, federal and foundation funding, increasing their entanglement in the nonprofit industrial complex. CA also has a broad network of SSP staff, activists, lobbyists, and grant-makers who work together to advocate for the rights of PWUD and the SSPs that serve them. The second part of my dissertation focuses on how the COVID-19 pandemic affected SSPs and their unhoused participants in Los Angeles County. In order to study SSPs' pandemic response, I use observational data collected at an SSP in LA, as well as interview data conducted with both SSP staff and homeless outreach staff in the county. Focusing on COVID-19 allows me to observe neoliberalism and the NPIC in a time of crisis, and explore how SSPs, other service providers, and their participants experienced the pandemic as it was unfolding.

Grant Funding for SSPs in CA

In order to understand the effects of neoliberalism and the NPIC on SSPs in CA, I study grant funding that was made available to CA SSPs between January 1, 2020, and December 31, 2021. This timeframe considers two major shifts in SSP grant funding. First, SSPs were banned

from receiving federal funds until 2016, and still cannot use federal grant dollars to purchase syringes (Weinmeyer, 2016). Second, this reference period encompasses the COVID-19 pandemic, which opened up additional funding streams for SSPs specifically related to COVID-19 testing and vaccines. Because the government has outsourced much of the social safety net, the nonprofits that provide social services are supported through government funding and wealthy donors. The government and private foundations allocate funding to certain types of services, such as housing assistance, domestic violence services, re-entry services, and now SSPs. Nonprofit organizations whose missions and purpose satisfy the eligibility criteria for the grant funding are able to apply for grant contracts. Thus, the funders have a tremendous amount of power in the types of services that will be funded, and how much will be allocated. The applications are then scored and ranked, and then the funding is doled out to the top applicants. In addition to meeting the requirements to be funded, organizations must then meet the reporting requirements throughout the grant contract period. These requirements, again, are set by those at the top of the funding hierarchy, giving them a say in exactly what funded programs should look and how they should behave. All of these requirements are laid out in grant requests for proposals (RFPs).

The nonprofit industrial complex has many layers to it, including local, state, and federal government funding, as well as private foundation funding. I will detail those layers and how they interact in California, in order to better understand the funding landscape in which SSPs operate. Because California SSPs have legal channels through which they can operate, they have access to funding from all levels of the government as well as private foundations. Each funding stream comes with its own set of rules, eligibility requirements, and reporting requirements. It is necessary to study these requirements, laid out in RFPs, in order to understand how the

government and the ruling class use funding to coerce SSPs to comply with neoliberal ideology, and to set the stage for understanding the extent to which SSPs are able to push back against it.

Los Angeles County

My research on the impact that COVID-19 had on SSPs takes place in Los Angeles County, which is home to more than seven syringe services programs varying in size, location, and service delivery model (North American Syringe Exchange Network, 2022). This allowed me to examine the pandemic response from many different types of programs. These programs are a part of a local coalition of SSPs that meet monthly to discuss policy issues and advocate for change.

These seven SSPs must provide services in a county of over 10 million people. Compared to other major metropolitan areas, LA has fewer SSPs. New York City, home to 8.38 million people, has 11 SSPs. San Francisco has a population of just under 875,000 people, yet it has five SSPs (U.S. Census Bureau, 2021; North American Syringe Exchange Network, 2022). Doing harm reduction work can be quite daunting in LA County, given its size and population density. LA County is broken up into 88 different cities, each with their own mayor, city council, and police department, as well as 125 unincorporated communities that are governed by the County Board of Supervisors and policed by the LA County Sheriff (County of Los Angeles, 2010; County of Los Angeles, 2009). LA County has a population of over 10 million people (10,014,009 according to the 2020 Census). With only seven SSPs to cover syringe access in the entire county, this means that organizations often work across multiple cities with varying political landscapes. Each city and the county have their own ordinances governing SSPs and the people they serve, meaning that SSP service delivery models, including street outreach, must be tailored to fit the city in which they occur.

SSPs may offer street outreach services in order to reach people experiencing homelessness, who may otherwise have a difficult time accessing a fixed site location. Those who are unstably housed (living on the street or in a vehicle, living in a hotel or shelter, couch surfing) may account for anywhere from 35%-74% of people accessing an SSP (Des Jarlais, Braine, & Friedmann, 2007). Given the size of LA County's homeless population, street outreach and mobile SSPs are necessary in order to reach people experiencing homelessness who reside far from fixed-site SSP locations. The most recent LA county homeless count occurred in 2022, and found that there were 69,144 people experiencing homelessness on a single night – an increase of 4.1% from 2020 (Los Angeles Homeless Services Authority, 2022).

Position as a researcher

I have been a part of the harm reduction movement as a volunteer and staff member at SSPs in CA for over seven years. I started as a volunteer and slowly worked my way up to become the executive director of the Harm Reduction Institute, a now closed SSP in Orange County. My role in the movement provided several benefits, including knowledge of grant funding, access to the California Syringe Exchange Program Coalition listserv, access to interviews with coalition members, and access to my observational research site.

Research has demonstrated that researchers must acknowledge that their own position in relation to the subject that they study, and that their experiences do not equal an absolute knowledge about their topic (Hammersley & Atkinson, 1983; Thorne, 1978). However, a rich understanding of the subject at hand can be beneficial. Therefore, researchers are to reflect on and come to an understanding of how their experiences impact their research. I discuss my experiences working within the movement and how I dealt with this subjectivity at length in Appendix A. Additionally, in each of the following empirical chapters I discuss my positionality

and how it relates to the analysis in that chapter specifically. I also include short anecdotes from my own personal experiences throughout in order to provide further context on my subjectivity.

Dissertation Outline

The research on neoliberalism and the nonprofit industrial complex will inform the analysis for the following three empirical chapters. In order to understand how the NPIC uses grant funding to further a neoliberal agenda in SSPs, I analyze RFPs, arguing that neoliberal ideology is fundamentally at odds with harm reduction ideology. Following this chapter, I analyze interview data to explore how SSPs and the harm reduction movement navigate the NPIC and deal with the tension between neoliberalism and harm reduction. After detailing this dynamic, I will observe it and how it places out in the context of the COVID-19 pandemic, which I define as a disaster event. The final chapter will be a conclusion that discusses my findings as a whole.

Chapter Two

The second chapter of my dissertation focuses on the inner workings of the NPIC through an analysis of grant funding RFPs for SSPs in California. I will contextualize the RFPs with a discussion of the legal history of SSPs in CA and an overview of the multiple funding streams available to programs. Under neoliberalism and within the NPIC, these funding streams uphold the systems of power and hierarchy that keep the government/ruling class above nonprofit organizations. The government/ruling class dictates what types of services they will fund, and what specific organizations will receive that funding. Thus, nonprofits are incentivized to transform themselves into whatever type of organization they need to become in order to receive funding. The grant funding RFPs released by the government and private foundations list out the

specific requirements that they are looking for, creating a manual for what programs need to do or change about themselves in order to receive funding.

I conduct document analysis of 18 grant funding RFPs made available to CA SSPs between January 1, 2020, and December 31, 2021. The literature on neoliberalism and the NPIC provide the theoretical framework through which I analyze the RFPs. Viewing the RFPs through this lens allows me to analyze the extent to which the eligibility and reporting requirements of the grants reflect the values of the harm reduction movement central to SSPs or further the agenda of neoliberalism and the NPIC. I find that while funding from the federal government and certain large foundations pushes the values of neoliberalism and the NPIC, funding from smaller foundations is much more reflective of the principles of harm reduction. These findings further our understanding of how grant funding requirements are infused with neoliberal ideology, but it also highlights the ways that certain funding streams resist neoliberal ideology while still operating within the NPIC.

Chapter Three

Chapter three builds upon my findings from chapter two, and examines how SSPs navigate the constraints put on them by their funders. When grant funding requirements are in line with the logics of neoliberalism, they run antithetical to the harm reduction movement's guiding principles. The literature on the NPIC suggests that programs must either sacrifice their morals and values and accept the funding, or refuse to take it. This chapter explores how SSPs make these decisions, and the creative ways they have been able to accept funding while still staying true to the movement. Further, I examine how advocates in the CA harm reduction movement have been able to create the funding streams discussed in chapter 2 that resist neoliberal ideology from within the NPIC. Lastly, I detail how both SSP staff and harm

reduction advocates continue to push for large scale social change using the Four Pillars of Social Justice Infrastructure, despite their involvement in the NPIC, which is intentionally set up to stall such change (Miami Worker Center, 2004).

To understand how SSPs and the overall harm reduction movement navigate neoliberalism and the NPIC, I conduct qualitative content analysis on 15 interviews with SSP staff and harm reduction advocates throughout CA. These findings highlight the many ways that the movement gives in to neoliberalism, and the ways that continues to organize and advocate for social change. This is important for understanding the positive and the negative consequences that occur when social services and social movements gain acceptance from the government and the ruling class. This research has implications for SSPs that must rely on funding sources that are not created with the principles of harm reduction in mind. As the movement begins to gain traction outside of CA, funders and in other states can look to CA as an example for how tailor funding to meet the needs of the movement, rather than the needs of neoliberalism.

Chapter Four

In my final empirical chapter, I examine the effects of the COVID-19 pandemic on SSP participants and the programs that serve them. The pandemic highlights the strain that the government and ruling class place on nonprofit social service providers through neoliberalism and the NPIC. It also demonstrates both the positives and the negatives of outsourcing social services to the NPIC, especially in a time of crisis. Examining the needs of SSP participants and how SSPs responded using a bottom-up approach throughout COVID-19 will illustrate these dynamics. It also offers an understanding of how SSPs gained more legitimacy in the NPIC, leading to additional funding opportunities.

I employ the theoretical framing of neoliberalism and the NPIC to conduct qualitative content analysis on 325 hours of participant observation data. I identify the major themes that emerge regarding the SSP participants' pandemic experiences and the gaps in services they identified. To further demonstrate the effects of the pandemic on those working within the NPIC, I use qualitative content analysis to analyze the transcripts from 15 semi-structured interviews I conducted with SSP front-line staff as well as other homeless outreach staff throughout LA County. The interviews speak to the pressure service providers were under throughout the pandemic, what they believed the city could have been doing to better support their participants, and how they envisioned their role in responding to the crisis.

Broader Impact

My research expands the literature on neoliberalism and the NPIC to include SSPs and the harm reduction movement. Unlike previous research that has focused on nonprofits that have already been transformed by the NPIC, my research focuses on services and a movement as they undergo and resist this process. SSPs take a harm reduction approach in their service provision, which is fundamentally at odds with neoliberal ideology. My research details what has happened to SSPs and the overall harm reduction movement as it has gained more support over the past several years. It also demonstrates the positives, negatives, and the strain placed on nonprofits by the NPIC in times of crisis by examining how SSPs continued to meet the needs of their unhoused participants throughout the COVID-19 pandemic.

The harm reduction movement and the SSPs it advocates for started on the fringes of society, but has become more mainstream overtime (Bluthenthal.1998; Showalter, 2018). A long-time federal funding ban on SSPs was lifted in 2016, allowing for SSPs to apply for federal funding to support their work through both the Centers for Disease Control (CDC) and the

Substance Abuse and Mental Health Services Administration (SAMHSA). In light of the COVID-19 pandemic, the CDC also issued guidance on the importance of SSPs in the pandemic response, further legitimizing SSPs. The movement gained the most recognition it has ever received, when President Biden advocated for an investment in harm reduction in his 2022 State of the Union Address, being the first President to ever mention the words (President Biden State of The Union Address, 2022).

We are in a moment where the stigma surrounding harm reduction is lessening, and the opportunities for funding are increasing. While it is overwhelmingly positive for programs to be funded for the lifesaving work that they do, it does bring the entire movement to a tipping point. The movement must find a way to navigate the perils of neoliberalism, while continuing to uphold the principles of harm reduction – two sets of ideologies that are fundamentally at odds.

My research discusses the ways that the harm reduction movement is staying true to its core principles, and the ways that it is giving in to neoliberal ideology. These findings have implications for the harm reduction movement, as well as other grassroots social justice movements. Through my findings, we can better understand how to find a balance between accepting necessary funding and resisting neoliberal ideology from within the NPIC. This research adds to the literature on the nonprofit industrial complex to include the harm reduction movement at a pivotal moment. Learning how the harm reduction movement is changing, for better or worse, in response to the pressures of neoliberalism and the NPIC is important for all movements looking to enact social change. Is it possible for movements to find a balance between receiving funding and advocating for social change? My research seeks to answer this for service providers, movement organizers, grant-makers, and policymakers alike.

Chapter 2: Grant Funding for CA SSPs

Introduction

In the winter of 2017, I wrote a grant application for OCNEP to the AIDS United Syringe Access Fund requesting \$75,000 to pay part-time staff to open and operate four mobile SSP locations throughout Orange County. Although OCNEP was only awarded 35,000 dollars, we were overjoyed. The program's annual budget at the time was approximately 215,000 dollars per year, but all of that funding went to supplies and storage unit costs. I had written applications for several academic grants in the past, but had no experience writing grant applications for nonprofits, let alone managing the contracts. Over time I learned more about grant funding, and how to manage it. Eventually I picked up a copy of the book "The Revolution Will Not Be Funded," which explains how the nonprofit industrial complex (NPIC) negatively impacts service organizations and social justice movements (INCITE!, 2007). I was immediately struck by the notion that the grant funding OCNEP was desperately trying to access could actually be harmful to the program and the harm reduction movement. Years later, when it came time to settle on a dissertation topic, I knew that I wanted to analyze grant funding for SSPs.

When grant funding opportunities for SSPs are available, the funder announces a "request for proposals" (RFP), which detail the eligibility requirements, the application process, and the reporting requirements for funded programs. SSPs must apply for the funding, detailing their eligibility, their commitment to the project they are seeking to fund, and their ability to comply with the reporting requirements. Grant funding is a key element of the NPIC, and is considered to be the primary mechanism through which neoliberal ideology permeates throughout social services and social justice movements (Finley & Esposito, 2012; Kivel, 2007; Smith, 2007). This presents a dilemma for SSPs because they are grounded in harm reduction ideology,

which I argue is fundamentally at odds with the NPIC and the neoliberal ideology it upholds. Neoliberalism and the NPIC promote professionalization and hierarchical corporate style structures in nonprofits, and focus on individual rather than community level outcomes. On the other hand, harm reduction takes a bottom-up approach, which seeks to create organizations that prioritize lived experience, are less hierarchical, and aim to shape the community in addition to providing individual services.

I use this dichotomy as a theoretical framework through which I analyze RFPs released to SSPs during a two-year period. This novel approach to analyzing the NPIC will answer the following research questions: 1) How do the grant contract requirements laid out in the RFPs reflect the principles of neoliberalism and the NPIC? 2) How do they reflect the principles of harm reduction?

Syringe Services Programs in California

SSPs began operating in the United States in the 1980s in response to the AIDS epidemic as a way to prevent the spread of HIV among people who use drugs (PWUD). At the time, drug paraphernalia laws effectively outlawed SSPs by making it illegal for people to possess syringes unless they had a prescription from a doctor (Burriss, Finucane, Gallagher, & Grace, 1996; Bluthenthal, 1998; Gostin, Lazzarini, Jones, & Flaherty, 1997). Bluthenthal (1998) notes that SSP volunteers and participants were arrested in 21 cities across eight states between 1989 and 1997. The most notable crackdowns against SSPs were in California, where volunteers were arrested in Berkeley, Los Angeles, Monterey, Oakland, Redwood City, San Diego, San Francisco, and Santa Cruz. Because SSPs were illegal, operating one in the 1980s and 1990s was considered an act of civil disobedience meant to enact social change (Bluthenthal, 1998). However, Bluthenthal (1998) mentions that programs still had to grapple with their ultimate goals: “If civil

disobedience is the primary aim, then HIV prevention services are likely to suffer due to confrontations with law enforcement agencies” (p. 1157). As programs have been legalized and funding and support has grown in CA, this complicated dynamic between service provision and political activism remains (Roe, 2005).

Legality of SSPs in CA

The first SSPs to operate legally in CA did so through legal loopholes created by the cities of San Francisco and Los Angeles in 1992 and 1994, respectively. The mayors in these cities declared public health emergencies regarding the HIV epidemic, giving them the power to authorize “responsible needle exchange programs” within their jurisdictions (San Francisco AIDS Foundation, 2022; LA Times Archives, 1994; Simon, Long, & Bluthenthal, 2009). The state legislature codified this into law in 2000, legalizing SSPs statewide as long as they were in locales where the local government had declared an HIV public health emergency and authorized SSPs to operate.

This helped make progress on the road to legalizing SSPs throughout the state. However, it left gaps in services in places where there was a great need for SSPs, but with local governments unwilling to declare an HIV emergency and authorize programs (CDPH, 2011). To address this need, CA passed AB 604, which legalized the distribution of syringes for SSPs that receive authorization from the CDPH (California Health and Safety Code 121349.1). This allowed SSPs to open up in politically indifferent or hostile places, so long as they could demonstrate their ability to operate effectively and their willingness to accept oversight from the CDPH. However, local governments often choose to fund programs when they authorize them, meaning that under AB604 SSPs can be authorized without a consistent base of local funding to provide services. The first program to be authorized by the CDPH, OCNEP, lacked funding and

support from its city and county and had to rely on volunteer labor, and limited state and federal funding in order to operate.

In the past 30 years, CA has made significant progress in legalizing SSPs. They can now become nonprofits, giving them access to millions of dollars in grant funding from federal, state, and local governments, as well as national nonprofit foundations. Because not all CA SSPs receive local funding and federal funding opportunities are still few and far between, programs like OCNEP highlight the importance of a robust state funding apparatus for SSPs in CA. Grant funding, however, is a double-edged sword. It can be used to pay staff and purchase supplies, but programs lose a certain level of autonomy in exchange. When programs receive grant funding, they enter into contractual relationships, moving their primary responsibility away from their participants and to their funders (Gilmore, 2007). In the section below, I detail the various types of funding available to CA SSPs in order to layout the power dynamics between programs and their funders.

Funding for SSPs in CA

California SSPs have access to quite a bit of funding, especially when compared to other SSPs in the United States. In many states, operating an SSP is still illegal, and so programs operate either underground or through ordinances passed in specific cities. For example, in Pennsylvania, SSPs are illegal everywhere except the cities of Pittsburgh and Philadelphia (Innamorato, 2022). In Arizona, SSPs were illegal throughout the entire state until 2021, and so SSPs relied on donations and foundation grants in order to operate underground (Policy Surveillance Program, 2019; Sonoran Prevention Works, 2022). Because SSPs have avenues to operate legally in CA, the state qualifies for federal SSP funding and can also pass state legislation to fund SSPs. CA programs may receive local, state, and federal funding, as well as

grantmaking foundation funding. Each funding stream comes with its own set of rules, eligibility requirements, and deliverables which include both quantitative and qualitative reports.

The first SSP in CA to receive funding from a local government was Prevention Point in San Francisco in 1992 (San Francisco AIDS Foundation, 2022). Today, many SSPs still receive funding from the city and/or the county in which they operate in order to pay for supplies, staffing and other costs related to program operations. For example, in Los Angeles, programs may receive both county and city funding depending on their location. This funding is contingent upon providing programmatic data to both governments on a monthly basis (Simon, Long, & Bluthenthal, 2009). That data is then used by the city and the county to showcase the work being done by SSPs and to authorize additional funding for programs in the upcoming fiscal years. Not all CA SSPs have access to this funding stream, however. Butte and Orange Counties provide zero funding to support SSPs, choosing instead to spend tax dollars on shutting them down (Alpert-Reyes, 2022; Laguna, 2021). Because the CDPH now has the authority to authorize programs where there are no funding opportunities from local governments, the harm reduction movement has lobbied the state legislature to increase statewide funding for SSPs.

State funding of SSPs in California began in 2015 when Senate Bill 75 was signed by Governor Brown, creating the CA Clearinghouse Fund (CDPH, 2022). Funding has grown significantly over time through extensive lobbying efforts undertaken by the California Syringe Exchange Program Coalition (CASEP). CASEP won a great victory when the CA Budget Act of 2019 passed with a \$15.2 million provision to create the California Harm Reduction Initiative (CHRI) grant. Like all funding, statewide funding varies in its amount, application process, project aims, contract period, and requirements. For example, Clearinghouse funding is allocated yearly to purchase SSP supplies through a special buyers' club, while the CHRI grant

supports staffing, rent and utilities, participant incentives, etc. over a three-year contract period. In some instances, grants are offered directly from the state, and in other cases the funds are managed by a third-party nonprofit grantmaking foundation. There are currently 56 SSPs in the state, all of whom must compete over this funding (North American Syringe Exchange Network, 2022).

At the same time that CA created the Clearinghouse fund, the United States also lifted its federal funding ban on SSPs, creating additional opportunities for CA programs. In 1988, the U.S. banned the use of funding to support SSPs (Weinmeyer, 2016). The ban was finally repealed at the end of December 2015, after the HIV outbreak in Republican controlled Indiana created enough bi-partisan support to do so. SSPs may use the funds to support most aspects of their programs, but continue to be banned from using federal funds to purchase syringes. In 2016, both the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) expanded the list of fundable activities within existing HIV prevention and care grants to include SSP operations. In addition, the CDC announced two grants that SSPs were eligible to apply for, making them the first two SSP grants offered by the federal government (AIDS United, 2021). All three government agencies continue to offer grant funding to SSPs. This funding is not always offered through direct contracts between federal agencies and the SSPs. Often, federal funding is awarded to states, local governments, and grantmaking foundations, who then create their own grant initiatives for SSPs.

SSPs may also receive funding from grantmaking nonprofit foundations who secure funding and dole it out to SSPs through competitive grant contracts. For the purposes of this dissertation, I refer to the broad network of national and statewide nonprofits, foundations, councils, coalitions, and associations simply as grantmaking foundations. Grantmaking

foundations do not provide direct service work. Instead, they receive large government grant contracts as well as private donations, and use that money to launch funding programs for the nonprofits engaged in direct service work. The foundations take a percentage of the funding they receive to cover the costs of managing the grants. The organization then creates an application process, and selects programs to which the funding is awarded. Foundations that accept private donations have more freedom with what organizations they award grant contracts. For instance, the Comer Family Foundation prioritizes SSPs with smaller budgets and limited funding opportunities in their locales, such as the Indiana Recovery Alliance and the Oklahoma Harm Reduction Alliance (Comer Family Foundation, n.d.). Grantmaking foundations have become part and parcel of nonprofit grant funding. They allow governments and private donors to give vast sums of money to responsible middlemen who take a portion of the money and then make the decisions on which smaller programs deserve the rest (Gilmore, 2007).

As described, these four types of funding intersect with one another, creating a complicated web of relationships. This web, and the social and political implications that come with it, have been coined by scholars as the nonprofit industrial complex (NPIC) (INCITE!, 2007). A product of neoliberal ideology, the NPIC is seen as a mechanism that slows progress and the radical change needed to create a healthy and socially equitable society (Gilmore, 2007; Finley & Esposito, 2012; Smith, 2007). Given the state and federal funding opportunities that have been created over the past five to ten years, CA SSPs have more interaction with the NPIC than ever before. The research presented in this chapter will uncover the extent to which funding advances neoliberal ideology over harm reduction ideology. This has implications for both SSPs and the broader harm reduction movement, as the literature on the NPIC suggests that these

funding dynamics change the nature of nonprofit services, and are designed intentionally to derail social movements.

Harm Reduction Ideology and Practice

Harm reduction is both a social justice movement and a set of compassionate and practical strategies and ideas that reduce harms associated with high-risk behaviors, specifically drug use (Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012; National Harm Reduction Coalition, n.d.). SSPs utilize those compassionate and practical strategies, also known as the harm reduction approach to provide services to people who use drugs. Harm reduction is two-tiered, the first tier being the actual provision of services and the second tier being the movement for the rights of PWUD. SSP staff and harm reduction activists work together to ensure best practices among service providers and to shape the policy agenda of the movement.

A core tenet of harm reduction ideology is the bottom-up approach to both service provision and the movement (Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012; Marlatt, 1996; Roe, 2005). The bottom-up approach sees the people utilizing the service as the experts in their own lives, and believes that they know best about what their needs are. Often called “meeting people where they are at” this approach means understanding that people make decisions for different reasons, and that each individual has their own life experience, trauma, strengths, weaknesses, and varying needs (Hawk, Coulter, Egan, et al., 2017). For SSPs, PWUD are seen as the experts in their needs; therefore, they adapt their services to meet them, rather than making their participants adapt to receive services. The movement also takes this approach by adopting a policy agenda that meet the needs expressed by both SSP participants and service providers. This approach is much more collaborative than the hierarchical top-down approach, which separates service providers from social justice movements. Under this approach, service

providers must listen to their funders, and participants must listen to service providers. In this model, there is no room for social justice activism (Roe, 2005).

The harm reduction social justice movement is led by the National Harm Reduction Coalition (NHRC), and is comprised of SSP participants and staff, public health researchers and officials, lobbyists, and community organizers from across the United States. NHRC is broken into regional subgroups, including the CASEP Coalition in CA. It purports to recognize that, “poverty, class, racism, isolation, trauma, sex-based discrimination, and other social inequalities impact people’s vulnerability to and capacity to deal with drug-related harm” (National Harm Reduction Coalition, n.d.). In response to this, the movement commits itself to advocating for policies that aim to shift power and resources to the most vulnerable members of society. This includes utilizing the bottom-up approach to solicit feedback from PWUD, creating a policy agenda around their needs, and then including them in the community organizing and political advocacy work. Part of ensuring that the bottom-up approach is used is prioritizing lived and living experience over professional or academic experience in all harm reduction jobs. This means that the movement advocates for hiring people who are actively using drugs, or who have used drugs previously, to start, to work at, and to lead SSPs (Austin & Boyd, 2021; Greer, Buxton, Pauly, & Bungay, 2021). Organizations refer to staff with lived or living experience as peers in order to break down the hierarchy between service providers and participants (Austin & Boyd, 2021).

Lenton and Single (1998) define harm reduction programs as those whose primary goal is to reduce the harms of drug use, rather than decreasing their overall drug use. SSPs are classic examples of this because they have one main goal- to reduce the spread of infectious diseases and to prevent overdose death among PWUD (Des Jarlais, Perlis, Arasteh, Torian, Hagan, et. al,

2005; Lenton & Single, 1998). SSPs should be understood as a resource for PWUD, rather than a service intended to help people decrease their drug use. Because they too utilize a bottom-up approach, if an SSP participant is interested in decreasing their drug use, the SSP can offer linkages to treatment. However, these linkages should not be offered coercively, as SSPs offer their services in a non-judgmental and non-coercive manner (Hawk, Vaca, & D'Onofrio, 2015; Little & Franskoviak, 2010; Marlatt, 1996; National Harm Reduction Coalition, n.d.). While not the overall goal of harm reduction, providing these resources through SSPs has been shown to actually decrease drug use and increase participation in other social services (Frost, Williams, Kingston, & Banta-Green, 2018; Hagan, McGough, Thiede, Hopkins, Duchin, & Alexander, 2000). With so much promising research on the effectiveness of SSPs, it is no wonder that support and funding for these programs has grown over the past decade.

Harm Reduction, Neoliberalism, and the NPIC

Harm reduction's commitment to the bottom-up approach leads it to see and do things that challenge neoliberalism's norms and values. Harm reduction is incompatible with neoliberalism and the NPIC in three distinct ways. First, it is not concerned with individual outcome measures of success as defined by grant funders and those at the top of the economic pyramid. Second, harm reduction embraces lived and living experience rather than academic and professional experience. Lastly, SSPs and their participants are expected to participate in the harm reduction movement to enact social change. These key differences provide the framework through which I analyze the RFPs in order to understand the external pressures placed on SSPs by their grant funders.

Harm Reduction and Individual Outcomes

The fundamental difference between harm reduction ideology and neoliberal ideology is a commitment to the individual responsibility framework (Finley & Esposito, 2012; Giroux, 2004; Martinez & Garcia, 1999; Smith, 2007). Under neoliberalism, service provision utilizes a top-down approach where service providers tell people what they need to do in order to get back on their feet and participate in the free market (Eikenberry & Kluver, 2004; Gilmore, 2007; Smith, 2007). Substance use nonprofits that utilize a top-down approach have the ultimate goal of getting people to stop using drugs, as drug use is considered a hindrance to living a productive life (Dollar, 2019; Seddon, 2011). Additionally, neoliberal ideology promotes the War on Drugs and the criminalization of drugs, seeing it as an individual failure that needs to be addressed through the criminal justice system (Dollar, 2019; Ismaili, 2006; Linnemann & Wall, 2013).

This ideology and approach to service provision is completely opposite from harm reduction ideology and the bottom-up approach, which recognizes drug use as a product of socio-cultural factors, rather than an individual moral failing (Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012; Dollar, 2019; National Harm Reduction Coalition, n.d.; Linnemann & Wall, 2013). The harm reduction movement works to undo the harm that neoliberalism, the individual responsibility framework, and the War on Drugs has inflicted on our society (Drug Policy Alliance, n.d.; National Harm Reduction Coalition, n.d.; Tammi & Hurme, 2007). Further, harm reduction service providers such as SSPs do not provide services using the individual responsibility framework of neoliberalism or the top-down approach. They seek to empower communities to address their own issues and concerns, rather than telling them what to do (Roe, 2005).

Unfortunately, the idea of individual responsibility is an inherent part of the NPIC, because it is a direct product of neoliberalism (Smith, 2007). Funders ask organizations to track

individual outcomes, and measure a program's success on the sheer number of people who made steps toward getting back on their feet (Berman, Brooks & Murphy, 2006; Finley & Esposito, 2012; Hall & Reed, 1998; Kivel, 2007; McDonald, 2005; Richmond & Shields, 2004; Smith, 2007; Steedman & Rabinovicz, 2006). For SSPs, these measures may be: How many people entered drug treatment? How many people were tested for HIV/HepC? How many people were linked with a housing resource? This is important data to track, but it allows those at the top to determine what is considered "success" for a program and the individuals they serve. This ignores success as defined by SSP participants, as well as positive changes that have occurred in the community that the program serves (McDonald, 2005; Smith, 2007).

If the overall goal of a grant funding program is focused on individual outcomes, such as getting people into treatment, SSPs must meet that goal in order to comply with the deliverables on their funding contract. This makes it more likely that they will abandon the bottom-up approach and their principles of non-coercion in order to meet the needs of their funders. My analysis of the RFPs seeks to uncover what outcomes SSP funders state they are looking for in order to understand how funding is shaping service provision. Markers of neoliberalism and the NPIC will be an emphasis on treatment and other individual outcomes meant to enhance market participation among SSP participants. Outcomes that are grounded in harm reduction ideology include an emphasis on community partnerships, education, and reducing stigma for SSPs and their participants.

Harm Reduction and Professionalization

Harm reduction and neoliberalism are vastly different in their view of substance use, but that is not where the differences end. The NPIC has its own set of internal principles that stem from neoliberalism that make it even more incompatible with SSPs and the harm reduction

movement. The NPIC revolves around market logics; therefore, funders favor corporate structures which prioritize professional and academic experience in hiring decisions (Connell, Fawcett, & Meagher, 2009). Because funders favor corporate structures, the nonprofit sector has become more professionalized over time in order to increase the likelihood of receiving funding (Suarez, 2011). Examples of professionalization in nonprofits include relying less on volunteer labor, and hiring more paid staff with specialized expertise (Abbott, 2014, Brint, 2021; Hwang & Powell, 2009; Powell & Clemens, 1998; Álvarez-González, García-Rodríguez, Rey-García, & Sanzo-Perez, 2017; Suarez, 2011).

In some instances, funders are explicit with the fact that they are looking to fund programs that hire people with professional and academic experience, rather than lived experience. However, even if not explicitly stated, the nature of the funding itself incentivizes programs to do so in order to manage the multiple grant contracts and complicated finances (Gronbjerg, 1991; Smith & Lipsky, 1993; Stone, 1996; Stone, Hager, & Griffin, 2001; Suarez, 2011). One of the driving forces behind professionalization are government funders, who seek out programs with staff that have higher levels of educational and professional experience (Stone, Hager, & Griffin, 2001; Suarez, 2011). The overall professionalization of nonprofits and their staff comes at disadvantage for those with lived experience rather than business management, financial management, or technical data management/research skills (Kissane, 2010). This breaks one of the cardinal rules of harm reduction which is to value lived experience and to hire those with it at all levels within the movement (Austin & Boyd, 2021; Greer, Buxton, Pauly, & Bungay, 2021).

Professionalization is an ongoing process in nonprofits that is often reinforced by the funders (Finley & Esposito, 2012; Rodriguez, 2007). They offer what they call technical

assistance trainings, which is training and support offered to nonprofits so that they may learn new skills and operate more effectively (Center for Nonprofit Resources, 2022). Technical assistance trainings help troubleshoot issues programs have with their funding contracts, and also help programs build new capacity. Capacity building is another nonprofit buzzword which refers to the activities that an organization may engage in in order to increase its ability to achieve its mission, fulfill the requirements of the grant contract, and ensure the longevity of the program after the contract end date (National Council for Nonprofits, 2022). Capacity building, in other words, is creating the internal structures needed in order for organizational professionalization to begin. Therefore, when technical assistance is offered by SSP funders, it can be understood as a way of professionalizing programs.

When the internal structures that are built through these trainings are ones that create hierarchical structures within the nonprofit, it removes the people that make decisions for the organization from the people they serve (Finley & Esposito, 2012; Rodriguez, 2007). This promotes a top-down approach to service provision which is antithetical to harm reduction's bottom-up approach (Marlatt, 1996). In my analysis, I will examine the RFPs and highlight the ways that they are explicit in their search for professionalized programs. Further, I will point out instances in which funders offer technical assistance and capacity building trainings, as these requirements can perpetuate the values neoliberalism and the NPIC. Harm reduction values are infused into grant RFPs when they are clear in their intentions of hiring people with lived/living experience and meaningfully including the voices of SSP participants in the program's operations.

Harm Reduction as a Social Movement

Because harm reduction also takes a bottom-up approach to the organization of the movement, SSPs and their participants are encouraged and expected to participate in political advocacy work. However, the NPIC attempts to stall broad social change through the structure of the funding system itself (Gilmore, 2007; Kivel, 2007; Smith, 2007). This is done through two different mechanisms. First, funding is offered on a short-term basis and is rarely enough to cover all of the nonprofit's costs (Connell, Fawcett & Meagher, 2009; Mullet, Jung, & Hills, 2002). Therefore, programs must constantly seek out funding opportunities, and manage multiple contracts at once. Second, funding may be tied to burdensome requirements, such as the need to request grant funds on a reimbursement basis, or to conduct time consuming data collection and analysis. The time spent managing the administrative responsibilities takes away from the program's ability to do community organizing work, or to undertake long-term and large-scale programmatic initiatives that invest in the community (Berman, Brooks, & Murphy, 2006; Gronbjerg, 1991; Hall & Reed, 1998; Richmond & Shields, 2004; Steedman & Rabinovicz, 2006). Again, this presents a dilemma for SSPs and the harm reduction movement, which aim to focus on advocating for drug policy that undoes the harm of the War on Drugs, with an emphasis on the inclusion of the people that they serve (Marlatt, 1996).

In my analysis of the RFPs, I will point out contract requirements and restrictions on the use of funds that are time-consuming or burdensome for SSPs. These are tactics of the NPIC that keep programs from mobilizing their communities in order to pass legislation that creates positive changes in SSP participants' lives. Funding that helps advance the goals of the harm reduction movement, however, will have fewer time-consuming requirements and fewer funding restrictions, while also prioritizing programs that have overall less funding.

Harm reduction as a movement and practice is supposed to value lived experience over professional or academic experience. The services are intended to be non-coercive, and programs are to be concerned with the quality of the services over the sheer number of people engaging in them. Harm reduction seeks to meet the needs of the people it serves, rather than the needs of the grant funders. Thus, smaller, and historically under-funded SSPs may not have certain internal structures in place that funders look for, such as sophisticated data collection and analysis methods, a full-time accounting department, or well-documented job descriptions and hiring procedures. The purpose of this chapter is to understand what SSP funders are looking for in their applicants through an analysis of their RFPs. This will allow us to learn more about how SSPs and the harm reduction movement navigate the complicated funding landscape of the neoliberal NPIC.

Methodology

This chapter analyzes grant funding requests for proposals (RFPs) made available to SSPs in California between January 1, 2020, and December 31, 2021, in order to answer the following two research questions: 1) To what extent do the grant contract requirements laid out in the RFPs reflect the principles of neoliberalism and the NPIC? 2) To what extent do they reflect the principles of harm reduction? I selected this two-year time period due to the increase in the amount of funding that was approved by the CA state legislature and the federal government for SSPs during that time. Specifically, California's first grant to fund SSP operations, the California Harm Reduction Initiative (CHRI) was announced in the summer of 2020. Additionally, the Substance Abuse and Mental Health Services Agency (SAMHSA) released its first RFP specific to SSPs in December 2021. Prior to these funding opportunities, the state of CA had only funded SSP supplies, and offered funding to programs for

HIV/HepC/STD testing; however, funding for staffing had never been provided by the state directly. SAMHSA had also provided funding for medication assisted treatment (MAT) that the state of CA had been awarded, yet these grants were not specific to SSP operations. Lastly, many short-term funding opportunities for COVID-19 testing and vaccinations became available to SSPs as part of the response to the pandemic.

Funding opportunities are announced to SSPs via the National Harm Reduction Coalition's (NHRC) weekly emails, as well as the CA Syringe Exchange Program Coalition google group (CASEP). As a long-term volunteer, staff member, and director of SSPs in CA, I have received NHRC's emails and have been a part of the CASEP coalition since 2016. Using the search function on my gmail account, I was able to access all of NHRC's weekly emails throughout the two-year reference period. I then read the funding announcements section of each email and made a list of RFPs. I cross referenced this list with funding announcements made on the CASEP Coalition google group. Again, I used the search function on the group to view all posts on the group from January 2020 – December 2021. When a post was made about funding, I took note of the RFP. I included all RFPs that were either announced or had due dates in that time period. In total, I found 18 RFP announcements during this time, and one grant which had been announced in December 2019 with a due date in 2020. I was able to download 16 of the 18 RFPs directly from the CASEP Coalition google group, and the remaining two were emailed to me by the funders' grant management teams.

Of the 18 grants that were made eligible to CA SSPs, four of them came directly from the federal government, four came from the state, and 10 came from grantmaking foundations. The federal grants included two SAMSHA grants, one CDC grant, and one HRSA grant. Two of the state grants were from the California Community Reinvestment Grants program which reinvests

revenue created by the state's marijuana tax back into the community. The other two state grants were from the CDPH Office of AIDS. The ten grantmaking foundation grants were offered through a wide range of state and national nonprofits that are dedicated to a variety of causes including, substance use treatment, behavioral health, public health, HIV prevention, and harm reduction. The funders include AIDS United, the National Council on Behavioral Health (NCBH), the National Alliance of State and Territorial AIDS Directors (NASTAD), the Foundation for Opioid Response Efforts (FORE), the National Association of County and City Health Officials (NACCHO), the Robert Wood Johnson Foundation, the Sierra Health Foundation, the Comer Family Foundation, and NHRC.

Once I had copies of the RFPs, I conducted a qualitative content analysis on the documents. I began by reading through each RFP using an open coding scheme, and taking notes. The codes and notes that I generated during my open coding processes helped refine the coding structure that I had created based on my theoretical framework. Therefore, my coding scheme focuses on the differences between neoliberalism and the NPIC and the principles of harm reduction. For example, I included codes for reporting requirements focused on individual outcomes rather than community-based outcomes. After I finished open coding and finalized my coding scheme, I conducted focused coding on all 18 RFPs. Conducting a qualitative content analysis on the RFPs is an effective methodology for my research questions because it enables me to analyze both the eligibility requirements and reporting requirements for each grant contract. Whereas prior research has analyzed interview data with nonprofit directors and grant makers to understand the impact of neoliberalism and the NPIC on organizations and movements, my project uncovers how grant applications themselves perpetuate this ideology

through their goals, intended outcomes, and their eligibility and reporting requirements (Kohlbeck, 2019; Oyakawa, 2017).

Findings

Of the 18 grants analyzed, eight were specific to SSPs, while the remaining 10 grants included other nonprofit service providers in their eligibility requirements. This means that in over half of the grants announced in my reference period SSPs had to compete with more established nonprofits such as community clinics, HIV care and support services, and treatment centers. By nature of being in existence longer than most grassroots SSPs in CA, these larger more established nonprofits are more likely to have dedicated grant writing and grant management teams (Baines, 2010; Blitt, 2003; Eikenberry & Kulver, 2004). This puts smaller SSPs at a disadvantage in over 50% of the RFPs released, especially if funders are seeking out nonprofits that are better suited to uphold neoliberal ideology.

Overall, all of the RFPs have one thing in common with each other: incredibly short contract periods. The minimum contract length was six months, and although the longest contract was five years, 17 of the 18 grants offered contracts for three years or less. This reflects the scholarship on the NPIC which points out that funding contracts are often short-term. Researchers posit that this is done in order to keep organizations struggling to raise funds, and rewards nonprofits that are more professionalized and have dedicated grant writing and management teams (Berman, Brooks, & Murphy, 2006; Hall & Reed, 1998; Richmond & Shields, 2004; Steedman & Rabinovicz, 2006).

Additionally, the RFPs included a mix of both neoliberal, NPIC, and harm reduction rhetoric. Neoliberal ideology and the logics of the NPIC are seen in the application questions as well as the reporting requirements for funded programs. Certain RFPs either seek out highly

skilled and professionalized nonprofits through a complicated application process, or seek to professionalize them throughout the grant contract period. Others lay out requirements for funded organizations that include time consuming tasks, or burden organizations by limiting how they spend their money, forcing them to seek out other opportunities. They also place an emphasis on individual outcomes, rather than the broader community. However, many of the RFPs included a balance of both harm reduction and neoliberal ideology. Certain RFPs espouse more harm reduction values in that they emphasize the importance of including people with lived experience in program decision-making and operations. Certain RFPs seem to be written with the movement in mind by reducing burdensome requirements, promoting collaboration over competition, and prioritizing smaller programs. They also create a space in their reporting requirements to talk about community-level coalition building and education.

Neoliberal NPIC Ideology

The RFPs perpetuate neoliberal and NPIC ideology through many different mechanisms including their purported missions, goals, and eligibility and reporting requirements. Grant funding may vary in its tactics, but upon analyzing the RFPs, it is clear that they focus on individual outcomes, emphasize professionalization, and include burdensome requirements not related to direct service work. Nearly all of the RFPs included individual level outcomes as their metric of success, and many prioritized getting program participants into treatment. While some RFPs are explicitly looking for highly professionalized nonprofits, others seek to professionalize SSPs through the requirements of the funding. Some of the RFPs included funding for work that had nothing to do with providing services, or included requirements for funded programs that were unrelated or hindered participant services. To borrow a phrase from the harm reduction movement – the funding does not meet all SSPs where they are at. For instance, some RFPs were

related to data collection and monitoring rather than service work. Others included funding restrictions that made them impractical for smaller programs.

Individual Outcomes

The first theme to emerge from the RFP data, was a focus on individual participant outcomes as a metric of success, rather than community-based outcomes. This theme, I believe, offers the best example of neoliberal ideology permeating into the harm reduction movement through SSPs. Seven of the 18 RFPs included getting participants into treatment as their primary goal, while others focused on linkages to other support services. Funding from the government also included specific language forbidding programs from attempting to influence legislation. None of these stipulations align with the principles of harm reduction.

Funders tend to focus on individual outcomes, rather than community-based outcomes, because they are easy to measure (Berman, Brooks, & Murphy, 2006; Hall & Reed, 1998; Richmond & Shields, 2004; Steedman & Rabinovicz, 2006). The literature on the nonprofit industrial complex also contends that this is done on purpose, so that programs are not able to disrupt the status quo of neoliberalism that keeps those with power and influence at the top of our hierarchical society. When it comes to issues of substance use, the outcome the RFPs focused on the most was direct linkages to drug treatment, treating harm reduction based SSPs as the entry point to MAT and long-term recovery:

the desired outcomes for this program are: 1) an increase in the number of individuals with Opioid Use Disorder receiving MAT; and 2) a decrease in illicit opioid drug use and prescription opioid misuse at six-month follow-up.

When describing allowable activities under the grant funding contracts, the RFPs listed improving referrals and linkages to treatment. One grant went so far as to make access to MAT at the SSP an eligibility requirement:

All participating SSPs must be located in areas where accessing MAT is possible, with support from a patient navigator.

The Sierra Health Foundation grant did not make access to MAT a requirement, but the purpose of the funding was to create low barrier treatment at SSPs:

Contracted organizations must use this funding to build new low-barrier opioid treatment services based at SSPs...with the goal of increasing the number of patients with OUD treated with medication and receiving other care and support.

This is not to say that SSPs should not be referring people who are interested in treatment into MAT, detox, or residential treatment programs. The issue is that when the number of people engaging in treatment becomes the only measure of success for an SSP, a door is opened up in which the program may feel compelled to push treatment onto participants so that they seem successful to funders. Because harm reduction programs are supposed to be non-coercive, programs that receive funding for linking people to treatment need to stay vigilant and avoid pressuring people into programs in order to hit these numerical goals.

Like with treatment, funders also looked to SSPs to become connection points between participants and other services, such as medical care, housing assistance, and job training. The CHRI grant represents an RFP that focuses on both treatment and linkage to other services:

The overarching goal of the project is to expand harm reduction services and deepen linkage and engagement with other social

service programs, specifically substance use disorder treatment services, for people who use drugs

In addition to counting the number of people referred and linked to treatment, the SAMHSA harm reduction grant asks for these tallies for other support services, as one of the goals of the funding is to make SSPs the first stop on the continuum of care:

Encourage such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse. This will include supporting capacity development to strengthen harm reduction programs as part of the continuum of care

This quote is striking because it encapsulates neoliberal ideology almost perfectly. For SAMHSA, individuals must take action to decrease the public health impacts of their own drug use, rather than the government creating the societal conditions in which drug use is decreased on a mass scale, such as alleviating poverty, homelessness, and increasing access to healthcare.

Funders then double down on their unwillingness to tolerate any societal level changes that would benefit PWUD, by not allowing funds to be used for influencing legislation. Per the CDC grant, funding cannot be used to support

the salary or expenses of any grant or contract recipient...related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order

Therefore, funding cannot be used to pay the salaries of employees when they appear to support any bills before the CA State Legislature that increase SSP funding or support other harm reduction efforts, such as the creation of safe consumption pilot programs. Of course, programs can still write in letters of support, and staff can appear as individuals. However, funding cannot

be used to create organized lobbying efforts by direct service providers, who the harm reduction movement sees as the people most tapped into the needs of the community they serve (Marlatt, 1996).

Professionalization

Because neoliberal ideology gives rise to the NPIC, it follows that the NPIC will be beholden to the logics of the free market (Connell, Fawcett, & Meagher, 2009). One of these market logics is professionalism - which holds that in order to be successful, an organization must be managerial, bureaucratic, and have standards of review (Stewart, 2014). In the nonprofit sector, professionalism means educational success and specialized expertise (Hwang and Powell, 2009). When nonprofits undergo professionalization, they prioritize hiring staff with academic and professional experience over those with lived experience. All of the funders who explicitly asked for CVs or resumes for the staff in their application materials were government funders. This demonstrates their consideration of academic and professional experience in their decision-making regarding funding contracts. This is exemplified by the SAMHSA harm reduction grant RFP, which states the government agency must issue approval for funded staff members:

The Key Personnel for this program are the Project Director and the Peer Support Worker. These position(s) require prior approval by SAMHSA after a review of staff credentials and job descriptions...applicants must include position descriptions and biographical sketches for all project staff as supporting documentation to the application.

For this SAMHSA RFP, the agency gets a say in whether or not the project director and the peer support worker are qualified enough to get the award. The merits of these staff, and all other

project staff, are evaluated in the “biographical sketches” part of the application. The sketches must be written and convey the following information:

1. Name of staff
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Recent relevant publications

The application asks directly for a list of academic and professional bona fides. Further, it asks for a list of recent relevant publications, revealing the priority that is placed on funding people with graduate degrees who are actively publishing. This discredits those with lower levels of academic attainment, and those who have more lived than academic experience. SAMHSA is not the only funder to ask for this type of information. The California Reinvestment Grant also makes this a requirement:

Updated brief biography or resume for the proposed project director
(required).

Although this is only necessary for the project director and not the entire staff, this denotes an expectation that the project director have academic and professional experience. Meanwhile, the harm reduction movement emphasizes lived experience in all positions, including project director jobs. One of the requirements for a CDC grant application is the following:

Curricula vitae, resumes, and position descriptions to demonstrate component relevant expertise and five or more years’ experience for program manager(s), key staff, subcontractors, and consultants.

Note that for this CDC contract, all personnel must have at least five years of experience in the field. A second SAMHSA grant announced in the timeframe also requires that all MAT providers funded by the contract have a minimum of two years of experience.

These funders have one thing in common: they are all government agencies. The emphasis that these agencies place on professionalization reflects findings from the literature which suggest that government funding is one of the main mechanisms through which nonprofits are professionalized. Government funders look for higher levels of educational and professional experience to ensure that the funding can be managed appropriately (Stone, Hager, & Griffin, 2001; Suarez, 2011). In order to be more competitive in grant applications, organizations are incentivized to hire people with advanced degrees over people with lived experience.

The grantmaking foundation funding opportunities were overall less concerned about SSP staff's resumes. These were optional application materials, rather than required. However, grantmaking foundations did include some professionalization measures in the form of capacity building and technical assistance. This indicates that they too were concerned with professionalization, but did not make it a requirement in order to receive funding. Both government and foundation funding contracts offer technical assistance and capacity building trainings, which work to professionalize funded programs that employ staff with lower levels of educational attainment and/or nonprofit professional experience. For nonprofits that may not be considered as professionalized, technical assistance and capacity building are mechanisms through which that process can begin. The Robert Wood Foundation is quite explicit in its use of technical assistance to build grant management skills within programs:

We do require that the awards go to an organization that has the capacity to manage awards of this size, either directly or with the benefit of technical assistance

The National Harm Reduction Coalition also includes technical assistance in its CHRI funding RFP, and even extends these trainings to non-funded programs:

NHRC will build out specific technical assistance and training opportunities available to all syringe services programs, including, but not limited to CHRI grantees

The Sierra Health Foundation stresses the need to use technical assistance to build capacity within a program.

Contractors shall ...[use] technical assistance or other resources to build new capacity

These findings represent grant contractors actively seeking out professionalized organizations, and/or seeking to professionalize SSPs through technical assistance and capacity building. By prioritizing professionalization, nonprofit SSPs are encouraged to undergo that process in order to be competitive in the market of grant funding. Without funding, it is impossible to even purchase supplies, let alone pay for staff, storage, and office space. This poses a problem for SSPs, who need funding to purchase harm reduction supplies, but who operate on the principles of harm reduction and prioritize lived experience over professionalization.

Funding does not “meet SSPs where they are at”

Harm reduction and SSPs aim to meet people where they are at, but the funding available to CA SSPs does not always meet the organizations where they are at. Whereas the emphasis on

professionalization encourages SSPs to hire staff with more education, or attend trainings to become more professionalized over time, some funding contracts are not a good fit for certain SSPs altogether, despite their eligibility. I argue that there is a disconnect between certain grants and the SSPs that the funding intends to support. The literature on the NPIC suggests that grant funding is structured to burden programs, and keep them focused on administrative work rather than community organizing (Kivel, 2007; Mullett, Jung, & Hills, 2002). My findings suggest that some funding streams for SSPs are so burdensome that they become impractical for programs to apply for in the first place.

First and foremost, three of the grants were offered on a reimbursement basis - The CDPH Project Empowerment grant and the two CA Reinvestment grants:

The CalCRG program for Fiscal Year 2021–22 will be administered based on a reimbursement model only. As a result, advance payments will not be available to grantees.... Grantees may request reimbursement of eligible costs once per month and must submit invoices for reimbursement at least once every three months.

Reimbursement based grants take a considerable amount of time and administrative capacity (Boris, de Leon, Roeger, Nicolova, 2010). This can be difficult for SSPs to manage if they lack a dedicated accounting and grant management department. Both grant contracts were offered over a three-year period. Project Empowerment offered awards for 100,000, 250,000 and one million dollars, and the CA Reinvestment Grant offered awards of 450,000 dollars. This type of funding is also effectively useless if the SSP does not have room in the budget to spend that amount of money up front and then await reimbursement for 30 days minimum. This type of funding is simply not accessible and does not meet small grassroots SSPs where they are at.

While reimbursement grants are impractical for SSPs with smaller annual budgets and a dedicated accounting and grant management department, other funding opportunities are impractical for SSPs without staff who have experience navigating academic spaces like the NIH eRA Commons, or experience in research methods. Just to apply for SAMHSA's harm reduction funding, SSPs were required to complete four separate registration processes. The application itself was full of warnings about the amount of time it would take to complete these registrations, and how complicated the systems are:

All applicants MUST register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you MUST start the registration process immediately. Do not wait to start this process. No exceptions will be made. DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. If you wait until the last minute, there is a strong possibility that the application will not be received without errors by the deadline.

Staff with prior academic experience applying for federal funding would certainly give a program a competitive edge in applying for the SAMHSA harm reduction grant funding. However, because SSPs prioritize lived experience, having staff with this knowledge is not a given, placing many programs at a disadvantage in the actual application process. In fact, not a single stand-alone SSP was awarded this harm reduction funding from SAMHSA. The harm reduction grant claimed to prioritize community based SSPs, yet contracts were awarded to the LA County Public Health Department, the City of New York, medical clinics in large metropolitan areas, and a myriad of treatment centers.

SAMHSA creates an additional barrier for funded programs by requiring all grant recipients to collect very specific data points from program participants:

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010

GPRAs are three face-to-face interviews across three different points in time - participant intake, six months post-intake, and time of discharge. All grant recipients must conduct GPRAs with a targeted number of unduplicated individuals, and programs must achieve an 80% follow-up rate at six months (Knopf, 2021). The interview questions are related to substance use, but have not been updated as we have updated the way that we conceptualize recovery. According to Knopf (2021), they are practically useless in programs utilizing a harm reduction model because they focus on abstinence from drugs, whereas harm reduction does not. Further, the questions are invasive and can re-traumatize participants. Lastly, an 80% follow-up rate is quite difficult for an SSP to achieve, as they utilize the bottom-up approach to services. Participants are not enrolled in services and attendance at SSP services is supposed to be voluntary not mandatory. Unfortunately, the GPRAs are mandatory for all funded programs, including SSPs.

Other types of funding that may not be accessible to SSPs are grants that do not fund direct service provision. Two grant opportunities from NACCHO were released to SSPs, but funded staff to attend training related to data collection. The funding was short term in nature, and its purpose was to fund an SSP staff member to attend training sessions on either data collection, or for using data in program monitoring and evaluation:

The Learning Collaborative is comprised of 8 interactive training and workshop segments totaling 12 hours across several sessions, independent pre-work, optional one-on-one technical assistance, and a closeout session Applicants should expect to be continuously engaged in Learning Collaborative activities and possess sufficient organizational capacity to attend live sessions for each component.

Funds were not allowed to be used to purchase program supplies, or to even purchase incentives for SSP participants who completed surveys

Funding may not be used for...research, or incentives for participating in data collection activities.

Funding for SSPs is a relatively new phenomenon for programs that are not in San Francisco and Los Angeles County. For the programs that are just starting to win funding contracts, hire staff, and expand their programs, funding like this may not be the most helpful. With only a handful of staff to provide services, manage logistics, and keep track of the finances, it is difficult to fund a person to solely focus on improving data collection and management. Especially when there are other ways to monitor and evaluate the program's progress that don't involve formal training in research methods, such as participant advisory meetings.

These findings showcase how SSP funding can be out of touch with the needs of the SSPs they wish to fund. The funding contracts that the RFPs layout were created by the federal government, the state of CA, and a national association of county and city health officials. While these agencies and associations are committed to public health, their purposes and their foci are not strictly dedicated to harm reduction ideology. Therefore, it comes as no surprise that the

funding is out of sync with the day to day needs of grassroots SSPs. SSPs who are awarded these contracts need to dedicate a significant amount of time to submitting reimbursements, meeting the data collection requirements, and seeking out other funding to meet the needs of their direct service provision work. These are time-consuming activities that can take away from the program's time doing community organizing work.

Harm Reduction Ideology

While the RFPs discussed above were based in neoliberal ideology, and included many of the hallmarks of the nonprofit industrial complex, other RFPs were clearly more in line with the principles of harm reduction. They emphasized the need to include people with lived experience in all aspects of the program, they met the SSPs “where they are at”, and included community level objectives in their aims and intended outcomes.

Including People With Lived Experience

RFPs that were released by funders with a harm reduction focus included language that centered the voices of PWUD in the planning and implementation of the funded projects. The CHRI grant, for instance, included language regarding this in the goal statement of the RFP:

We are seeking proposals that will build upon local expertise, uplift the voices and priorities of people who use drugs, and center racial justice.

While many of these RFPs sought to professionalize SSPs through technical assistance, foundations like NASTAD specifically created a funding opportunity for programs that are led by PWUD:

The funding opportunity also funds and provides technical assistance to organizations that are led by and serving networks of

people who use drugs, including in the design, delivery, and evaluation of services

Additionally, the Sierra Health Foundation grant, which prioritized low barrier MAT, created funding for SSPs to include the input of their participants in how that low barrier program functioned by funding:

activities that enable people served by the project to provide meaningful input and leadership related to services and institutional policies... [such as] creating patient advisory groups and leadership opportunities to gain feedback on the design of services

Participant advisory boards and meetings have become popular in harm reduction funding. The funding allows for SSPs to not only purchase food and snacks for meetings, but also to pay their participants for their time. This is important because it emphasizes the need to include participant voices in the planning and day to day operations of SSPs, and works to create a community within the SSP that can later be mobilized in the broader movement. This not only asks SSPs to utilize a bottom-up approach, but also includes the funding needed to provide food, snacks, water, and stipends for participants who provide feedback (Marlatt, 1996).

In addition to creating participant advisory boards, funders also asked direct questions about whether or not programs employ PWUD:

Please describe how your program employs and/or involves people who use drugs.

Funding was also opened up to allow SSPs to hire “peer support workers” who absolutely must have lived experience in order to qualify for the position. While these are not supervisory or

executive level positions, these jobs offer an entry point into working in the field. With the proper care, programs can then train these staff to take on higher level jobs if they are interested.

Funding “meets programs where they are at”

Several of the RFPs in my analysis were able to walk a fine line between harm reduction ideology and the neoliberal ideology of the NPIC. While these grants may focus on individual outcomes, they do so in a way that makes them workable for SSPs. An excellent example of this is the Sierra Health Foundation Low Barrier MOUD grant, which aims to

Support people who wish to reduce, modify or eliminate their
injection drug use or their illicit drug use in general

By including the words “support”, “modify” and “reduce”, this RFP makes it possible for SSPs to apply without compromising their harm reduction values. While the goal of the grant is to get people into MAT, the ultimate goal of that treatment is not a cessation of all drug use. This language also makes it clear that SSPs need not coerce people into treatment, but rather allow their participants decide for themselves what they want their goals are with regard to their drug use. The role of the SSP continues to be to function as a resource for PWUD, not to make decisions for them.

Although the CHRI grant does include technical assistance which can be used to professionalize nonprofits, it also includes funding for programs to shadow one another.

As a core offering of CHRI, National Harm Reduction Coalition will
create a peer leadership and mentorship program for CHRI grantees,
to facilitate a programs' ability to shadow other programs

Rather than NHRC providing all of the technical assistance to programs, it takes a step back and allows programs to learn from one another. This means that the people who do the work on the

ground are brought together to talk about their strategies, their problems, and their successes. It increases collaboration between programs, which is often lost in the highly competitive NPIC (Eikenberry, Kluver, 2004).

Lastly, the Syringe Access Fund (SAF) from AIDS United goes above and beyond by explicitly stating that they will prioritize smaller programs with annual budgets less than one million dollars in geographic locations where support for SSPs is low or nonexistent

Applicants must be located and perform work within a U.S. state, district, or territory that considers the distribution of sterile drug consumption supplies illegal or which places prohibitive restrictions on SSPs

In a state like California where support for SSPs is high it seems unlikely that any SSP would qualify for SAF funding. However, there are still regions in the state where SSPs are outright banned, and programs must operate through legal loopholes. These programs are often underfunded due to their lack of local support and therefore local funding. By restricting the eligibility criteria to such a degree, small programs that may otherwise not have a chance at winning a highly competitive grant award are able to receive funding.

Community-based outcomes

While using funds for lobbying is still off the table for nonprofits, a handful of the RFPs for CA SSPs laid out community level objectives in addition to their individual level targets. The SAF allows programs to:

conduct local, statewide, or national-level community education and mobilization initiatives that demonstrate concrete objectives and activities to expand access to sterile syringes

Other RFPs also include community education as one of its allowable activities. This is a creative way to garner support for SSPs and harm reduction broadly, while avoiding lobbying for legislation. The NACCHO data collection grant highlights the importance of using SSP data to neutralize community opposition

SSPs can also use PiTS data to demonstrate their impact or address community concerns or opposition to harm reduction, which can be useful when applying for funding, strengthening community partnerships, or influencing local policies and regulations.

These outcome variables focus on building legitimacy and creating collaborative relationships between SSPs and the broader community

establish and deepen collaborations between SSPs and other medical, social service, and substance use disorder treatment providers (“partner organizations”).

This legitimacy is important when it comes to advancing the goals of the broader harm reduction movement. When the entire community is working together to increase advance the movement, it becomes harder to ignore.

Summary of Findings

RFP Name	Type of Funder	Neoliberal/NPIC			Harm Reduction		
		Individual Outcomes	Professionalization	Burdensome Requirements	Lived Experience	Considers SSP needs	Community-level outcomes
SAMHSA Harm Reduction Program Grant	Federal Government	X	X	X	X		
MAT Prescription Drug and Opioid Addiction	Federal Government	X	X	X			
National Harm Reduction Technical Assistance and SSP Monitoring and Evaluation Funding Opportunity	Federal Government		X				
Rural Communities Opioid Response Program	Federal Government	X	X	X			
CA Reinvestment Grant 2020	CA State Government						
CA Reinvestment Grant 2021	CA State Government	X	X	X			
CA Clearinghouse	Hybrid CA gov + foundation	X				X	
Syringe Service Program Grant	Grantmaking Foundation	X	X		X	X	X
Low Barrier Opioid Treatment at SSPs	Grantmaking Foundation	X	X		X	X	
Community Solutions for Health Equity	Grantmaking Foundation		X		X	X	
Building Capacity for Harm Reduction Monitoring & Evaluation	Grantmaking Foundation		X	X			X
Opioid Crisis Innovation Challenge 2021	Grantmaking Foundation	X	X			X	X
Expanding SSP Capacity to Respond to COVID-19	Grantmaking Foundation	X	X	X		X	X
Preventing Oversedose and Increasing Access to Harm Reduction Services during the COVID-19 Pandemic	Grantmaking Foundation	X	X			X	
Syringe Access Fund	Grantmaking Foundation	X	X		X	X	X
California Harm Reduction Initiative	Grantmaking Foundation	X	X		X	X	X
Use of Learning Collaborative Model to Build Capacity of SSPs to Conduct Point in Time Surveys	Grantmaking Foundation		X	X			X

Figure 1. Summary of Findings

Overall, the findings from this analysis show that all of the RFPs, regardless of funder, contained application, eligibility, and reporting requirements that reflected neoliberal ideology and the priorities of the NPIC. Nearly every funding contract came with reporting requirements that asked programs to track individual outcomes. The ones that did not ask for data on those outcomes did not provide funding for direct service work, which can be detrimental to SSPs with limited staff. Comparing government funders and grantmaking foundations, it is clear that the

RFPs released by the state and federal government tended to have fewer markers of harm reduction ideology (Figure 1). They actively sought out to fund programs with highly educated staff with professional experience. Government funders placed restrictions on fundable activities, and the majority of them funded programs on a reimbursement basis. SAMHSA funding for SSPs also required completion of the GPRA surveys, which are not only time consuming, but also traumatizing to participants (Knopf, 2021).

Conversely, the grantmaking foundations included language and structured the requirements of the funding in a way that reflected the values of harm reduction. Although these RFPs were interested in individual outcomes, they also emphasized making connections in the community in order to strengthen bonds between SSPs and other services. Doing so provides SSPs with an opportunity to do community organizing, while still being paid. Other foundation RFPs were written in a way that struck a balance between individual outcomes and the harm reduction approach to service provision. For example, the Low Barrier MOUD grant offered by the Sierra Health Foundation was designed to increase access to treatment for SSP participants, but its stated goal was not for SSP participants to abstain from drug use. This is important because it allows SSPs to continue to uphold Lenton & Single's (1998) definition of harm reduction and to continue utilizing the bottom-up approach to service provision (Martlatt, 1996). Two of the grants that were focused on professionalizing SSPs by teaching better data collection and analysis methods explained that they wanted to support that work so that harm reduction advocates could use the data to bolster support for the movement.

Overall, the four grants that reflected the most harm reduction values were the Comer Family Foundation Syringe Service Program Grant, the National Harm Reduction Coalition's California Harm Reduction Initiative (CHRI) grant, AIDS United's Syringe Access Fund grant,

and the Sierra Health Foundation's Low Barrier MOUD Treatment at SSPs grant. These three grantmaking foundations are deeply involved in the national harm reduction movement, which is likely why their funding streams reflect harm reduction ideology and consider the needs of SSPs. The Sierra Health Foundation grant does not specifically track community-level outcomes; however, it does provide funding for participant advisory board meetings for SSPs. These meetings can be used to lay the groundwork for broader organizing in the community, and provides a space for participants to get involved with the larger harm reduction movement.

Discussion

These findings contribute to the literature on the NPIC by not only assessing the physical call for funding applications and the breakdown of funding contract requirements, but by analyzing funding streams that were created for a type of nonprofit work that is only now making its way into the mainstream (Anasti, 2017; Roe, 2005). All of the funding streams perpetuated neoliberal and NPIC logics to some degree, which is antithetical to the harm reduction movement and in certain cases makes the funding impractical for SSPs. This highlights the dilemma that SSPs face when they become nonprofits apply for funding, and accept the contracts that they are awarded. The work being done by SSPs is lifesaving, and can be expanded and improved upon by increases in funding, but this increase in funding can also be used to alter the harm reduction approach that SSPs use to provide services (Finley & Esposito, 2012; Hall & Reed, 1998; Kivel, 2007; Smith, 2007; Steedman & Rabinovicz, 2006).

Smith (2007) suggests that if nonprofits want to make an impact in their community and create real structural change within society, they must remove themselves completely from the NPIC. She proposes that nonprofits do their own fundraising, so that they can use their funds in a way that does not have to comply with funding restrictions. If SSPs were limited to receiving

their funds from the government, my findings indicate that this may be the best option facing SSPs. Unfortunately, doing so would compromise the legitimacy that is offered to programs when they become established nonprofits. This legitimacy has been shown to benefit nonprofits that operate on the fringes of society, like SSPs, who are looking to enact social change in their communities (Anasti, 2017; Andreassen, Breit, & Legard, 2014).

If participating in the NPIC leads to a perpetuation of neoliberal ideology within nonprofits and stalls social justice movements, but not participating limits an organization's ability to purchase supplies and decreases their legitimacy in the community they are trying to change, what are SSPs to do? This double bind, I argue, is one that the movement must adapt to in order to create funding streams that work for SSPs, rather than asking SSPs to navigate this on their own. If SSPs were to fundraise all of the money that they need in order to operate, they could spend just as much time soliciting private donations and throwing fundraising events as they do applying for and managing grant contracts. Rather than telling the direct service providers to figure out how to proceed, the movement must recognize the potential harms of the NPIC and create their own funding initiatives for SSPs. This strategy takes a bottom-up approach by listening to the needs of service providers and then taking tangible steps to reduce the harm of the NPIC.

The findings from this chapter highlight that this is happening to a certain degree. I noted above how the Comer Family Foundation grant, the CHRI grant, the Syringe Access Fund grant, and the Sierra Health Foundation grant were written in ways that clearly upheld the values of harm reduction and worked well for SSPs. Although these grants comprised only 16% of the entire selection, this offers a promising start. Further, the other grantmaking foundation RFPs included some of the markers of harm reduction ideology. Although their RFPs did not contain

all three markers, they displayed a willingness to fund SSPs in a way that meets their needs and made attempts to further, rather than derail, the harm reduction movement. Critics of the NPIC see foundations as middlemen who take necessary funding away from direct service providers, yet my findings showcase how they can provide a level of protection between SSPs and government funders (Gilmore, 2007). For example, both the CHRI grant and the Sierra Health Foundation grant use funds that originate from the state and the federal government, respectively. In these cases, the multiple layers that form the NPIC actually kept SSPs from having to access funding through the government, which I have found to be less equipped to meet the needs of SSPs.

The findings from this chapter are clear: there is no such thing as perfect grant contract for SSPs and harm reduction. However, it is possible to balance the needs of the NPIC and the needs of SSP participants, SSPs, and the harm reduction movement. In the following chapter, I explore how SSP staff and the harm reduction movement navigate neoliberalism and the NPIC. Despite the fact that certain grant funding opportunities discussed in this chapter are better suited for SSPs, their participation in the NPIC still has the ability to infuse harm reduction with neoliberal ideology. I rely on interviews with SSP staff and activists to uncover how the NPIC affects SSPs, and whether or not programs are able to push back against their funders. I also discuss how the movement has adapted to the conditions of the NPIC, and how it is working to mitigate its harms. Lastly, I explore how SSPs and the overall movement work together to continue to try to enact social change despite the burdens of participating in the NPIC.

Chapter 3: Reducing the Harm of the Nonprofit Industrial Complex

Introduction

In 2019, I responded to a Doodle Poll with my availability for a phone call with a staff member from the California Department of Public Health Office of AIDS (CDPH OA) to discuss the harm reduction funding budget that had been passed by the CA state legislature earlier that year. The state allocated the funds to the CDPH OA, who then solicited feedback from SSPs on how the money should be allocated. There were information sessions, Q&As, and surveys in addition to the meetings. Feedback on how the funding would be spent and what the funding priorities would be was welcomed and encouraged. It was really important that they get input from everyone - I failed to complete a survey in time, and it was sent to me directly by a staff member with a reminder to complete it by the end of the day. At the time, I had no idea how important and rare this opportunity was. In my time as a volunteer, a direct service worker, and an SSP executive director, I have only had this opportunity one other time.

This chapter builds upon my findings from the previous chapter, which found that not all grants are made with SSPs and harm reduction ideology in mind. The grants varied in their level of subscription to neoliberal ideology, but my findings revealed that it is difficult to participate in the NPIC without some level of commitment to individual outcomes, professionalization, and hierarchy. Several government grants were reimbursement based, while others did not allow organizations to purchase supplies, making it difficult for grassroots organizations like SSPs to have their needs met by the funding. While nearly all grants focused on measuring individual level outcome variables, certain grants released by grantmaking foundations were more in line with harm reduction ideology. They emphasized hiring people with lived experience, included community level outcome measures, and were overall more practical for smaller SSPs. In this

chapter, I will discuss how two of these CA-based grant opportunities, NVHRC's California Harm Reduction Initiative (CHRI) grant and Sierra Health Foundation's Low Barrier MOUD at SSPs grant were intentionally formed by movement leaders using the bottom-up approach.

This chapter explores how individual SSP staff and movement leaders in CA understand and adapt to their relationship with the NPIC. SSPs and the harm reduction movement made the decision to participate in the NPIC many years ago when SSPs first began taking funding from local governments. The analysis of my interview data uncovers how NPIC participation has changed the nature of SSPs, but also how programs have managed to push back against it. It also discusses how the movement works to find a balance between the pressures of the neoliberalism and the NPIC and the needs of SSPs and their participants. I use neoliberalism as a frame through which I analyze my data, and draw on the literature on the NPIC to answer the following research questions: 1) How do SSPs navigate the funding landscape created by neoliberalism and the NPIC? 2) How has the harm reduction movement adapted to reduce the harm of the NPIC?

Service Providers and NPIC Participation

To answer my research questions, I will first investigate how participation in the NPIC has affected SSPs and the individual actors within them. The nonprofit sector is notoriously underfunded, which leads to a highly competitive market for grant funding. The NPIC is a product of neoliberalism, which holds a favorable view of competition, and sees it as a part of human nature (Friedman, 1962). Thus, from the neoliberal perspective, there is no issue with the lack of funding in the nonprofit sector. In fact, reducing funding is seen as genuinely positive in that it keeps taxes low and creates a highly competitive funding landscape in which only the best and most effective nonprofits are funded (Baines, 2010; Giroux, 2004; Kirk & Okazawa-Rey, 2000). The funding scarcity in the nonprofit sector keeps organizations from working together

because it encourages competition between organizations, rather than collaboration (Baines, 2010; Eikenberry & Kluver, 2004). This stifles community organizing efforts among nonprofit service providers and between social justice organizations. The findings in this chapter will uncover whether or not a spirit of competition has developed among SSPs in CA, and the steps that the larger movement takes to cultivate collaboration instead.

Further, the competition in the marketplace of grant funding incentivizes nonprofits to take measures to resemble for-profit business, as corporations are considered to be highly efficient and effective (Connell, Fawcett & Meagher, 2009; Finley & Esposito, 2012). Nonprofits that have been co-opted by the NPIC and infused with the logics of neoliberalism resemble for-profit businesses in every way except their funding structure (Mosley, 2020). They strive for professionalization, are preoccupied with the bottom line, and favor a top-down approach to service provision (Hwang & Powell, 2009; Maier, Mayer, & Steinbereithner, 2016). This approach, as discussed previously, dictates the needs of participants, since they must offer services and provide them in a manner that pleases the funders (Brainard & Siplon, 2004; Bush, 1992; Richmond & Shields, 2004). In this funding structure, the service organizations become the representatives of the marginalized communities they serve, rather than the communities representing themselves (Mosley, 2020). In the analysis of my data, I point out the ways in which SSPs have adopted measures of professionalization, such as valuing professional and academic experience over lived or living experience.

While participating in the NPIC can very well lead to these effects, nonprofits, and the actors within them are not without power. Concluding that all nonprofits are doomed to be co-opted by neoliberalism denies the individuals within them the agency to resist that process. Nonprofits routinely juggle competing accountability relationships that exert pressure on their

organizations, including hierarchical, legal, professional, and political accountabilities (Johnston & Romzek, 1999). Kim (2005) highlights how nonprofits can improve their services for their participants by focusing less on hierarchical and legal accountabilities, and more on their professional and political accountabilities. Applying this to SSPs and their funders, these findings suggest that programs can actively choose to prioritize the individual and community level needs of their participant base (professional and political accountabilities) over the needs of their funders (hierarchical accountability). Doing so does require a tradeoff in that SSPs may not apply for certain types of funding because of the way that it is structured. Additionally, programs that push back against their funders when they have grant contracts already in place do take on a level of legal risk (legal accountability).

The second part of my analysis will discuss the strategies SSPs use to center the needs of their participants when choosing which grants to apply for, and how they push back against the neoliberal ideology perpetuated by their funders. The findings in Chapter 2 highlight how nearly all funding opportunities available to SSPs ask that they track individual level outcomes. Participating in the NPIC does come with some level of compromise. The difference between funding that is beholden to neoliberalism vs. harm reduction is that harm reduction funding is written in a way that places value in lived experience. It centers the voices of participants, and explicitly states how the data reporting requirements can and will be used by the harm reduction movement. Funding that reflects neoliberal values is unconcerned with the priorities of harm reduction. Thus, SSPs who apply for and receive these grants have to make a choice to continue to uphold their core values. My analysis in this chapter discusses how programs attempt to do that.

Grantmaking in Social Justice Movements

To answer my second research question, I will begin by exploring how the harm reduction movement has worked to create grant funding opportunities that not only meet the needs of SSPs, but also help to advance the goals of the broader social justice movement. Despite the dearth of literature criticizing nonprofits for participating in the NPIC, its effects are not necessarily all negative. In a study of sex workers rights organizations, Anasti (2017) found that professionalization, one of the facets of the NPIC, helps to increase the organizations' ability to enact political change. Additionally, having connections and allies in the community allows sex worker rights organizations to expand their reach in order to serve even more marginalized communities. An increase in professionalization may also increase the organization's efficiency, and lead to better, more stable services, especially when doing service work that is illegal or highly stigmatized, such as syringe exchange (Andreassen, Breit, & Legard, 2014). While participating in the NPIC can be burdensome and detrimental, if done correctly, it can also provide stability to services as well as legitimacy in the community that the broader movement seeks to change.

SSPs and the harm reduction movement are not the only service provider/social justice movement partnership trying to enact social change from within the NPIC. We see the same service/movement structure in the sex workers' rights movement, the trans rights movement, and the workers' movement (Anasti, 2017; Mananzala & Spade, 2008; Miami Worker Center, 2004). The NPIC works to separate services from social justice movements, but what if service providers and activists were aware of this and actively made an effort to stand against it? The Miami Worker Center (2004) proposes the Four Pillars of Social Justice Infrastructure to tackle this issue. This framework not only connects services to social justice movements, but sees service provision as the gateway to meaningful community organizing. The four pillars are 1) the

pillar of policy, 2) the pillar of consciousness, 3) the pillar of service, and 4) the pillar of power. This framework can help service providers and social justice advocates understand their role in the movement, and create systems of funding and coalitions between each pillar to strengthen it. The pillar of policy influences legislation, while the pillar of consciousness focuses on community education and public opinion. The pillar of service provides critical services to people in need, and the pillar of power focuses on community organizing. All four pillars must work together in order for the social movement to have an impact. Using this framework, sites of service provision become places where community organizing can begin. Community organizers can then work with policy makers and political strategists to sway public opinion and pass legislation that creates meaningful change in the lives of the service participants.

The two funding streams that I discussed in chapter two that best fit into the four-pillar framework are the CHRI grant and the Sierra Health Foundation Low Barrier MOUD at SSPs grant. A requirement of the CHRI funding is to make connections in the community, and then to report on how those relationships are strengthening services and building solidarity around harm reduction in the community. This gives SSPs not only the opportunity, but also funding to participate in community organizing and community education activities. These uphold the pillars consciousness and power, while directly funding the pillar of service. The Sierra grant also helps to strengthen the pillar of power at SSPs through providing funding for participant advisory board meetings for SSPs participants. This gives SSPs an opportunity to organize their participant base and create concrete goals for the harm reduction movement in their community and throughout the state.

These two grants differ from other funding opportunities, especially the ones that come from government funders, in that they are used strengthen the movement in addition to providing

services. These two grants were also created using the bottom-up approach that is central to the harm reduction movement. My chapter two findings highlight how this bottom-up approach is a key component in ensuring that the funding streams uphold the pillars of social justice infrastructure. While other foundation grant opportunities discussed in chapter two also strengthen the movement, I chose to focus on CHRI and Sierra for this chapter because they were created by the movement in CA. Therefore, I had the opportunity to speak with both the grant makers and the grantees directly. I use federal and state funding as comparisons to CHRI and Sierra throughout my analysis. I also discuss how the harm reduction movement uses the layers of the NPIC to its advantage when engaging in grantmaking. While the literature on the NPIC sees grantmaking foundations as unnecessary middlemen, I highlight how they keep SSPs from engaging with government funders who are not interested in advancing the harm reduction movement (Gilmore, 2007).

Social Justice Movements and the NPIC

Lastly, my analysis will explore the harm reduction movement's ability to enact change from within the NPIC. Critics of the NPIC explain that if nonprofit service providers and social justice advocates want to enact change in society, they must completely withdraw from participating in it (Smith, 2007; Kivel, 2007). They argue that participating in the NPIC upholds the neoliberal agenda, which aims to maintain the status quo in society (Eikenberry & Kluver, 2004). Any attempt to change society works against neoliberalism, therefore, the NPIC is structured to prevent service providers like SSP staff and social justice movements like harm reduction from doing so. Scholars who advocate against participating in the NPIC subscribe to the belief that you cannot dismantle the masters' house with the masters' tools (Lorde, 1984). This perspective assumes that the harm reduction movement is unable and will continue to be

unable to undo the harms of the War on Drugs and decrease the societal causes of drug use, such as poverty, unless it begins operating outside of the NPIC (Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012; Ewald, Strack, Orsini, 2019; Kivel, 2007; Smith, 2007).

Kivel (2007) takes his criticism of the NPIC one step further, in writing that nonprofits are unwilling to fix social problems because they need them to exist in order to validate their work in the community. According to Kivel (2007), nonprofits are unwilling to work themselves out of necessity, preserving the livelihoods of the white and middle-class people they employ at the expense of the people they serve. Thus, nonprofits take people who care passionately about issues like homelessness, poverty, and addiction and focus them on serving individual problems, rather than targeting the root of the problem. This maintains the status quo in society, so that neoliberal capitalism can continue to deregulate the market, privatize social services, and reduce funding for the social safety net.

Rather than opting out of the NPIC, organizations and movements that embrace the four pillars of social justice infrastructure are able to harness the power and legitimacy of the NPIC while continuing to advocate for radical change (Mananzala & Spade, 2008). In the trans liberation movement, for example, The Sylvia Rivera Law Project (SLRP) has emerged as a nonprofit that embraces the four-pillar framework effectively, while maintaining nonprofit status (Mananzala & Spade, 2008). Despite being a nonprofit, SLRP operates collectively through consensus instead of using the traditional workplace hierarchical structure. This allows community volunteers to learn skills necessary for social justice work without having to be employed full-time, and allows the organization to center its participants rather than its leaders. Through this structure, SLRP is able to uphold all four pillars under one organizational umbrella.

Outside of CA, the harm reduction movement boasts a similar organization, VOCAL-NY. VOCAL is a nonprofit and state licensed SSP in New York, which operates in New York City. However, the organization has a dual structure, in which it also does community organizing work among its participants, staff, and community volunteers. The advocacy wing of VOCAL operates across the entire state of New York, and works to educate the community about harm reduction, and lobbies for legislation that meaningfully impacts its SSP participants. VOCAL uses the bottom-up approach to both service provision and movement building, and also upholds the four pillars of social justice infrastructure. VOCAL is well known in the harm reduction community for effectively operating a safe injection site in its bathroom in response to their community's need for a place to use drugs safely (Vallejo, 2018). If a participant uses the restroom and does not come out after a certain amount of time, the team at VOCAL can open the door, check on the person, and administer Narcan if necessary. The data on the number of lives saved is then recorded by the program, and used to advocate for the effectiveness of safe injection sites (also called overdose prevention centers).

The final section of my analysis describes how the harm reduction movement in CA is attempting to carry on its own legacy of activism, while continuing to provide the best services possible. The pillar of power in CA is mobilized through the CASEP Coalition, which is the network of SSPs staff and participants, lobbyists, and community organizers throughout the state. The pillar of policy is upheld by those in CASEP who work for the Drug Policy Alliance and the politicians within the state legislature that are supportive of the movement. The entire CASEP Coalition works together to form the pillar of consciousness, which works on community action campaigns to bring awareness to the work that needs to be done to prevent drug overdoses and the spread of HIV/HepC. Lastly, the pillar of service is comprised of the

SSPs throughout the state. Like other social justice movements made up of social service providers, CASEP lobbies politicians for increases in funding for SSPs programs (Anasti, 2017; Kelley, Lune, & Murphy, 2005; Meyer, 2001; Meyer, 2010; Minkoff, 2002). However, it also works with the Drug Policy Alliance to create and pass legislation important to SSP participants. This legislation is aimed at undoing the harms of the War on Drugs, including the decriminalization of drugs, sex work, and homelessness, and the creation of overdose prevention centers. It is this advocacy work that critics of harm reduction want to see more of in order to create long term change that benefits those at the bottom of the social hierarchy (Miller, 2001; Roe, 2005).

Methodology

In this chapter, I use semi-structured interview data to gain a better understanding of the relationship that SSPs and the harm reduction movement in CA have to the NPIC. This method has long been used to extract rich data intended to explore complicated social processes, such as the web of relationships created by the NPIC (Blee & Taylor, 2002; Fantasia, 1988; Okiyawa, 2018). The interviews that I conducted with SSP staff and movement leaders will be used to answer my research questions laid out above: 1) How do SSPs navigate the funding landscape created by neoliberalism and the NPIC? 2) How has the harm reduction movement adapted to reduce the harm of the NPIC?

In June 2021, I began conducting semi-structured interviews with SSP staff, harm reduction movement leaders, and homeless outreach workers in Los Angeles. Over time, as my research questions became more about funding and the harm reduction movement, I chose to broaden the scope of my interviews to include SSPs and harm reduction activists throughout the entire state. I conducted 15 interviews in total, but for the purposes of this chapter I have

excluded three interviews with homeless outreach providers in Los Angeles County. The number of interviews that I conducted is one of this project's greatest limitations. Future work must be done to collect additional interviews in order to draw more accurate conclusions. I made attempts to include more SSP staff and movement leaders in my subject pool. Many people agreed, but stopped responding to my emails when it came time to schedule the interviews. Between the COVID-19 pandemic, staffing issues, and the grueling nature of this work, it is difficult for people to make the time to participate in research.

I provided consent forms via email, and obtained verbal consent and consent to record the interview from every single participant. The interviews were semi-structured, but I allowed the conversation to flow and veer off in new directions depending on how the participants responded to previous questions. The interviews were transcribed, and then coded. I used an open coding process to identify major themes from the data. The data were then recoded using these themes to create a more structured coding framework. The major themes are highlighted and discussed at length in my findings section below.

Position as a researcher

Thorne (1978) explains that in order to have a successful qualitative interview, the interviewer must understand their own position in relation to the subject they are studying. Therefore, I discuss my own position in the harm reduction movement, and how I dealt with my own subjectivity at length in Appendix A. For the purposes of this chapter, it is important to note that I relied on my personal experiences in the creation of my overarching research questions as well as my interview questions. My involvement with the CASEP Coalition extends back seven years, and gave me access to interviews with others within the movement. I set out to use this dissertation as an opportunity to understand how SSPs and harm reduction are complicit

in perpetuating neoliberal ideology through their participation in the NPIC. However, as I interviewed SSP staff and others within the movement, I became fascinated by their ability to push back against it as well.

Findings

Overall, one of the most fascinating things to emerge from my interviews was that harm reduction workers, including front line SSP staff, have a great awareness of the NPIC and neoliberal ideology. Almost every single interviewee reflected on it, even though some did not invoke it directly. This group is very self-aware, and concerned with the impact that they are having on their participants at every level of the movement, from the SSP to the CDPH OA and the NHRC. The majority of my interviewees also referred to people the SSPs serve as “participants” rather than “clients.” Past research on the NPIC has highlighted how nonprofits tend to refer to the people who use their services as clients. This creates a dynamic in which the clients are not seen as people who can help with enacting broader social change (Cain et al., 2014; Kivel, 2007). The intentional choice in the word “participant” actively works to include the people who access the services at an SSP as community partners who participate in the service as much as the people who provide the service. It also gives agency back to the people accessing the service - they can choose to participate or not. I have scoured the literature looking for research regarding this choice by the harm reduction movement, but have failed to find anything. However, I’ve been told by every one of my harm reduction mentors that we use the word “participant” not “client.”

That being said, there are ways in which SSPs and the movement are affected by and give in to the logics of the NPIC. The following analysis explores how SSPs have been affected by their participation in the NPIC in a way that runs counter to harm reduction ideology.

Specifically, I describe how SSPs have embraced competition and professionalization within their organizations, seeing the NPIC as a necessary evil. I then discuss how SSPs resist the NPIC, and how the movement seeks to shelter itself from the perils of neoliberalism and the NPIC using the four pillars of social justice infrastructure and a bottom-up approach (Marlatt, 1996; Miami Worker Center, 2004). I argue that SSPs and the movement can strike a balance and absorb the benefits of participating in the NPIC while maintaining their ability to uphold the core values of harm reduction and enact social change.

How SSPs Navigate the NPIC

SSPs in CA have reached a pivotal moment in their journey from the fringes of mainstream society into a space where they can operate legally, with wider social support, and increases in funding opportunities. Yet, the literature on the NPIC cautions nonprofits as they begin to apply for and accept more grant funding contracts, revealing how organizations can become corrupted by neoliberalism and the logics of the NPIC. My data show how individual actors, as well as programs, seek to strike a balance between their funder's expectations and the needs of their participants.

Competition vs. Collaboration

The NPIC is often critiqued because it stifles the collaboration between nonprofits that would be needed to bring about social change, such as alleviating poverty, homelessness, and domestic violence (Finley & Esposito, 2012). SSPs in CA are a part of the California Syringe Exchange Program Coalition (CASEP). The group describes itself as a “mutual-aid and advocacy network of syringe services providers and participants who work collectively to build strong harm reduction programs and who organize to reduce the harms of the racialized war on drugs and drug use at the individual level.” CASEP includes staff from the National Harm

Reduction Coalition and the CDPH Office of AIDS, who can step in and help address issues in the group. I discuss CASEP's success as a movement mobilizer at length below. I bring it up here to highlight how, despite the movement's commitment to collaboration through CASEP, there are still issues with competition among SSPs.

A volunteer with a small grassroots SSP points out that larger programs are generally more successful in winning grant contracts:

I think the major problem is that these grants have historically gone to big organizations because they're the ones who have grant writers, they're the ones who have accountants.

Another SSP staff member addresses this point more directly:

I mean, when it came out that we didn't get funded I was pretty vocal with Katie about it because [the funder] said they were going to fund those that didn't have staff...you know, the smaller organizations, but here they gave money to all the big SSPs.

These quotes echo the findings from the literature which suggest that larger programs are more successful in the marketplace of funding because they tend to have the corporate structures that funders look for (Eikenberry & Kluver, 2004; Schervish & Havens, 2001). The more I spoke with SSP staff and volunteers, I uncovered how these feelings of animosity can fester if they are not addressed. Eventually, this can derail social change. Another SSP staff member describes this happening in her service location.

Harm reduction services here have no united vision. Everyone hates each other and no one is working together at all to advocate for better

shit for our participants. People put ego and territorialism over collective action...you know, I feel like I'm on my own here.

She went on to provide a specific example of organizations not working together for broader social change:

So, like, I mean, the new city funding is a great example of that. We're all like, "We didn't get any of that funding." And it's like, what did we do to get it? We can be bummed about what the government isn't doing for our participants, but then we also can be bummed about how we're not putting collective action into advocating for them as well.

The CASEP Coalition is broken into sub-groups based on location throughout the state. Even with a team dedicated to this staff member's location, there are still issues that develop between programs that can build up over time and stifle collective action (Baines, 2010; Eikenberry & Kluver, 2004). Luckily, CA SSPs have the CASEP infrastructure and staff at the NHRC that can step in and mediate problems when they arise. While organizations may still have their differences, they attempt to come together to host events on important days like Overdose Awareness Day and to participate in lobbying events and petitions organized by the CASEP Coalition and the Drug Policy Alliance.

The NPIC as a Necessary Evil

A second critique of the NPIC is that it emphasizes individual outcomes, rather than societal level change (Finley & Esposito, 2012; Kivel, 2007). The grant reporting requirements discussed in chapter two revealed that this is no different in the harm reduction world. SSPs must track individual level data, and then report it to their funders, who then use it to meet their needs.

However, this is more or less accepted by SSP staff and harm reduction movement leaders as a minor inconvenience that must be dealt with in order to continue their important work:

We're trying to give out, you know, our giant allotment of Narcan and it's just endless, like, especially because we ask [the programs we give it to] for data. Then there's the endless emails and phone calls trying to explain to people that if they want to save lives, they have to do a little bit of data tracking. And it sucks, but it's like we need all the scientific evidence on these interventions so we can keep doing them.

This SSP receives a large allotment of naloxone (Narcan) from the government. The program must give it out to individual participants as well as smaller nonprofit organizations in the community who distribute it to their program participants. The point of this is to increase the amount of naloxone, the opioid overdose reversal medication, being distributed by community-based organizations, as higher amounts of freely available naloxone have been linked with decreases in overdose deaths (Naumann, Durrance, Ranapurwala, Austin, Proescholdbell, et al., 2019). However, in order to keep the program going, all programs who distribute it must report the number of naloxone kits distributed, and the number of reported lives saved from it. This SSP staff member was frustrated with the pushback that she had received from these other programs. She too finds the data collection component of the program aggravating at times, but sees it as a small and necessary price to pay in order to continue to saving lives through naloxone distribution.

Another SSP volunteer commented on the data reporting requirements for programs, comparing the data as a “return on investment” for grant funders:

Grantors, in large part, want data on the work being done. It's like an investment in a company almost, where like, instead of getting equity, and a private capital investment, you're getting data, or you're getting research studies, or you're getting some sort of metric that you can then publish and inform policy, which might be good, but at the same time, there's a return on investment, right?

Given the discussion in the literature regarding the corporatization of nonprofits, this analogy is quite apt. However, this volunteer points to the importance of data in informing public policy, as did the staff member in the previous quote. Scientific research is important in both keeping SSPs open and funded, as well as in the fight to reverse the harmful policies of the War on Drugs (Erickson & Hathaway, 2010). In order to receive funding, SSPs must comply with the data reporting requirements, and it is up to actors within the movement to make sure that the data are used in a way that ultimately benefits SSPs and their participants.

Many SSP staff members regarded the NPIC as a necessary evil. They complied with the terms of the grant funding, and staff at SSPs nested within larger organizations dealt with the bureaucracy because of the security it offered:

I remember talking to Paul and he was like oh well we'll never lose funding. It doesn't matter if we like burn through all of our supplies. Give everything out and we'll get more because they'll never stop funding us, which I think is a big benefit that maybe a lot of other harm reduction organizations don't receive in California

This former SSP staff member recalled a time when his supervisor told him to never ration supplies. Rationing supplies is an unfortunate reality for programs that are underfunded,

especially at the end of the fiscal year when funding starts to run low. This SSP, which is part of a larger nonprofit, is able to rely on their parent organization to fill the gaps in supply funding that occurred at the end of the fiscal year. This is incredibly helpful in continuing to serve participants without a disruption in services, however, it does have its drawbacks:

I think there was like a little bit of compromise, but I think having a big organization backing us does provide some level of safety to the program.

This SSP staff member went on to explain the compromise, which is the lack of people with lived experience in supervisory roles in the nonprofit:

Honestly, I don't think any of them have [lived experience].

Upon learning that this SSP did not have anyone with lived experience working in a supervisory position, I asked my research participant if he was drug tested for his job, to which he replied, “Yes. I was. And that’s all I’ll say about that.” I had never heard of anyone being drug tested for an SSP job, so I asked my other research participants if they had been, to which the majority said that they had not. One SSP staff member asked me a follow-up question:

...No? People drug test for harm reduction jobs? They are trying to see if I have drugs in my system, right?

This exemplifies the dynamic that Bluthenthal (1998) writes about in his piece on SSPs, “Activist initiated and run SEPs typically have a tension between the political goals of the program and the desire to provide effective HIV prevention.” The SSP described above gives in to the NPIC and drug tests its staff and hires people with professional and academic experience instead of lived experience for supervisory positions. However, it also does not have to worry about experiencing gaps in services due to a lack of funding, which would hurt HIV prevention

efforts. Yet, this sacrifices the goals of the broader harm reduction movement, which seeks to place people with lived and living experience into leadership roles at SSPs. In order to deal with this complicated reality, the movement must work to create stable funding opportunities for SSPs that lessen the need to make compromises such as these. I explore the movement's efforts to do just that in the sections below.

Pushing Back Against The NPIC

Like other nonprofit organizations, SSPs and their staff are not defenseless against the NPIC and the pressures placed on them by their funders (Johnston & Romzek, 1999; Kim, 2014). Actors within the NPIC have agency and can choose to prioritize the needs of their participants over the needs of their funders. For example, SSPs can choose not to apply for grants that will expect them to get more people into treatment than they feel capable of doing. When the stated goal of a grant is to get high numbers of people into treatment, it can lead to programs having to pressure people into seeking treatment they may not want, which runs antithetical to the harm reduction framework. Alternatively, when SSPs are able to negotiate their own contract deliverables, they can set reasonable goals for themselves that allow them to get only those who truly want it into treatment. This negotiation process gives SSPs the opportunity to reap the benefits of the NPIC, such as funding and legitimacy in the community, without having to forego their harm reduction principles.

SSP staff talked at length about how they push back against their funders who they felt were not taking a harm reduction approach. Even in cases where funders said that they were committed to harm reduction, SSP staff remained wary:

Any time you get money involved they want metrics and tangible outcomes. And they might say that everyone on their board is pro

harm reduction, but when you flesh that out it becomes something very different...if you expect that your outcomes are going to look like shiny people being housed and getting off substances - and that really is the unspoken kind of expectation - I just don't think those are realistic.

This quote speaks to the heart of the issue for SSPs in the NPIC. Because the NPIC operates using the personal responsibility framework, nonprofit organizations are expected to help people get back on their feet so that they can participate in the free market economy (Finley & Esposito, 2012). For SSPs, this includes helping people to stop using drugs, helping people get into housing, and helping people find stable employment. These objectives are not to be the primary goals for harm reduction programs (Lenton & Single, 1991), yet many of the grants offered to SSPs throughout my two-year reference were focused on individual outcomes such as these.

Another SSP staff member explains the choice to either work or not work with organizations that do not take a true harm reduction approach, and the toll that it can take on individual SSP staff members:

It was up to us to navigate these places that claim to be harm reduction - and I'm like oh you have to look up that work because, my friend, I don't think you do that...and sometimes that's the reason to stay away, and sometimes that's the reason to work with them. If you choose to work with them, it's very challenging. You are working upstream consistently, trying to advocate for and protect clients who the system does not get or understand.

These remarks speak to the hard work and dedication that harm reduction workers have to the core principles of harm reduction ideology. In some cases, it is simply impossible to compromise with funders who do not take a harm reduction approach because the compromise would harm participants. However, in some cases, it is possible to work with a funder, but negotiate the requirements and the deliverables of the grant contract in a way that makes it work for the SSP and their participants. As one SSP program manager explains:

We try to negotiate. And, you know, if we're going to be getting the money, we want to be doing the work as best as possible.

Luckily, there is room for this negotiation process in the majority of funding opportunities, which allows SSPs to work within the bounds of the NPIC without having to compromise their harm reduction principles. As described above, funders often look for a program's ability to get large numbers of people into treatment and housing. Appropriate deliverables for SSPs, however, would be getting smaller numbers of people into treatment so as not to create an atmosphere of coercion. SSPs may also want to include contract deliverables that help the help advance the harm reduction movement, such as creating participant advisory boards or point-in-time surveys about participants' needs. These deliverables must be appealing to the funder in order to be deemed worthy of funding; however, it does afford SSPs with an opportunity to set boundaries and realistic expectations for the funding that are on their terms. This SSP program manager clearly believes that if the program is denied funding because the deliverables were not what the funders were looking for, then they would not have done the best work with the funding anyway.

An SSP board member expressed similar thoughts:

Don't tie yourself to deliverables that you don't want to do, because most of the time deliverables are self-created - aside from the

[SAMHSA GPRA surveys], which are required and also fucked up.

I think it's really important to just like, advocate for yourself and your program in whatever ways that you can.

An SSP program manager echoed what this board member said, calling out the double bind that programs are often placed in by the NPIC:

Obviously, not having money shapes service models, and having access to supplies and money allows for best practices to be enacted. We try to work all of our contracts to our values and negotiate things.

This quote encapsulates the predicament that SSPs are in when confronted with the NPIC. They may choose to deny the funding opportunities, missing out on money for supplies, salaries, and the ability to expand services all at the expense of their participants. On the other hand, they may accept the funding for the good of the program and the participants and do their best to advocate for their harm reduction principles in the execution of the grant contract. This allows programs to find a middle ground between the funder and their participants, which is necessary if SSPs want to continue their life saving work.

Unfortunately, it is not always possible to negotiate certain aspects of grant requirements. For instance, in the previous chapter, I discussed the GPRA survey requirement for all SAMHSA funded programs. Unfortunately, the GPRA requirement is non-negotiable, and states that data collection must be done with the same group of participants three times per year. However, programs that receive funding from SAMHSA are able to find a way to make it work in their harm reduction programs:

GPRAs are at odds with a harm reduction grant. GPRAs are like, deeply traumatizing to go through, because they explicitly ask you like really invasive questions that are worded really harmfully. And so I think all we can do is reduce the harm that comes with that shit.... We have our case manager do it. We don't outsource it. And we don't have it at the first meeting, so that there's some level of comfort with us. So, I think it's like bringing trauma informed care practices into it, as much as possible.

Several of my participants talked about the GPRAs surveys, how much they hated doing them, and how they traumatized participants. However, this program was able to make it work for them and their participants by bending the rules just enough. Rather than doing the GPRAs on the first day that the participant comes to the SSP, they wait until they have built some rapport and the person feels more comfortable. At that point, they do the GPRAs with participants who they feel they have a good relationship with in order to make the process less harmful to them.

Because the NPIC is accepted as a necessary evil for CA SSPs, it becomes their responsibility to navigate the funding landscape in a way that benefits their participants. Doing so keeps SSPs true to the harm reduction movement, and helps guard against the infiltration of neoliberal ideology into their goals and practices. Luckily, programs have learned how to negotiate funding contracts in a way that works for them, and they have the CASEP network through which they can help teach others similar practices.

Valuing Lived Experience

With only the few exceptions mentioned above, the majority of my research participants explained that they either had lived experience themselves or worked at an SSP that valued it as

well as living experience. This runs counter to the traditional narrative of the NPIC, which places more value on professional and/or academic experience (Kissane, 2010). It is promising that many SSPs continue to put so much stock in people's experiences over the state of their resume. As one SSP volunteer explains, the things that you look for in a harm reduction worker cannot be captured on paper:

I think that a lot of the value in people who work in harm reduction doesn't come from their stupid credentials, or their degree or whatever. It's like, the degree to which you care about the population that we're trying to serve. And also, just like these intangible aspects of your background, and things that you've done in your life that contribute to your understanding of the problem, which is, you know, substance use and overdose and the criminalization of poverty and drug use. And I don't really think those are things that are reflected well on a CV.

In the past decade or so, there has been a push in the nonprofit world to place more value on lived experience (Benjamin, 2018; Park, 2020). It makes participants feel more connected to the services being offered because the person working with them can better understand their situation. An SSP program manager describes the importance of this:

We really want to retain our participants, and the more relatable that our staff is, and the more experience that they have, the more they can help our participants make the best choices for themselves. They give them real answers based on their own experience. Because when someone that doesn't know shit about life is trying to give you

advice and you've been through the wringer you're just like, fuck off, child.

It is common to lose participants in social services if people do not feel like the person they are working with understands them or they feel that they are not being heard (Austin & Boyd, 2021; Greer, Buxton, Pauly, & Bungay, 2021). In SSPs, this is even more important because using drugs is not only highly stigmatized, but also illegal.

Oftentimes, nonprofits will hire people with lived experience for positions in direct service work. This is a step in the right direction, but in order to resist the NPIC, people with lived experience need to be hired at all levels of the organization. A harm reduction movement leader shares her experience with this in a nonprofit that was not an SSP nor part of the harm reduction movement:

I always got crap, because I didn't have a degree, I got paid less, not just being a woman and being a woman of color, but not having a degree even though I had way more experience than the other people they were hiring...And I think that with harm reduction, our grants aren't necessarily written to require that that somebody has a degree...so in that aspect it is very different. If you look at who does the direct service work and the management work in other sectors, they all have degrees. That is driven by funders. But in harm reduction, we have people with tattoos and blue hair and you know it's just different.

This movement leaders' experiences showcase what is different about SSPs and the harm reduction movement. Professionalization, in the traditional sense, is not a priority for most

programs. The people leading SSPs are people who have used or use drugs currently. They lack degrees, they have tattoos and blue hair, they use profanity at work, and many have been incarcerated. In other types of social service nonprofits, people with lived experience are relegated to client-facing jobs instead of administrative or supervisory positions (Kissane, 2010). That is because funders like to see people with degrees managing staff and finances (Stone, Hager, & Griffin, 2001; Suarez, 2011). What the above quote highlights is that harm reduction grants are different in that they do not require a certain level of professionalization in order to receive funding. They are committed to actively seeking out and funding programs that value lived experience in their leadership, turning the NPIC on its head. This is made possible by the work that the harm reduction movement has done in CA to make grant funding that works for SSPs.

How has the movement adapted to reduce the harm in the NPIC?

In addition to prioritizing lived experience, my findings also highlight how the harm reduction movement in CA has worked to increase collaboration among SSPs, harm reduction activists, and harm reduction funders. A major theme that emerged from my interviews is that these groups work together to create funding structures and opportunities that do not ask SSPs to compromise their morals and values in order to receive the money they need to operate. Thus, the movement is able to insulate SSPs from the NPIC, decreasing their engagement with neoliberal ideology. The movement is able to prosper because it intentionally works to uphold the four pillars of social justice infrastructure, making SSPs an entry point into the harm reduction movement for participants, staff, and community volunteers. All of this is made possible through the California Syringe Exchange Program Coalition (CASEP).

The CASEP Coalition is the harm reduction movement in CA. Its membership includes SSP volunteers, frontline staff, managers, and directors. It also includes staff from the National Harm Reduction Coalition (NHRC), the Drug Policy Alliance (DPA), and the CDPH Office of AIDS (CDPH OA). Functionally, CASEP is a private google group that one must request to join or be invited to by existing members. It currently has 509 members. The google group provides a space for members of the movement to communicate on a regular basis. Once a month, the entire CASEP Coalition meets to talk about the latest news in CA harm reduction, including SSP legal issues, new funding opportunities, relevant research, issues in the movement, and the ongoing public policy agenda. This group fosters the collaboration that is necessary for the movement to create grants like CHRI that are made specifically for SSPs, and to push its policy agenda forward. In the past the movement has worked on decriminalizing marijuana, decriminalizing the possession of syringes, and expanding access to Narcan, as well as advocating for legislation that provides more funding for harm reduction services.

In the following section, I explore how CASEP upholds the four pillars of social justice infrastructure by fostering collaboration among SSPs, the state, and their grant funders. Next, I detail how this collaboration has led to the creation of not only funding streams, but also funding structures, that prevent SSPs from having to engage with funders who do not understand their work. Finally, I discuss how people within the movement see their role and the movement's role in creating social change that benefits their participants.

Fostering Collaboration Between Grantors and Grantees

In September of 2017, I attended my first CASEP Conference in Oakland, CA, which was hosted by NHRC and included attendees from SSPs throughout the state as well as the CDPH OA and DPA. I was still new to the movement side of harm reduction, having only

focused on SSP logistics and ongoing disputes with the local community for OCNEP. At the time, I did not realize that I was participating in a two-day brainstorming session that would culminate in the creation of the CHRI grant three years later. The breakout rooms felt more like a space to vent about my frustrations with our program's lack of both funding and political support from our local government. However, everything we talked about was being taken in by NHRC and the CDPH OA. After the conference, we all received an email with the main takeaways from the conference, the first one being that SSPs needed more funding for staff. Over the next three years, NHRC, CDPH OA and the DPA worked together with SSPs to create state level funding streams that were geared toward SSPs and based in harm reduction. Unfortunately, this is not the norm in grant funding, however, it can be done if people in power act with intention, as one movement leader describes:

We're lucky in CA to have a little chunk of harm reduction people in government that are actual harm reduction people...With CHRI, we had a really crystal clear intention from the moment the budget campaign started that we were going to do this in a way that was responsive to stuff that had been talked about by CASEP advocates in the past, and that we were going to have a lot of dialogue back and forth about what the grant would look like.

As I outlined previously, the CHRI grant is one of the few grants in my reference period that specifically included individual and community level outcome measures in its grant objectives. It also placed an emphasis on hiring and including the voices of people with lived experience over those with professional and academic experience. The grant was essentially designed by the harm reduction movement and the CA SSPs that participate in CASEP. Therefore, the grant's

objectives and requirements are based more in harm reduction ideology, rather than neoliberal ideology. An SSP director explains how the collaboration between CDPH OA, NHRC and CASEP to create the CHRI grant makes it different from other types of funding:

The CA harm reduction community and people who work at SSPs throughout the state are a very tight knit group...I think a lot of people were willing to give their input when CHRI was designed. That level of interfacing with the people who were actually funding us made a positive difference as opposed to federal grants where it's this organization that exists on the East Coast in Washington DC that you don't really know except through like a huge amount of forms and websites. I think that level of human interaction with state level grants makes a big difference...CHRI feels like it comes from the community itself.

This model of collaborating with the grant applicants and future grant awardees was built upon by the Sierra Health Foundation, which manages the Low Barrier MOUD grant for SSPs in CA. While this grant is focused on getting individuals into treatment, rather than community level outcomes, it does include funding for participant advisory boards and emphasizes lived experience. A harm reduction leader reflects on finding a balance between the focus on individual outcomes (“widget counting”) and creating grants that incorporate feedback from SSPs to make funding work for the community:

I think there's a habit in funding to require some widget counting...and changing that requires a bunch of other cultural change...but like for the Sierra grant, the meeting we are having

today is partly to talk about, well not reporting specifically, but we are going to start asking for feedback on the new RFP we are going to run this summer. What do you want it to look like? Literally asking the grantees to help us design the next RFP that they have to apply to. So, there's that, and I think that should be normal practice...and I think one of the reasons that it's not is that there is a lot of gatekeeping that is meant to control information.

This speaks to the importance of collaboration between the grant funder and the grantees.

Traditionally, grant applicants do not have the opportunity to help design the application process or the grant contract. However, the success of the CHRI grant inspired movement leaders to implement this process for a second funding opportunity. In doing so, the movement attempts to break down the hierarchy of the NPIC, believing that this collaborative process should be a normal practice in nonprofit funding. Fostering this collaboration helps to create grant contracts that stay true to the core values of harm reduction, and can also be used to further the movement.

By turning grant making into a collaborative project among the members of the CASEP Coalition, it allowed for the grant to be designed instrumentally. As one harm reduction activist and grant manager stated:

As someone who has done a lot of reporting in my life, I always ask how is this requirement gonna benefit the person or my program? And with CHRI I do know that there's a lot of thought process that goes into when we do the surveys, how that funding is going to go back to that participant and back to programs and ensuring that we're

using this funding to get more funding for you guys, as opposed to like, we just want to prove that you guys are doing it, and our money's being spent the way we want it to be spent.

The CHRI grant comes with a lot of requirements in addition to the usual quarterly reports that are mandatory in most grant contracts. Funded programs must complete point in time surveys with participants twice a year, they must attend a certain percentage of CASEP calls, they must participate in technical assistance/capacity building meetings, and they are required to participate in CHRI learning collaborative sessions. However, in the quote above, she describes how these requirements were created not only to help programs to secure more funding, but to ensure that it ultimately benefits SSP participants. As a participant in many of these required meetings, I can see how they are meant to discuss best practices and work on policy agendas and lobbying. I can also see how they are also meant to help build and strengthen the movement.

Because the NPIC does not typically offer funding for community organizing directly, the movement has instrumentally created the CHRI and Sierra Health Foundation grants to allow for that to happen indirectly. My interviews revealed that these two grants were specifically designed to strengthen the pillars of service, consciousness, and power, whereas other funding opportunities are designed to strengthen only the pillar of service. The collaborative, bottom-up approach to grantmaking utilized by the funders also strengthens the pillar of power by offering opportunities for SSPs to work collectively in the creation of their own funding contracts. This collective action strengthens the bonds between SSPs, and can then be replicated in lobbying efforts that uphold the pillar of policy, as I will discuss in the final part of my analysis.

Making grants work for CA SSPs

In addition to designing funding streams that creatively work around the NPIC's inability to fund community organizing directly, my interviewees also discussed how the movement uses the layers of the NPIC to their advantage. Again, this is made possible by individual actors within the CDPH OA, NHRC, and various foundation funders who are dedicated to harm reduction. Another major theme to emerge from the data was how the state is able to use structures that exist outside of government to manage state funding allocated for harm reduction services. This creates a middleman between the government where the funding originates from and the SSP. Critics of the NPIC would point out that the third-party grant manager adds another layer of bureaucracy that ultimately takes money from the SSP and their participants (Baines, 2010, Blitt, 2003; Kivel, 2007; Eikenberry & Kulver, Smith, 2007). This is true. However, the state government moves incredibly slow and their funding rules are quite rigid. By giving the money to a third-party grant manager, the harm reduction movement is able to create highly flexible grants like CHRI that work well for small SSPs. The state is not often thought of as a member of a movement (Wolch, 1990; Gilmore, 2007; Rodriguez, 2007), and I agree that it is not. However, there are individual actors in the state government who understand harm reduction and who advocate for SSPs and the harm reduction movement from the inside. One of those individual actors speaks on the state's ability to design funding in a way that is accessible to SSPs:

CHRI ultimately went to NHRC because we knew that if we ran it ourselves, we'd have more issues in terms of slowness. NHRC has a lot more flexibility to do grant making, management, and reporting in a way that really works for people instead of conforming to stuff that is sort of like nonsensically stated as a need by the government.

That is not to say that the CDPH OA is able to contract out all of their grant funding streams. However, they try to find creative workarounds whenever possible in order to work with programs. For instance, many state grants are reimbursement based. In the previous chapter, I found three CA state reimbursement-based grants included in my reference period. An SSP volunteer talks about issues that he had with a reimbursement-based grant:

It was a reimbursement grant for a million dollars, which we could not, did not have the buying power for...so CDPH sent our supply budget directly to the NASEN Clearinghouse so that we could have a budget to order supplies from. So, it wasn't like we had to buy them and wait for reimbursement. The money that was allocated in the grant was given directly to NASEN.

Had the CDPH not sent the supply budget funding to another nonprofit organization, the NASEN Clearinghouse, the SSP with this funding would have had to have purchased roughly 200,000 dollars of supplies each year and then wait for reimbursement from the state, which moves slow. At the time, the SSP did not have any other source of funding, so they did not have any money to spend and wait for reimbursement, aside from whatever donations they received from volunteers. This effectively rendered the entire grant unusable, and the program was at risk of not being able to afford supplies. Luckily, the state was able to find a solution that worked for itself and the SSP, however, it was not easy:

I had to say, hey, this grant is not going to be usable, unless we find a way to allocate this money somewhere because...there's no way that we would have been able to spend like \$200,000 cash to get

supplies and then have it reimbursed, but then there was quite a bit of discussion there...it wasn't easy.

This solved the program's issue with needing money to purchase supplies, however, the other funding that was tied up in the grant could not be moved to a third-party manager. The program had to secure other funding in order to cover costs that were then reimbursed to the state.

The state uses similar outsourcing tactics to shelter SSPs from having to contract directly with the federal government. This keeps SSPs from having to rely on SAMHSA grant funding that requires the GPRA surveys, or grants that are likely to be reimbursement based:

We are using quite a lot of federal money to support harm reduction in California, but it's not, you know, sending harm reduction groups here to like, go hit up SAMHSA and CDC... it's managed through the Health and Human Services system...So, in general, I think federal money can be great if it's not attached to things like the SAMHSA GPRA.

By applying for federal funding for the entire state, the movement is able to take the SAMHSA money and de-couple it from the GPRA surveys through the use of third-party grant funders. In this way, the state and third-party funders who are committed to the principles of harm reduction are able to use the NPIC to the advantage of SSPs and their participants. The Sierra Health Foundation grant is a great example of this. Despite receiving funding that originated in SAMHSA, SSPs with this funding do not have to do the GPRA, because the funding is given to the state and the contracts are managed by the foundation.

In the section below I argue that these coordinated efforts are part of a larger push for social change that is being driven by both individuals and the organizations within the

movement. If it were not for individuals working with the CDPH OA, this creative problem solving could not be accomplished. The movement needs people who are willing to work for the state to try and make things happen from the inside. My findings suggest that these individual actors within the state have been incredibly vital to creating funding streams that strengthen the four pillars of social justice for the harm reduction movement. Using the four-pillar framework, we know that movements are ultimately made up of individuals, and each one has a role to play in advancing its overall goals.

Attempting to Enact Social Change

Despite participating in the NPIC, the harm reduction movement uses the four pillars of social justice infrastructure to advocate for social change that benefits PWUD. The final part of my analysis discusses how the movement works together to uphold the four pillars, specifically the pillar of policy. Like the individual actors in the CDPH OA and the third-party grant funders, the movement is made up of individuals who strive to enact drug policies in CA that are grounded in the harm reduction approach to drug use. This policy agenda is aimed at undoing the harms caused by the War on Drugs, especially on people of color and their communities (Erickson & Hathaway, 2010; NHRC, n.d.). In my research, I found that many of the individual actors of the movement envision a different society, and they see their visions reflected in the movement to some extent. Many believe that the movement could do more, but unlike critics of the NPIC, they place the responsibility of “doing more” on people in the upper echelons of the movement and with political power, rather than the direct service providers. My findings here reveal that while SSPs and the harm reduction movement do take part in the NPIC, they continue to strive for a better more equitable society where their services are no longer needed.

The literature on the NPIC explains that nonprofit service providers and their overarching movements are unwilling to advocate for the necessary policy changes that would bring this era of neoliberalism to an end (Kivel, 2007; Smith, 2007). This is because nonprofits and their staff benefit from the structure of the NPIC through funding and jobs. For example, if homelessness was solved in CA, the homeless service providers would have to seek other employment, and their nonprofit organizations would close. SSP staff are aware of this dilemma, and discussed being okay with having to find different work in the future:

It would feel very different if we had what we needed to do our jobs effectively. When I say that people decide to get really shitty and like, “well I guess you’d be out of a job” and I’m like fucking put me out of a job. Do you think I want to live on human misery for the rest of my fucking life? I’ll take my skills and go somewhere else.

You can fuck off.

Individual SSP staff expressed a willingness to work themselves out of their jobs. However, they also understand that because of the money involved, it is unlikely that they will have the opportunity to do so:

You have got to work yourself out of the job. That’s the idea. And people don’t want to do that because what else are they going to do...one day I would like to retire from this work because the problem has been solved, but I think there is so much money, and there’s also so much stigma, obviously, but more than anything I there’s not a real want to solve the issue.

Like the literature on the NPIC suggests, this harm reduction movement leader believes that those with political power do not want to solve the issues of substance use, poverty, homelessness, and overdose deaths. However, she goes on to express her appreciation for the harm reduction movement and their activism:

I do believe that, you know, making a difference for one individual is important. But like, when you have so many people dying...you're like, fuck, it's not enough. So, you're like, I want to be doing more policy work so that this can have more of a macro effect, but I don't think that it's ever enough. I do appreciate at least with the harm reduction movement that they seem to be way more present, and really trying and pushing legislation.

Many of my research participants expressed this need and want to do more to help SSP participants, and like the quote above, felt frustrated with their inability to do so:

I feel like drug use isn't necessarily like the biggest problem for every client I see. I feel like it's always a response to something happening in life or like a way to cope with something. So, I think addressing those deeper needs more concretely would be a really good benefit...because when people come in and say they want to get connected to a doctor or something and I have to say "okay here is a referral but it's going to be 8 weeks for you to get an appointment and you need medical insurance and there are all these extra steps". I wish I could just say "okay, there's a doctor

that is going to come tomorrow.” I want to connect people to, you know, the resources that people who have money have”

These concerns are incredibly important, and raise a lot of important questions for the harm reduction movement and its political agenda. Concerns regarding access to healthcare and specifically barriers to medication assisted treatment have been circulating among SSPs and the movement for quite some time. This is where the role of CASEP becomes incredibly important, as one movement leader explained:

We have folks doing very difficult service work all day long. Why should you expect people to be able to turn on a dime and have this completely different mode of work plus the time and energy to do it. That’s too much, but CASEP is creating more space for that, which I think is really good, and I’ve noticed a really big difference between when I started here and today.

This quote highlights the issue with expecting service workers to also double as social justice advocates. Unfortunately, as I described in the previous chapter, there is very little direct funding for SSPs to do community organizing work. Much of the work remains focused on service provision, although there were two grants that promoted community organizing and relationship building. That aside, the literature on the NPIC is often critical of nonprofit service organizations because they are unable to enact social change (Kivel, 2007). In the quote above, this harm reduction activist questions why they alone should be tasked with policy advocacy. He points to the importance of CASEP as a way for these structural issues to be discussed, without placing the burden directly on SSP workers to fight for social change in addition to their full-time jobs. Through CASEP, those who set the policy agenda, such as the DPA, can stay updated on the

issues that SSPs and their participants are facing. Because they are committed to the harm reduction movement, they are able to use their political power to fight for the social change that SSPs and their participants want to see. CASEP, therefore, strengthens the pillar of policy using a bottom-up approach, channeling everyone's anger and frustration with the state of things in society into something that hopefully has a positive outcome:

I'm very happy to see the revival to some extent of advocacy that people like Katie have been doing. Katie does such a good job. So yeah, there are ways to build that up and be political without just reverting back to being pissed off about the system. Be pissed, but go and do something about it.

The movement still has a long way to go, however. Recent bills that have been proposed to the state legislature in CA continue to criminalize drugs and advance the policies of the War on Drugs. For example, AB2246 seeks to make possession of fentanyl punishable by imprisonment for one year, and possession of 2 grams or more punishable by up to 6 years in prison. For the harm reduction movement, which seeks to decriminalize drugs, bills like AB2246 take massive steps backwards. This harm reduction activist looks to the long and challenging road ahead of the movement:

I think Katie does amazing work...and then you have the Drug Policy Alliance. They are a big part of the movement, and that's all they focus on. They don't do direct service work or technical assistance, or focus on anything else. But how do we get support and move people away from continuing to push legislation that's fucking not just harmful, but like going back 50, 100 years and

criminalizing people...when is that going to end so that we can actually feel like we've accomplished something.

One way to go about improving the movement is to create direct funding opportunities for community organizing in addition to service provision:

New York set up the drug user health hub systems, which have much more robust funding for like a bunch of additional stuff, including pure community organizing...So I have felt like a lot of my job here is trying to figure out how to hustle new resources and catch up to something that looks anything like that.

The harm reduction movement has a long way to go in CA, but as membership in CASEP grows and the number of SSPs in CA continues to increase, so does its capacity to accomplish meaningful change. The main point that my findings reached was that the harm reduction movement and all of the SSPs throughout the state are trying their absolute hardest to advocate for structural change. However, it is a long uphill battle to combat stigma, as pointed out by this SSP staff member:

We're living through the war on drugs - still ... there's an entire generation or two or three who were indoctrinated into this idea that drugs are evil and people who use drugs belong in prison.

A harm reduction volunteer echoed his sentiments, pointing out that overcoming the stigma of drugs is incredibly difficult, especially in today's political climate:

I don't think it is possible for any group to do "enough" ...I don't think you can do enough when over 100,000 people are dying in this country from drug overdose while elected officials continue to

throw gasoline on the fire of the War on Drugs. These policies create these fires that harm reduction programs, with very limited budgets, and often serious local opposition from the police and local government. Programs put out these fires by giving people Narcan and providing syringe access and disposal. I would say that harm reduction programs are doing everything they possibly can...who needs to do more are elected officials, and people who sit at home and think fentanyl and heroin should be criminalized. I think that every day a harm reduction program operates and provides services that is an A+

Discussion

My findings on the work being done by SSPs and the harm reduction movement provide nuance to our understanding of the NPIC, and are in direct conflict with the literature on the NPIC that states that it is impossible to enact social change from within (Kivel, 2007; Rodriguez, 2007; Smith, 2007). While SSPs may absorb some negative aspects from the NPIC, such as competition and professionalization, the movement overall attempts to combat these issues by utilizing the four pillars of social justice infrastructure (Miami Worker Center, 2004). My findings highlight how important social justice work can be done from within the NPIC, so long as the work is done to intentionally counter and minimize the harm of it.

Individual SSP staff are aware of the harm that can be caused by focusing solely on individual outcomes, however, they accept it as part of the deal with receiving funding. The work being done by SSPs is lifesaving, whether that be through the distribution of naloxone or through the distribution and safe disposal of syringes (Hawk, Vaca, & D'Onofrio, 2015; Vlahov & Junge,

1998). Because of this, SSP staff expressed a willingness to accept the negative aspects of participating in the NPIC. However, they attempt to mitigate the harm of the NPIC by pushing back against their funders, their legal accountabilities, and focusing more on their participants, their professional accountabilities (Kim, 2005). For SSPs, this means negotiating deliverables that are attainable without being coercive with participants. It also means getting creative in meeting certain requirements of the funding, such as finding a way to comply with the GRPA surveys without harming participants. In certain cases, SSPs may let certain funding opportunities go because of the requirements of the funding ask them to sacrifice too much for the money.

Participating in the NPIC is all about balance, as there are certain negative effects that are seemingly unavoidable. Despite the work of the CASEP Coalition to promote collaboration among SSPs, competitive feelings between programs can develop. There is also an inherent level of professionalization that occurs when programs receive grant funding. They must open bank accounts, manage the funding streams, submit records to the IRS, and fill out reports for their funders. This type of professionalization is not necessarily a bad thing, as it can improve services overall and contribute to program legitimacy in the community (Anasti, 2017; Andreassen, Breit, & Legard, 2014). However, certain SSPs have bought into a level of professionalization that goes above and beyond the baseline needed to comply with funding requirements. These programs require drug testing, and/or keep people with lived or living experience in entry level positions that do not pay as well and demand more emotional labor than administrative positions (Austin & Boyd, 2021; Greer, Buxton, Pauly, & Bungay, 2021; Kissane, 2010). Luckily, with a few exceptions, the SSP staff that I interviewed continued to value lived experience over

professional and academic experience, and believed that harm reduction was different in its ability to take a bottom-up approach and let PWUD drugs lead the movement.

While critics of the NPIC suggest that the harm reduction movement will get derailed by the NPIC and prove to be ineffective in its social justice advocacy, my findings show how the movement in CA is working to keep that from happening. Using the four pillars of social justice infrastructure framework, it is evident that the harm reduction movement can continue to be effectual from inside the NPIC. The CASEP Coalition provides a network through which actors from all four pillars can work together to advance the goals of the social justice movement. The CHRI grant and the Sierra Health Foundation grant are two examples of how the movement has adapted to the NPIC. What makes these grants so interesting is how they directly strengthen the pillar of service and indirectly strengthen the pillars of consciousness and power. Other funding streams from the government, such as the SAMHSA harm reduction fund, are not concerned with strengthening any of the pillars except the pillar of service. By strengthening more than one pillar through funding, the harm reduction movement is able to bolster its overall cause.

The harm reduction movement provides an example for other social justice movements who are looking to enact change from within the NPIC. In addition to making their own funding opportunities that strengthen the movement, harm reduction has continued to fight for larger structural change. This includes advocating for the decriminalization of drugs, the legalization of overdose prevention centers (safe consumption sites), and advocating against bills like AB2246 and Governor Newsom's Care Court initiative. I believe that the movement's ability to continue to do this even as it participates in the NPIC has to do with its commitment to the four pillars of social justice as well as its bottom-up approach to service and community organizing (Roe, 2005; Miller, 2001). Again, this is no accident, and is a product of both individual actors and

organizations like the NHRC and the DPA's commitment to including the voices of those at the bottom of the hierarchy – the participants of SSPs and the front-line staff who serve them.

Overall, I believe my findings reveal that both the service organizations, SSPs, and the social justice movement they are a part of, the harm reduction movement, have been able to find a way to resist neoliberal ideology and the logics of the NPIC despite working within it. In the following chapter, I examine SSPs during a state of emergency, the COVID-19 pandemic. I explore how SSP participants experienced the pandemic. I discuss how the government's commitment to neoliberal ideology made it difficult to adapt and address the needs of SSP participants in this emergency situation. Lastly, I highlight how the bottom-up approach utilized by SSPs to provide services enabled them to adapt and fill in the gaps in services created by the pandemic. I argue that the less bureaucratic, hierarchical, and professionalized SSPs were better equipped to meet people's day-to-day needs on the ground, despite being historically underfunded.

Chapter 4: Impact of COVID-19 on SSPs and Participants

Introduction

In the middle of the day on May 12, 2020, the first day that I started collecting participant observation data at an SSP in Los Angeles, I received a phone call at my desk that I had a participant in the lobby. I ran down the stairs, to find a woman, restless in her chair. She asked me if she could use the restroom, and I had to say no. Unfortunately, it was our policy to not allow anyone to use the bathroom in our lobby. This, of course, was done to keep people safe and to stop the spread of COVID-19. However, with so many services closed, and restaurants and coffee shops open for take-out only, there were few places for people experiencing homelessness to use the restroom. It had become my job to know where the open restrooms and hygiene stations were located.

The hygiene stations were installed earlier in the pandemic, yet a walkthrough conducted by Federal Judge Carter in April 2020 found that many of them were not properly maintained, lacking the water needed for hand washing (Oreskes, 2020). Judge Carter slammed the city for its inadequate response, leading it to provide more reliable access to portable restrooms and handwashing stations for its unhoused residents. However, the stations, now staffed with people to monitor them, were removed every night, leaving people without access to restrooms.

I let the woman know that there was one of these stations three blocks down, but suggested that she try a grocery store one block over, where, I surmised, she could go unnoticed due to the bathroom's location within the store. She was understanding of our policy, and told me that grocery stores were the only places that were still allowing people to use the restroom. She was worried that they too would eventually restrict bathroom access, and told me she had no idea where she would go if that day came.

This was not the first, nor the last conversation I would have with an unhoused participant about the extreme lack of bathrooms throughout the pandemic. Even prior to COVID-19, people experiencing homelessness had a difficult time finding places to go to the restroom. Like every other issue that makes life on the street difficult, COVID-19 exacerbated that problem. Using the overarching theoretical framework of neoliberalism, this chapter includes participant observation notes collected at an SSP in Los Angeles, as well as 15 semi-structured interviews to explore how SSPs and their participants experienced the early days of the COVID-19 pandemic and subsequent shutdowns. I draw on the disaster literature, which studies how vulnerable populations, such as PWUD and experiencing homelessness, are differentially impacted by disaster events. I apply this literature to the COVID-19 pandemic, in the context of neoliberalism, to answer the following research questions: 1) What challenges did SSP participants experiencing homelessness face during the pandemic? 2) How was the local government able to meet, or not meet their needs? 3) How did SSPs change their services to meet the needs of their participants?

LA County COVID-19 Response

On March 4, 2020, The Los Angeles County Department of Public Health (DPH) stated in a press release that the county had seven confirmed cases of COVID-19 (LA County DPH, 2020). Businesses in the county remained open, and residents were advised to wash their hands, avoid touching their face, to stay home when sick, and to cover their sneezes and coughs. One week later, on March 11, 2020, the first COVID-19 death was reported to LA County DPH, as the number of confirmed cases rose to 27, and the WHO declared COVID-19 a pandemic (LA County DPH, 2020; AJMC Staff, 2021). Under the guidance of public health officials, businesses began allowing people to work at home, theme parks like Disneyland closed, large

events like Coachella were called off, and the NBA postponed its season (AJMC Staff, 2021; Kandel, 2020). All LA County buildings were closed on March 16, 2020, including LA County libraries and the Department of Public Social Services (DPSS) (County of Los Angeles, 2020). Additionally, restaurants, including coffee shops, were restricted to take-out service only (Kandel, 2020).

The statewide stay at home order was put in place on March 19, 2020, meaning that only essential workers could conduct their business in person, including hospitals, community clinics, grocery stores, and SSPs. (Office of Governor Newsom, 2020). The LA County libraries, a place where people experiencing homelessness frequent in order to spend time indoors, charge their phones, and work on the computer, did not reopen until May 3, 2021 (Ayers, 2006; Giesler, 2019; CBS Los Angeles, 2021). People experiencing homelessness also rely on accessing a number of government services in person, such as the DPSS office and the Social Security office, which re-opened in October 2021, and April, 2022, respectively. In order to protect those experiencing homelessness who are elderly and/or living with dangerous pre-existing conditions known to exacerbate COVID-19, the County, in conjunction with the state, started the Project Roomkey initiative. Project Roomkey gave money to hotels and motels who were willing to let the County take over their buildings in order to house people during the pandemic. Those who did not qualify or were not selected for Project Roomkey were left to deal with the pandemic on the street.

A newly published report from LA County shows that over the course of the pandemic there were 19,833 known COVID infections among people experiencing homelessness. 59% of these cases were contracted in shelters, and 23% were among people living unsheltered. In total,

there were 352 confirmed deaths from COVID-19 among people experiencing homelessness between January 1, 2020, and July 16, 2022 (LA County Department of Public Health, 2022).

These deaths add to the absolutely staggering number of people experiencing homelessness who pass away from drug overdose, which increased 78% from 2019 to 2021. Between April 1, 2020, and March 30, 2021, drug overdose was the number one cause of death among people experiencing homelessness in LA County, killing 715 people. COVID-19 was the second highest cause of death for the same period, killing 179 (LA County Department of Public Health, 2022).

While the country shut down, and nearly 36% of the labor force worked from home, essential workers like SSP staff continued going to work, putting their bodies on the front line of the pandemic (Bureau of Labor Statistics, 2022). As public health initiatives to their core, SSPs became an important part of the pandemic response, gaining two funding opportunities to support programs who provided on-site COVID-19 testing, and later vaccines. With coffee shops, libraries, and other services closed, my research explores how SSPs picked up the slack and became much more than SSPs in order to support the nearly 70,000 people experiencing homelessness in LA County (Los Angeles Homeless Services Authority, 2022).

Homelessness and Disaster Events

Homelessness has been an ongoing social problem in the United States, particularly in Los Angeles County, for decades (Kuhn, Richards, Roth, & Clair, 2020). The 2022 HUD homelessness count found that 69,144 people were experiencing homelessness on a single night in January, a 4.1% increase from 2020 (Los Angeles Homeless Services Authority, 2022). LA County's homeless population is the second largest in the country, behind New York City. It accounts for 10% of the national total (Housing and Urban Development, 2021). Homelessness

is its own crisis. It is marked by a serious reduction in quality of life, an increase in serious health problems, increased vulnerability to violence, and an increase in the risk of dying due to exposure to extreme heat or cold (Cagle, 2009; Tsai, Gelberg, Rosenheck, 2019; Harvey, 2018; Otto et al., 2017; Pixley, Henry, DeYoung, & Settembrino, 2022; Smartt et al., 2019; Yang & Jensen, 2017). The research on homelessness is clear: living unsheltered is traumatizing, it increases the likelihood of abuse and victimization, and decreases people's mental and physical health (Deck & Platt, 2015; Duncan, Oby, & Larkin, 2019; Tsai, Gelberg, & Rosenheck, 2019). Disasters events further exacerbate these concerns by cutting off people's access to resources and services (Yu, Lange, & Mastrangelo, 2010).

Disasters exacerbate issues of systemic inequality, exposing our extreme disparities in housing and food security, and highlighting our society's inability to provide basic human rights for hundreds of thousands of people (Fothergill & Peek, 2004). When people experiencing homelessness live through a disaster, they lack the physical shelter needed to protect them, putting them at a heightened risk of physical harm and deteriorating mental health conditions (Brown et al., 2013). Disasters also disrupt service provision when buildings are destroyed or businesses and nonprofit services close, which people experiencing homelessness rely on for basic necessities (Yu, Lang, & Mastrangelo, 2010).

Although the COVID-19 pandemic may not be a natural disaster that generates extreme and deadly weather, or physically destroys buildings, the pre-vaccine COVID era did entail staying at home to avoid spreading the virus through contact with others. When home is a tent on the sidewalk, it is next to impossible for a person to limit their contact with other people. The implications of this are two-fold, in that people experiencing homelessness with COVID-19 could not quarantine at home to avoid putting others at risk, and people with pre-existing

conditions could not stay home and avoid people infected with the virus. The statewide stay at home order also meant that businesses and services that people experiencing homelessness rely on were closed. Unlike a natural disaster that causes shutdowns due to the physical destruction of property, the COVID lockdowns were done to stop the spread of the virus. However, the end result is the same, with one important difference - not all services were closed down.

During the pandemic, some organizations modified services and created protocols to keep staff safe, while others instituted telehealth services. Nonprofits that offer direct services such as SSPs could not offer telehealth because their work requires a physical exchange of items. Additionally, like other community-based nonprofits that stayed open in the pandemic, they rely on face-to-face interactions for building trust and rapport (Pixley, Henry, DeYoung, & Settembrino, 2022). When other nonprofits closed down or limited their efforts, a gap in services was created. Because the population that SSPs served is anywhere from 35%-74% unhoused, they were undoubtedly aware of this issue (Des Jarlais, Braine, & Friedmann, 2007). Throughout this chapter, I explore how SSPs' commitment to a bottom-up approach led them to fill those gaps and meet the needs of their participants as well as the unhoused community at large.

It is without question that, like other disaster events, the pandemic highlighted the need for more funding and support for nonprofit service providers (Gin, Kranke, Saia, & Dobalian, 2016). I argue that there is an even greater need for nonprofits like SSPs that utilize the bottom-up approach to service provision because they listen to the needs of the community and challenge neoliberal ideology. Unfortunately, neoliberal ideology dictates that we must always look for ways to decrease funding for services, undermining the public sector and individualizing social problems (Aalbers, 2013). When we view our society through the lens of neoliberalism, it

is clear that outsourcing and chipping away at the social safety net since the 1970s has left us practically defenseless in a moment of crisis like the COVID-19 pandemic.

When we needed to work together in our response to the pandemic, we continued to cling to neoliberal ideology and foster competition above all else. For example, two grant funding opportunities were made available to SSPs during the pandemic to provide PPE, COVID testing, and vaccines in the community. Rather than providing this funding to all SSPs, programs had to compete with each other for the funding needed to provide these vitally important services to their participants. This funding was also short term in nature, making it clear that the momentary increases in funding and support offered to programs in response to COVID-19 would not last. At the beginning of the pandemic, scholars suggested that perhaps we were witnessing the end of neoliberalism (Crouch, 2020; Zizek, 2020). Pointing to the CARES Act, the moratorium on evictions, and the stimulus checks, the early COVID-19 literature was hopeful that we could break free from the status quo, and adopt policies that invested in and thereby strengthened the social safety net. Two years later, it is clear that these policies were always too far-reaching and that we would return to the austerity measures of neoliberalism (Bryant, Aquanno, & Raphael, 2020; Sumonja, 2021).

The following research adds to the literature on disasters and people experiencing homelessness by examining the effects of a new disaster - the COVID-19 pandemic. While several research articles have been published on COVID's effects on people experiencing homelessness, the research in this chapter includes participant observation data that was collected on the ground during the pandemic. Published research on the subject thus far has been centered on policy analysis and interviews with homeless service providers. My research seeks to expand this by including the experiences of people who use drugs and are experiencing

homelessness in addition to those of homeless service providers. I include the framework of neoliberalism and the NPIC as a lens through which the pandemic response in Los Angeles can be understood.

Methodology

My research utilizes 15 semi-structured interviews conducted with nonprofit service providers and harm reduction movement leaders, as well as 325 hours of participant observation data collected in the midst of the COVID-19 pandemic in order to answer my research questions:

- 1) What challenges did SSP participants experiencing homelessness face during the pandemic?
- 2) How was the local government able to meet, or not meet their needs?
- 3) How did SSPs change their services to meet the needs of their participants?

I chose to include both observational and interview data in my analysis in order to get a broader picture of the pandemic. Prior research on the effects of COVID-19 centers on interview data with service providers. My observations bring in the experiences of people experiencing homelessness as they were unfolding in real time. The interview data and the observational data work in tandem to mutually contextualize one another as I answer my research questions.

Beginning in June 2021, I conducted 15 semi-structured, qualitative, in-depth interviews with SSP staff, harm reduction movement leaders, and homeless outreach workers who were working during the early days of the COVID-19 pandemic. The interviews were conducted on zoom and lasted between 45 minutes and one hours. I began recruiting interview subjects who were actively working in SSPs and homeless services in LA County. Later, I expanded to include harm reduction movement leaders and SSP staff from different counties. For the purposes of this chapter, I did not include interviews conducted with movement leaders or SSP staff that were active in other counties, bringing my total number of interviews down to eleven. Seven of my

interview subjects were working at SSPs throughout the pandemic, three were working in homeless outreach, and one interview was conducted with a harm reduction community organizer in LA. I made attempts to include more SSP staff in my subject pool. Many people agreed, but stopped responding to my emails when it came time to schedule the interviews. Two SSP staff who I intended to interview passed away before I was able to, one from COVID-19 and the other from an opioid overdose. This speaks to the gravity of the situation facing harm reduction programs, as staff are on the front lines of both the COVID-19 pandemic and the opioid epidemic. Losing friends and colleagues is too common in this line of work.

Prior to the interviews, I provided consent forms via email. I obtained verbal consent and consent to record the interview from each participant. The interviews were semi-structured, but often veered off into new directions, depending on the interviewee's unique experiences throughout COVID-19. Each interview I conducted helped inform the following interview. The interviews were transcribed and coded using an open coding process to identify themes from the data. The major themes were used to create a coding scheme for the observational data and are used to answer my research questions.

In addition to the interviews, I include observational data collected during the COVID-19 pandemic. Between May 12 and July 23, 2020, I collected 325 hours of participant observation data at an SSP in Los Angeles County where I was employed. I received both IRB approval and approval from my employer to conduct observations of the SSP, with certain stipulations to protect the participants. In March 2020, the entire SSP moved to the lobby of our office to allow for greater social distancing and airflow. The wall next to our new SSP table had two double doors that could be opened, so that the syringe exchange was done with constant airflow. Participants were screened for COVID upon entry, then sat at the SSP table while they

waited for SSP staff to come to the lobby to help them. I posted a sign on the SSP table that explained the research, that I was not collecting any identifying information, and that participation was totally voluntary. I wore a name tag to identify myself as the researcher, and explained the observations to all SSP participants, letting them know that nothing would change in our relationship, whether or not they participated. I let them know that I would be writing notes about our interactions on my break or after work.

Not a single one of my SSP participants declined to participate. However, some folks were not included in the research because I felt that they were not in a place where they could meaningfully give consent. My observations were conducted both on and off the clock, as I often stayed late or got to work early in order to collect more data. The SSP where I was employed saw anywhere from 5-20 participants each day, depending on the day of the week, the week of the month, and the weather. At the time that I was conducting observations, there were two other staff members who could also help the SSP participants. I was the primary SSP staff member, but in some cases the other staff members did conduct the syringe exchange instead of myself. I did not observe their interactions because if they were helping the participant, it means I was unavailable at the time. Throughout my research, I observed a total of 289 participant interactions.

After interacting with the participants, I would write field notes at my desk on my laptop. Prior to conducting my interviews, I coded my field notes using an open coding process. The themes that emerged were used to help me create my interview questions. After coding the interviews, I used a more focused coding scheme to code my participant observations for how they experienced the pandemic, what services they needed, and how they adjusted to the new protocols. The observational data help provide for a richer analysis of how the pandemic affected

people experiencing homelessness. Rather than solely relying on secondhand information about how they experienced the pandemic from my interview subjects, I am able to also include data straight from the source.

Position as a Researcher

My research for this dissertation began while I was actively employed by an SSP in LA County, but that is not where my harm reduction journey began. I discuss my involvement with SSPs in Southern California, and the harm reduction movement throughout the state in Appendix A. As a member of the Southern California Regional CASEP group, I was able to access contact information for SSP staff in LA County, which I used in order to reach out with interview requests. Because I was working at an SSP during COVID, I had intimate knowledge of how programs were told to respond to COVID-19, and the ways that they actually did. My role as a staff member at my field site made it easy to access the SSP for observations, but also undoubtedly influenced the field. I detail my position and my subjectivity within the research at length in Appendix A.

Findings

I begin my findings by discussing the needs of the people experiencing homelessness throughout the COVID-19 pandemic. I highlight the ways that they were affected by the pandemic, specifically how the lockdown measures aimed at slowing the spread of the virus negatively impacted their lives. I follow-up by discussing how the local government was unable to respond adequately to meet their needs, using neoliberalism as a theoretical framework through which to understand the government's response. Lastly, I discuss how SSPs stepped up to continue to meet the needs of their participants when other services closed down.

The Needs of People Experiencing Homelessness During COVID-19

During my time in the field, I heard many people speculate that people experiencing homelessness would not get COVID-19 for a myriad of reasons, including the perception that they have stronger immune systems from life on the street, and the fact that COVID-19 is believed to be harder to transmit outside (Weed & Foad, 2020). However, the strength of a person's immune system does not prevent them from contracting and transmitting COVID-19, and while people experiencing homelessness do spend more time outdoors, they live their life in public space. They utilize public bathrooms, communal showers, and must interact with people every day in order to secure food and water (Flanigan & Welsh, 2020). While some participants believed that their lifestyle would keep them safe, others were terrified, and with time limits placed on the interactions outreach teams could have with participants, they could do little to ease that fear:

We had clients that were terrified, and didn't know what to do, and they didn't meet the Project Roomkey criteria which just sucked. We had to just be there and listen for two minutes and then be like "I'm really sorry, we have to keep going".

Like the clients this homeless outreach worker described, I also observed SSP participants that were scared about contracting COVID. One woman expressed frustration with others in her encampment that were not washing their hands enough. She told me that she had pre-existing conditions that made her very nervous, and that she wanted to try and get into a Project Roomkey hotel. Another SSP participant expressed to me, after returning to CA from Arizona, that he was happy to be in a place where people were taking COVID-19 seriously, and was upset that people were protesting masks. The SSP participants were rightfully concerned, as COVID-19 did infect

and kill people that they knew. An SSP staff member recounted, through tears, the story of losing one of her clients:

One client that we were working with for years - since I got here, so three years - we finally got her to a point where she was ready to be housed...and right before she got housing, she passed away from COVID-19.

In addition to living under the threat of contracting a life-threatening illness, COVID-19 further decreased people experiencing homelessness' quality of life. What was particularly challenging about the pandemic was that the DPSS office was closed for nearly a year and a half, forcing people with unreliable computer and phone access to handle issues related to their welfare benefits online or on the phone. One homeless outreach worker commented on this exact problem:

Most of the resources that we connect people to closed, like the Social Security Office, Department of Social Services, and the DMV, so people couldn't get IDs or Food Stamps or General Relief. You couldn't even call and get through because everyone was trying to call. So, people definitely lost some of their benefits because the system is always kind of cutting people off regularly, and then they couldn't go there to figure out what was going on.

One of my SSP participants asked me when I thought the DPSS office would reopen, and I had to tell him that I was not sure. He was concerned because he had several checks, and EBT cards waiting for him at the office, but it closed due to COVID before he could get them. People experiencing homelessness rely on their public assistance benefits in order to survive (Roschelle,

2008). Part of the deal with public benefits like General Relief, however, is that you need to recertify them every six months. Another homeless outreach worker reflects on the issue that this presented to her clients in light of the office being closed for walk-ins:

For general relief you had to go online to recertify every six months...to make sure your income hasn't changed. It's just a little survey, but [without doing it] people get cut off left and right. They had no idea what to do, and there's nowhere to use a computer. The library is closed. Internet cafes are closed. People don't have phones and they don't know how to use the system. They didn't know how to login. Where do I find my customer ID number? Where do I find this? They don't know. You know, they weren't aware of these things.

This highlights the compounding issue of both the DPSS office and the library being closed. People rely on public benefits for survival, but also need them in order to qualify for long term housing and drug treatment programs. An SSP staff member points out that these offices being closed also put a damper on people's progress on their housing readiness:

People couldn't get their IDs, and people couldn't do social security. There was so much stuff that slowed down, and for my people who were experiencing momentum and wanting to get shit done, the shutdown was just devastating. And I lost some people who were like, I can't get anything done. I'm just gonna go do something somewhere else.

Any delay in getting these documents continues to delay a person's time on the street, which, as discussed, contributes to long term health and mental health issues, as well as a person's overall suffering. It is difficult as is to be homeless, but COVID-19 made the conditions that much worse. Outreach teams that generally provided food, water, and street-based case management had to alter their services in order to keep staff safe, limiting their interactions to two minutes per person:

All we were doing was getting sandwiches...we had, like, 100 sandwiches, and we would split up, and we would walk around with masks and from a distance be like, 'are you guys hungry?' We'd pass out the food and ask, "how are you feeling?" And if they were getting sick we would have to call the Department of Health and get them quarantined...and that was it. There was no other case management for months.

To make matters worse, her outreach partner recalls that the sandwiches were the same every single day:

We brought people the same food every day for probably the first six to eight months. It was the exact same sandwich every day. I mean, that's not healthy...and do you want to eat the same meal every day? But there's no other solution because people don't have money. And nothing's open. There are no options.

This outreach team operated in a city popular with tourists within LA County. They went on to explain that there were no tourists in the area at the time, who donate money to people experiencing homelessness who "fly signs" on the street. The lack of tourists in the area worked

in conjunction with issues surrounding EBT cards and General Relief funds to create a worsening food insecurity problem, as discussed in the disaster literature (Fothergill & Peek, 2004; Yu, Lange, & Mastrangelo, 2010). Participants came to our SSP asking for food almost every day, so much so that we set up a food pantry for them with canned and dry goods, as well as apples, bananas, and oranges when available.

In addition to experiencing challenges related to money and food, people experiencing homelessness also had issues finding places to go to the bathroom, to shower, and to wash their hands. The City of LA ultimately provided hygiene stations and shower trailers for certain encampments, however, LA County consists of 88 cities, meaning that access to these resources was not guaranteed throughout the County. An SSP worker expressed their frustration with the lack of access to basic hygiene:

People didn't have access to clean water, bathrooms, and sinks...and we only got them after we had to beg the city for the sinks and the bathrooms, and it just seemed like, this whole population that we serve, whether they were experiencing homelessness, or just a person who injected drugs, they were kind of just forgotten, and left out to dry.

As one of my participants once pointed out to me, "it's already hard enough out here." He went on to explain how at least before he could hug people and get to know new people and spend time with others. This participant was in low spirits, which was out of character for him, as he lamented to me that he missed being social, and that the vibe on the street was different - that people were not as friendly.

Local Government Responds to COVID-19

In response to the COVID-19 pandemic, the City of Los Angeles as well as other cities in the County responded by providing hygiene stations at encampments so that people could wash their hands, use the restroom, and take showers once per week. The city also opened 20 temporary shelters for people experiencing homelessness, turning gymnasiums into places to sleep and providing RVs for people over the age of 65 and/or people with chronic illness to shelter and quarantine (LA Parks Foundation, n.d.). Information regarding the park shelters was disseminated through street outreach teams, and at service providers that had remained open. If people experiencing homelessness tested positive for COVID, they were taken by the County quarantine shelters, like the one set up on Dockweiler Beach (Woodyard, 2020). Over time, however, my participants only mentioned living in or asked questions about how to live in a Project Roomkey site.

Project Roomkey was a very promising idea - take all of the hotels that are not open right now due to the pandemic and turn them into homeless shelters for individuals at high risk for dying if exposed to COVID-19. It was a coordinated effort by the state, the County of LA, and many of the cities within the County. The federal government even got on board to provide funding to the program through FEMA. However, the program fell short of its targets, as one outreach worker explained:

I think initially project room key had certain goals about how many people they were going to give rooms to, and it ended up being maybe a third or a fourth of what the actual number was

When the project was announced in April 2020, the County's goal was to secure 15,000 hotel rooms, but by the end of August it had only secured 4,177 rooms (Tso, 2020). By September 2021, only 9,118 people had participated in the program (CBS Los Angeles, 2021). The belief

among service providers seemed to be that the County did not go far enough to secure the hotel rooms, choosing to negotiate with the hotels for use of the space, rather than making demands:

And the issue with Project room key was that the county had to get permission from the hotels to be able to do this. They could have just said this is what we're doing, and you get this amount of money... We could have gotten so many more people inside, but for probably three months [there were no rooms] and we couldn't do anything. We were just treading water, and also taking all of the anger and frustration because all of the resources suck so much.

The County's unwillingness to demand space in hotels in light of a global crisis exposes the depths of our commitment to neoliberalism. Any disruption in the free market is considered disastrous, and so the County chose to negotiate a price with the hotels, letting the market decide whether or not the space could be used to keep people safe. Meanwhile, over 300 people died of COVID-19.

Project Roomkey was not on target to reach its goal of 15,000 rooms, leading to long placement wait times, and unfortunately some of those in need were never even selected:

I say it could be one week to a month or three months. Some people we submitted referrals for never got it... We had to contact the manager and really advocate for them... and then once they were accepted in, it's like, now you got to go find the client.

If the client was lucky enough to be selected for one of the limited number of spaces, the outreach teams then had the job of finding the person and getting them to the hotel. If the person in the Project Roomkey hotel was also using drugs, they risked getting thrown out of their spot.

The rules regarding drug use and paraphernalia varied from hotel to hotel, depending on who was running it. As an SSP outreach worker, I was contacted to come out to a Project Roomkey hotel that was run by an outreach team with whom we partnered prior to COVID-19. The program lead was helping a client clean their room when she found used needles. Rather than kicking him out, she called me, and within fifteen minutes I was at the hotel to dispose of the used syringes, provide new ones, and teach the participant to use naloxone. However, not all Project Roomkey participants were subject to the harm reduction approach, as noted by this SSP staff:

Project Roomkey was a mess depending on who you had running it. It was contracted out to organizations and service providers. And so while there were certain baseline rules, how shit went down at the sites really depended on the organization. You have organizations that were searching everything, and clients who were using pretty regularly ran the risk of getting very sick...they just undo all of our work.

PWUD in hotels where their bags were being searched were put in a difficult situation. Staying in the hotel meant being inside, having access to restrooms, showers, food, a bed, and a decreased risk of contracting COVID-19. However, doing so meant that their new needles were confiscated, as well as whatever drugs they had on them. For those using opioids, having their drugs confiscated means going through opioid withdrawal, which is incredibly painful (Pergolizzi, Raffa, & Rosenblatt, 2020). Taking a person's sterile syringes also puts them at risk for contracting HIV and HepC. Those who did not use while in the hotel were also at higher risk for overdose if they used again in the future (Domino, et al., 2005).

The issues with Project Roomkey are emblematic of a larger problem in our response to the homeless crisis, both pre- and post-COVID. Because the government contracts with multiple agencies to provide services, such as shelter, each agency can determine their own protocols. This is a direct product of neoliberalism and the NPIC, and it undermines our ability to act collectively to solve societal issues like homelessness. As the above SSP worker points out, one agency undoes the work of another. All the agencies may be funded by the government, but there is no set protocol to follow:

Every organization that's contracted with the government kind of makes their own protocols about harm reduction supplies. There really needs to be a government mandated harm reduction protocol for permanent and interim housing, but that does not exist. So, everyone's just like, Well, you know, when we see needles in the space, then we need to throw them away, because that means the client is doing drugs. And it's like, why don't you make a fucking locker or something that they can access so that they can go outside the property and use drugs? Because guess what, all you're doing is perpetuating the cycle of homelessness and destroying people's, you know, momentary hope that they have shelter.

Unfortunately, neoliberal ideology dictates that the government continue to relegate service provision to the nonprofit sector, allowing each individual organization to decide for themselves how they will handle drug use and drug paraphernalia. This situation becomes even more dire in times of crisis like the COVID-19 pandemic when having harm reduction supplies confiscated,

or being kicked out of a shelter entirely, means having to interact with more people either in the process of getting new needles, or being back out on the street.

Those who were not selected, or were kicked out of shelter during the pandemic were subject to sweeps done by the City of LA's sanitation team and the police. Sweeps were, and continue to be, an ongoing problem in the city. Sanitation teams go to encampments each week, forcing the encampment to pack up and move while the city power washes the sidewalk. Items considered to be too bulky are taken and thrown away, along with anything not moved by the encampment residents. If a person is not at their spot when the sweep begins, all of their belongings are thrown away. The city gives notice of the sweep, but the timeframe that they give for it is incredibly broad, meaning that residents would have to stay at the encampment all day or risk having their possessions thrown away.

On multiple occasions throughout my observation period, SSP participants talked about having their things thrown away, including tents, clothes, food, unused syringes, naloxone, medication, and important documents like social security cards, IDs, and EBT cards. One of my participants who has serious health conditions had all of his things thrown away while he was at a doctor's appointment, including his medication and his naloxone. He was completely demoralized by the experience. Another participant, who had to leave his encampment to go to the restroom came back to find most of his things already in the trash. What always struck me about the sweeps, was that the city, the county, and the state of CA all funded service providers, including harm reduction providers, to hand out tents, blankets, naloxone, and syringes. Further, the state provides the funds for people's medication through Medi-Cal, and waives the fee for a new ID for anyone experiencing homelessness. These items are passed out by service providers, who also help people sign up for health insurance and obtain IDs. There is an entire apparatus

dedicated to helping people get these items, but once a week all of that work and the progress made by an individual can be undone by the city in one sweep. As one SSP worker lamented:

You know, the government is bureaucratic hell, and really like they can't work together. There's no concise plan among any departments. The people we work with are assisted by at least four different departments and they are all separate.

COVID-19 made this already complicated and undignified situation even worse for people experiencing homelessness. When people had their IDs thrown away, they could not go to the DMV to get another. They could not go to the DPSS office to try and get a new EBT card. The libraries were closed, so they could not go there to work on getting these items back on a computer. They had to use their phones, but none of the coffee shops could allow people to sit in them in order to charge their devices. Street outreach workers who could have helped troubleshoot these problems had to limit their time with people to two minutes or less. Places that remained open, like SSPs, had to not only respond to this crisis to keep the staff safe, but also tailor their services to meet the additional needs of their participants and the community.

SSPs Respond to COVID-19

SSPs are an important public health initiative that help prevent the spread of disease, infections, and overdose. As such, they remained open during COVID-19 in order to continue to distribute sterile syringes, properly dispose of used ones, distribute naloxone, and to help PWUD and people experiencing homelessness adjust to life in the pandemic. In early March, the National Harm Reduction Coalition issued guidance to SSPs and PWUD on how to remain safe and to lower the risk of contracting COVID-19. Programs were urged to give out more supplies to limit the number of times a person would need to visit the SSP in order to get syringes or

naloxone. SSPs were also instructed to make sure staff and participants took precautions, including wearing masks, face shields, and sanitizing surfaces often. At the SSP where I was employed, this included wiping down the SSP table and chair between every participant. The next person in line would have to wait outside before entering, and we were advised to limit our conversations to five to ten minutes. A piece of plexiglass was used as a divider on the table, and SSP staff wore face shields, masks, and used a fresh set of gloves for every participant.

As harm reduction workers, it was our job to help participants navigate the pandemic. For decades, we have told people not to use alone in order to decrease the chances of dying of an opioid overdose, but the COVID-19 precautions instructed people not to interact. How do you use drugs safely, but practice social distancing and quarantining at the same time? SSPs provided information sheets about using drugs during COVID that advised them to continue to use with members of the same “household,” including their encampment neighbors. For people who lived alone, but often used with friends, we advised them to go slow with their consumption and use less at first, noting that they could always use more if needed. We also provided pipe covers for people who smoke drugs so that they did not have to share a mouthpiece with anyone, and advised against sharing any vapes or cigarettes.

Almost all of the SSPs in LA County remained open throughout the pandemic. Only one closed, due to the death of the director of the program:

Our executive director was starting to feel bad [and] one of the other employees started feeling bad two days later ...by April 7, our executive director had passed ...so, we ceased operations on everything... while the staff recovered and grieved.

When this program did reopen, they instituted strict COVID-19 protocols:

We look at whatever, CDC, Cal OSHA, Cal State, LA City, LA County, whichever one has the more stringent guidelines. That's the one we follow. So currently, CDC says double masking, so I'm double masked. We wipe down our workstations, we do all kinds of stuff.

Another SSP staff member recalls the ever-changing protocols and guidelines, and how her program adopted whatever they needed to in order to keep people safe:

Sometimes we were adjusting our policy several times a day. And sometimes it was like once a week...when the CDC guidelines changed, we put barriers in the car, we put like these plastic sheets up in the car so that we could transport people, you know, we sanitized the hell out of everything, and we still limited to transports to special circumstances

However, exceptions had to be made in extenuating circumstances. This SSP staff member reflects on early COVID-19 and how she made the decision to transport someone to receive medical care due to a life-threatening illness:

I had a client who was so unwell and she needed to go to get medical care. She was living with HIV and renal failure, and I wasn't ethically comfortable saying no to transporting her, but I pulled over and had a panic attack on the side of the road because no one knew what COVID was yet.

Whereas the homeless services street outreach teams had strict protocols that they had to adhere to, SSPs seemed more willing to make exceptions in emergency situations. Program staff took

pride in being some of the only service providers that remained open, and on the streets doing outreach regularly:

It did hit operations hard, but we were one of the few organizations and agencies that stayed out on the street, rather than pulling back and closing our offices. We picked up a lot of slack for people even if it was just presence [on the street] and taking food and making sure people have clothes. we felt really obligated to [be there for people].

While many SSP drop-in centers did have to close down, they still figured out a way to meet the needs of people who use drugs and people experiencing homelessness:

We weren't able to allow people inside. So, we put chairs and umbrellas outside and a little charging station that we have, like, bolted to the table

Every SSP worker that I talked to mentioned having to provide additional services in order to meet the needs of their participants. One in particular found a creative solution to the overall lack of water and bathrooms available for people:

I ordered a bunch of those plumbing keys, so you can like access water on the outside of buildings. Businesses shut down so there were no bathrooms and you couldn't use a sink to get water. We had to step up on providing people with all their needs versus just being a syringe service program.

Another SSP worker talked at length about using COVID-19 as an opportunity to become more than just an SSP, and even helped secure funding to start a food pantry for all people experiencing homelessness, whether or not they needed needles:

Some of our clients, they don't even use needles, they didn't really know where else to go to get food or other services because every other agency was closed. So, we started applying for grants, and we ended up getting a good grant that allowed us get food for our clients.

Kendra & Wachtendorf (2007) explain that nonprofit service providers can make good use of a disaster event by highlighting their ability to adapt and persevere. My findings demonstrate that programs like SSPs that take a bottom-up approach are able to adapt and continue to provide services no matter what obstacles are thrown their way. SSPs not only stayed open during the pandemic, but they were also able to create new programs and offer new services when other organizations pulled back. If the funding streams that were created during COVID are maintained and expanded, more SSPs will be able to expand and offer additional services in the future.

Discussion

Overall, the participants I observed and the interviews I conducted highlight the impact that the pandemic had on people experiencing homelessness and the services that exist to serve them. My data also showcase the shortcomings of the local government in their pandemic response, and how nonprofit service providers had to respond swiftly to meet the needs of their participants. I focus on how SSPs responded to the crisis and transformed themselves into programs that offered much more than syringe services. These findings speak to and expand the

literature on disaster events and how they disproportionately impact people experiencing homelessness. My findings also stress neoliberalism's inability to effectively respond in times of crisis. Lastly, this research highlights how SSPs differ from other nonprofit service providers in their bottom-up approach (Collins, Clifaseif, Logan, Samples, Somers, & Marlatt, 2012; Marlatt, 1996; Roe, 2005). My findings show how other homeless service providers scaled back their services, and how SSPs created additional services to address the needs of their unhoused participants.

Taken together, these findings highlight the impressive capabilities of SSPs to respond to the needs of their participants in times of crisis. While other services and government agencies closed their doors to work from home, SSPs stayed open and expanded their resources to fill in service gaps. The government completely pulled back, as did the outreach-based homeless case management teams. People were living unsheltered in incredibly harsh conditions when it is already difficult enough to be on the street. COVID-19 made everything so much worse. SSPs, as public health organizations, were legally allowed to continue their operations in light of the stay-at-home orders. However, it is their harm reduction and bottom-up approach to service provision that compelled them to not only stay open but expand their services to meet the needs of their participants and the unhoused community.

The government and the big bureaucratic agencies either closed all together or had strict protocols. SSPs found a way to continue to provide services while minimizing the risk to such a degree that their staff remained safe. The literature on the NPIC says that when you participate in it you become more bureaucratic and hierarchical, thus taking a top-down approach to services. This means that the decisions on what the next steps will be in an emergency are decided at the top by people who are not actively engaging in direct service work. This can look like forcing

people to work in unsafe conditions in a pandemic, but it can also look like forcing people to stop providing services, when they feel a moral obligation to do so. Despite criticism that SSPs have become more top-down in their approach as they have gained more legitimacy (Miller, 2001; Roe, 2005), my findings illustrate how SSPs in LA have remained committed to the bottom-up approach. Rather than decisions coming from the top, the staff I spoke with had a say in how the work was done, and in what conditions they were comfortable. They were proud to have remained on the streets doing whatever it took to keep people safe.

COVID-19 offered an opportunity to showcase how effective SSPs are in meeting the needs of not just PWUD, but also people experiencing homelessness in times of crisis. Despite their involvement with neoliberalism and the NPIC, SSPs are not bogged down by bureaucracy in the ways that the government and larger nonprofits tend to be (Baines, 2010, Blitt, 2003; Eikenberry & Kluver, 2004). The previous chapter notes that SSPs have not given in to professionalization as one may expect given their participation in the NPIC. One of the benefits of this is being able to react quickly, without needing to get many layers of approval before acting, and knowing “how to build the Taj Mahal out of toothpicks,” as one of my interviewees put it. What he meant was that SSPs were better equipped to meet the demands of COVID, because they are used to figuring out how to operate their programs with no funding or support from outside agencies. While SSPs have crept their way into the mainstream, they demonstrated during COVID-19 that they are still honoring their harm reduction principles. Using the bottom-up approach to service provision, SSPs adapted quickly to meet whatever needs their participants expressed, while continuing to keep the front-line staff safe.

Chapter 5: Conclusion

Over the past six years, funding for SSPs has increased both federally and within the state of California. In 2015, the CA state legislature passed SB 57 which created the Clearinghouse Fund to help SSPs purchase supplies beginning in 2016. Concurrently, at the end of 2015, the federal funding ban on SSPs was lifted, opening up the opportunity for federal funding to be used for SSPs, with the caveat that they could not use the money to purchase syringes. Like all nonprofits, funding is important for SSPs who distribute lifesaving sterile syringes and naloxone, completely free of charge, to anyone in need. These medical supplies are not cheap, and so it is important that SSPs have access to funding for supplies in order to operate. However, major programmatic improvements can be made when funding is accessible for other costs, such as staff, rent, office equipment, and vehicles (Andreassen, Breit, & Legard, 2014). In 2020, the CHRI grant fund was created in the CA in order to support those additional costs. As of 2020, all CA SSPs have access to both the Clearinghouse fund to purchase supplies, and the CHRI fund to pay for staff, rent, and other program needs. Thus, SSPs, and the harm reduction movement of which they are a major part of, have begun a relationship with the nonprofit industrial complex (NPIC).

In my dissertation, I explored this relationship with the NPIC. Overwhelmingly, the literature on the NPIC suggests that it negatively impacts nonprofit services and derails social justice movements (Finley & Esposito, 2012; Kivel, 2007; Smith, 2007). However, research has shown that participating in the NPIC can offer several benefits as well, including increased legitimacy in the political sphere and more stable services for participants (Anasti, 2017; Andreassen, Breit, & Legard, 2014). My dissertation research examined how this dynamic plays out with SSPs and the harm reduction movement in CA. The main mechanism through which the

NPIC infuses neoliberal ideology into social services is through grant funding contracts (Rodriguez, 2007; Smith, 2007). In order to understand the funding landscape in which SSPs operate, the first question raised by my dissertation was, does nonprofit funding for SSPs reflect the mission of the harm reduction movement or the norms and policies of neoliberalism? I answered this question by analyzing grant funding RFPs for SSPs released during a two-year reference period, as RFPs lay out the main goals of the funding, and the eligibility and reporting requirements for funded programs. This allowed me to gain a better understanding of the constraints placed on SSPs by their funders. The second question I asked in my dissertation was, how do SSPs and the harm reduction movement navigate the NPIC in order to uphold the core principles of harm reduction? This question built upon the findings from the chapter before it, and explored how SSP staff and harm reduction advocates resist neoliberal ideology and the logics of the NPIC, despite participating in it. Lastly, because my research was completed throughout the COVID-19 pandemic, I asked, how did SSPs and their participants experience the early stages of the COVID-19 pandemic? I discuss the SSP response in LA in the context of neoliberalism, and highlight how the values of harm reduction influenced how SSPs responded to the crisis. I compare the SSP response to that of other street outreach teams and government service providers.

Summary of Findings

Chapter 2

To answer my first research question, I conducted a document analysis on 18 RFPs that were available to SSPs between January 1, 2020, and December 31, 2021. In this chapter, I described the fundamental incompatibility between harm reduction ideology, on which SSPs are based, and neoliberal ideology, on which the overarching NPIC is based. I began by highlighting

how the RFPs included language that reflected the values of neoliberalism and the NPIC. These were an emphasis on individual level outcomes, a priority on professionalization, and restrictions and requirements that made the funding burdensome for SSPs. I then looked for specific markers of harm reduction ideology throughout the RFPs, including community level-outcome variables, an emphasis on including the voices of those with lived experience, and fewer restrictions on how the funding was used.

My findings from this chapter demonstrate the pervasiveness of individual outcome variables throughout grant funding. These outcome variables are easy to track, easy to report on, and are easily understood metrics of success (Berman, Brooks, & Murphy, 2006; Hall & Reed, 1998; Richmond & Shields, 2004; Steedman & Rabinovicz, 2006). This clear-cut way to measure whether or not a program is doing what it should be doing is ubiquitous, even among RFPs that adhered to more of the principles of harm reduction. If we accept that, for better or worse, all grant funding is going to require some level of reporting on individual outcome variables, we can examine the other attributes of the RFPs. In general, government funders displayed none of the principles of harm reduction in their grants. Essentially, they were created to fund SSPs, but did not take harm reduction ideology into account. They placed a heavy emphasis on professionalization, in that they wanted to fund programs that had highly specialized staff. The grantmaking foundations also stressed professionalization, but their intention was to provide training and support to ensure that the SSPs could manage the funding and execute the contracts. The government funders, however, asked directly for applicants' CVs and recent publications, stressing the importance of professional and academic experience for government funders (Stone, Hager, & Griffin, 2001; Suarez, 2011). The grantmaking

foundations also stressed professionalization, but they also emphasized lived experience, community level outcomes, and placed fewer restrictions and requirements on the funding.

Four RFPs stood out from the entire sample in their adherence to harm reduction ideology. These grants were able to meet the needs of the NPIC while continuing to meet the needs of SSPs and the harm reduction movement. I selected the two RFPs that were specific to CA to discuss in the following chapter. These grants included opportunities for SSPs to not only do their service work, but to begin to build coalitions in the community that can later be mobilized to enact social change by the harm reduction movement. In chapter three, I discussed how these two funding streams were created using a bottom-up approach, and therefore, “feel like they come from the movement itself,” as one of my interviewees stated.

Chapter 3

In Chapter three, I pushed back against the notion that it is problematic to participate in the NPIC, by examining how SSPs and the harm reduction movement use the NPIC to their advantage. I asked two specific research questions in this chapter: 1) How do SSPs navigate the funding landscape created by neoliberalism and the NPIC? 2) How has the harm reduction movement adapted to reduce the harm of the NPIC? I answered my research questions using interview data with SSP staff and harm reduction advocates. To answer the first question, I examined how SSP staff reflected certain neoliberal and NPIC ideologies, and how they are able to resist those norms and values. I then explored how the broader harm reduction movement has been able to create its own funding streams, and how those funding streams are used to advance the goals of the overall movement.

My findings revealed that SSPs and SSP staff have internalized some of the logics of neoliberalism and the NPIC, such as competition and tracking specific data. However, these are

viewed by staff as tradeoffs that they are willing to make in order to receive funding to do their life-saving work. Staff had a “by any means necessary” attitude toward their work, expressing that they do not like certain aspects of grant funding, but that they will put up with it to a certain point in order to save lives in their communities. SSP staff did express having certain non-negotiables in their funding contracts, however. If they are unable to make the funding fit with their mission and their goals, and the way that they treat and interact with participants, they are willing to let the opportunity go. Luckily for programs, staff expressed that they are regularly able to negotiate their funding contracts in a way that works for their program and their participants. SSP staff also spoke at length about how they value lived experience, and how hiring people with it is incredibly important to the quality of services as well as the work in the movement.

To understand how the movement has adapted to reduce the harm of the NPIC on SSPs and the movement itself, I viewed the harm reduction movement through the Four Pillars of Social Justice Infrastructure Framework (Miami Worker Center, 2004). I explained that the CASEP Coalition is made up of many different types of organizations, and that each work to hold up one of the four pillars of social justice. My findings demonstrated how the CASEP Coalition has worked to create its own fundings streams, specifically the CHRI grant and the Sierra Health Foundation grant, and how those grants can be used by SSPs to do community organizing while providing services. I also describe how the layers of the NPIC are used to the movement’s advantage, by putting more harm reduction friendly funders in charge of government funding streams. This creates a level between SSPs and the government, allowing the grantmaking foundations to manage the SSP contracts. My findings in Chapter two demonstrated how foundations were able to espouse more harm reduction values in their RFPs

compared to government funders. While the layers of the NPIC have been criticized in prior literature, my findings showcase how they can be strategically used to a movement's advantage (Rodriguez, 2007; Smith, 2007).

Chapter 4

In chapter four, I examined the how the dynamics of neoliberalism, the NPIC, and SSPs played out in the context of the COVID-19 pandemic. I ask three research questions: 1) What challenges did SSP participants experiencing homelessness face during the pandemic? 2) How was the local government able to meet, or not meet their needs? 3) How did SSPs change their services to meet the needs of their participants? To answer these questions, I relied on observational data collected at an SSP during the pandemic, as well as interview data conducted with SSP staff and homeless street outreach teams in Los Angeles. I chose to first highlight what people experiencing homelessness were going through during the pandemic, because it shows our total failing as a society to take care of our most vulnerable. However, I think it also adds context for understanding why SSPs responded with an increase in services, while other service providers scaled back.

My findings in this chapter contribute to the literature on disaster events and homelessness by detailing how people experiencing homelessness in Los Angeles were impacted by the COVID-19 pandemic. Traditionally, the research on disaster events focuses on natural disasters in which physical structures are made uninhabitable by things like fires, earthquakes, and extreme weather. The COVID-19 pandemic is an interesting study on disasters because the physical structures that are an integral part of people experiencing homelessness' lives were not destroyed. Instead, they were closed down in order to slow the spread of a deadly virus. We did not consider the library to be an essential business during the pandemic, however, my findings

highlight how they are absolutely essential to people experiencing homelessness. The DPSS and Social Security offices were also closed to the public, and all services were to be handled on the phone or internet. While some may have access to reliable phone and internet service, this was not a reality for our unhoused neighbors. My interview data highlight how these services, while not essential to all, are essential to many. When they closed, people experiencing homelessness were not able to access basic necessities. This issue was compounded by the local government's response.

To answer my second research questions, I discuss how the local government in Los Angeles responded to meet the needs of people experiencing homelessness during COVID-19. I use neoliberalism as a frame through which to view the government's response. Because the government was unwilling to provide services directly, it created a patchwork response that was unable to meet the needs of people experiencing homelessness. Project Roomkey, for example, lacked uniformity in its rules. In some Project Roomkey hotels, SSP participants were kicked out for having syringes, but in others syringe services were provided on-site. Project Roomkey was also unable to meet its purported targets, as the local government chose to negotiate, rather than demand, the use of empty motels to house people experiencing homelessness.

Lastly, with so many services closed, and outreach teams scaled back, I used interview data to explore how SSPs responded. While the government and other service providers reduced their services, SSPs increased theirs. They opened food pantries, they created outdoor charging stations, and they increased their outreach. I argued that this is due to the bottom-up approach to service provision utilized by SSPs. Because SSPs take input from their participants seriously, when folks asked for more services, SSPs figured out a way to provide them. They also adapted their services to keep the staff safe, which I, again, argued is due to their bottom-up approach to

their programs. It is important in SSPs that decisions that affect front-line staff are made with the front-line staff, rather than by those at the top who do not see participants on a day-to-day basis.

Implications

My findings provide nuance to our understanding of the NPIC. The bulk of the literature on the subject is highly critical of nonprofits who take grant funding from the government and grantmaking foundations. These scholars explain that the only way to effectively enact societal change that truly helps people, organizations must do all of their own fundraising and opt out of participating in the NPIC (Finley & Esposito, 2012; Kivel, 2007; Rodriguez, 2007; Smith, 2007). Through my examination of SSPs and the harm reduction movement, I demonstrated how services and movements can navigate the NPIC with intention in order to reap the benefits that come with grant funding, while reducing the harm caused by it.

The funding streams that are available for SSPs from the government are typically bound to the logics of neoliberalism and the NPIC. The harm reduction movement in CA has made an active effort to create its own funding streams for SSPs. The benefit of this is clear in the RFPs that we released by grantmaking foundations that work closely with the movement. When I spoke with movement activists, they described how these RFPs were made deliberately to reflect the values of harm reduction and to be as low barrier as possible so that SSPs could spend their time working with participants and doing community organizing work. These funding opportunities allow SSPs and the movement to stay true to itself, even while participating in the NPIC, which seeks to infuse services and the movement with neoliberal ideology.

We see the benefit of this in the way that SSPs responded to the COVID-19 pandemic. The government social services were unable to meet the needs of people experiencing homelessness because doing so was deemed to be too risky in the pandemic. Other homeless

service nonprofits in Los Angeles curtailed their efforts as well. Meanwhile, SSPs sprang into action, figuring out a way to safely provide not just their usual services, but additional ones as well. Taken together, my findings demonstrate how resisting the NPIC and neoliberalism, and continuing to utilize the bottom-up approach that is at the core of harm reduction ideology led to the SSPs' quick and effective response to the COVID-19 pandemic. In Chapter 3, I discussed how when nonprofits place more emphasis on their legal and hierarchical obligations, their professional accountabilities suffer (Kim, 2014). Because of their bottom-up approach, SSPs routinely put their professional accountabilities first, their participants. This keeps their services from being corrupted by neoliberalism and the NPIC.

This would not be possible if SSPs were not supported by the harm reduction movement, which uses the Four Pillars of Social Justice Infrastructure framework to push for social change that benefits SSPs and their participants from within the NPIC (Miami Worker Center, 2004). The movement continues to strive for radical change, including legalizing overdose prevention centers and decriminalizing drugs throughout CA. My findings suggest that the notion that movements cannot lobby for radical change from within the NPIC is not as simple as originally thought. Rather than seeing this issue as black and white, we must consider the shades of gray.

Future research should explore other radical social justice movements who participate in the NPIC. Work has been done exploring the trans rights movement and the sex workers' rights movement. I argue that studying these movements, as well as the harm reduction movement, is important to advance our understanding of the NPIC and how to push back against its neoliberal social agenda. Studying these movements as they gain more social acceptance is also important, as they may become more corrupted over time (Mananzala & Spade, 2008).

Limitations

My dissertation research focused on the state of California; therefore, it is limited in its ability to generalize to the entire harm reduction movement. Syringe exchange is still illegal in large parts of the United States, and programs must operate underground, completely outside of the NPIC. Other states, such as New York, have more a more robust harm reduction infrastructure. While my findings may offer a blueprint for other state-based harm reduction coalitions, they cannot be generalized across the country, nor do they highlight the work of the national harm reduction movement.

Further, my findings in chapters three and four are based on an analysis of 15 total interviews. Additional interviews with SSP staff, harm reduction advocates, and other social service providers would provide more nuance to my findings. Additionally, due to the pandemic, I was unable to interview SSP participants about their COVID-19 experiences directly. I relied on my participant observations collected at my job in Los Angeles and secondhand explanations from service providers. However, I was not able to include direct quotes from them regarding their experiences. These first-hand accounts would provide valuable insight into how the pandemic affected those who were living on the street at the time.

Conclusion

Ultimately, my dissertation research highlighted how nonprofit service providers and the social movements that they are a part of are able to continue to provide effective, life-saving services and advocate for radical social justice policies from within the NPIC. With the exception of government funding, SSP funding streams strike a balance between the values of neoliberalism and harm reduction. This balance is important, as SSPs need funding, at the bare minimum, for the medical supplies and naloxone that they distribute. There are still strings attached to all grant funding opportunities, which speaks to the need for programs to receive

funding from many sources, and to do their own fundraising to meet the needs of participants that funders are unwilling to support. My research also demonstrates how, when social movements act with intention, they can build strong coalitions that challenge the neoliberal social order, despite participating in the NPIC.

These findings offer an alternative view of the NPIC and the perils of participating in it. SSP staff viewed the NPIC as a necessary evil, something that they must contend with, to a certain degree, in order to provide services that save people's lives. With over 100,000 overdose deaths in 2021, asking programs to pass on funding that supports naloxone distribution because it plays into the hand of neoliberalism seems preposterous. My dissertation highlights how you can still do social justice advocacy work, while taking whatever funding is available and using it to reduce the spread of HIV and Hepatitis C and to reduce overdose deaths among PWUD. Harm reduction is all about reducing the negative effects of harmful behaviors. Therefore, it makes sense that the harm reduction movement is constantly working to reduce the harm of its own participation in the NPIC.

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APPENDIX A

Reflection on My Positionality in my Research

Introduction to Harm Reduction

This dissertation is a product of not only my graduate school training, but also my 7+ years of experience working in the field of harm reduction. During the spring quarter of 2015, a fellow graduate student and my now best friend, Dr. Sofia Laguna, told me about this group of medical students who were starting a syringe exchange program in Santa Ana, called the Orange County Needle Exchange Program (OCNEP). At the time, I was completely lost in graduate school. I did not feel like I fit in or that I was cut out for it. When I attended the OCNEP training I felt invigorated for the first time in months. It felt like I had finally found my calling and my people. OCNEP was scheduled to open in the summer of 2015, but due to push back from the City of Santa Ana, it was not able to begin operating until February of 2016. In the meantime, the Community Health Project of Los Angeles (CHPLA) accepted volunteers from OCNEP to train them on the ground. Looking back on this time now, I feel incredibly grateful to have been connected to CHPLA, and to have had the opportunity to learn from one of the greatest harm reduction advocates and service providers, Michael Marquesen. Michael, who passed away in 2019, inspired me to get involved in the larger harm reduction movement and to always consider the participants' needs and wants first, to truly meet people where they are at.

Involvement with OCNEP

I started volunteering with OCNEP on the second day that it was open, February 27, 2016. By the summer, the program's founders asked me to be a team lead and join the leadership body, the steering committee. By the fall of 2016, I was on the board of directors. Over the next two years, I helped run OCNEP as a volunteer, while continuing to juggle my graduate studies.

Eventually, the program was shut down by the City of Santa Ana in January 2018. When we tried to reopen OCNEP as a mobile program throughout Orange County, we were sued by the County, the County Flood Control District, and the cities of Anaheim, Costa Mesa, Newport Beach, and Orange. I was among one of the three members of OCNEP who agreed to testify on behalf of the program in court. My testimony went on for over three hours, and while the judge said that I was a “sterling representative” of the program, he decided to shut it down for violating the California Environmental Quality Act (CEQA). OCNEP officially closed in 2019, but my experiences working with the program afforded me with many advantages as I conducted my dissertation research. It also continues to influence the way that I think about harm reduction as a movement.

First and foremost, my involvement with OCNEP’s lawsuit offered me an opportunity to engage with harm reduction movement leaders in both statewide and national nonprofit foundations. The OCNEP lawsuit is notorious in the CA harm reduction community, and being a known leader of the program has helped me gain connections to other movement leaders. I relied on this network in order to contact potential interview subjects. As an OCNEP volunteer, I was also able to join the CA Syringe Exchange Program Coalition (CASEP), through which I have met SSP staff from across the state. CASEP has several subgroups within it that deal with special issues or group together SSPs from certain regions. I am a member of both the Southern California Regional group and the “Not In My Backyard” (NIMBY) group. These groups, specifically the Southern CA group, provided me with contact information for SSP staff in LA County that I reached out to with interview requests for chapter four.

Second, my role in OCNEP shaped how I think about the harm reduction movement. After the lawsuit was decided, two other SSPs were sued for violating CEQA. Those of us who

were involved in the lawsuits came together to form the NIMBY CASEP group and worked together with members of the National Harm Reduction Coalition and the Drug Policy Alliance to pass Assembly Bill 1344. AB 1344 grants a CEQA exemption to SSPs in the state, removing one legal avenue through which programs can be closed down. This would not have been possible if those in the upper echelons of the movement had not listened to those of us at the bottom. Despite my positive experiences, there are things that happen within the movement of which I am quite critical. There tends to be a very intense focus on programs in Los Angeles County and the San Francisco Bay area. The movement has advocated heavily for piloting safe consumption sites, also called overdose prevention centers, in those regions. This is an incredibly worthy fight. It was absolutely devastating to hear that Governor Newsom refused to sign the bill that would have started the pilot program after it cleared the state legislature. However, as a leader of two separate programs that have been shut down in the state, there are other legislative fights that have more pertinence in my community, such as legalizing syringe exchange services statewide. I may live, sleep, eat, and breathe harm reduction, but that does not cloud my judgement of the movement. In fact, I believe it makes me one of its harshest critics.

Overall, my role in OCNEP provided several benefits throughout my research. This includes knowledge of harm reduction ideology, the logistics of SSP service provision, the grant funding landscape for SSPs, and access to interviews with those within the movement. My role in the movement benefited my data collection because people were comfortable talking to me. Interviews with other SSP staff and movement leaders were cathartic. My own experiences with the COVID-19 pandemic and working within the movement helped to shape not only my research questions, but my interview questions as well.

Data Collection in Los Angeles

Following OCNEP's closure in 2019, I took a leave of absence from graduate school. I was able to leverage my extensive volunteer experience into a paid entry-level syringe exchange and homeless outreach position at an HIV care and prevention nonprofit in Los Angeles. I worked at this job for over a year prior to beginning my observations, which gave me a considerable amount of time to build trust and relationships with the SSP participants who would later become the subjects of my observation. When my relationship changed with my participants, I had already built trust and rapport with them, therefore, the trust building process is not reflected in my data. My participants already felt comfortable with me, and were actually excited to participate and learn more about my research. Precautions were taken to ensure that no one felt forced into participating, however, my already established relationships with SSP clients surely made them feel more willing to participate compared to a researcher whom they had never met.

It is not lost on me that my identity as a cisgender heterosexual white woman played a role in establishing these relationships. Not to mention, I was in my mid-twenties at the time, I constantly dressed down to fit in with the SSP participants (usually in all black), and I am covered in tattoos which I actively showed off instead of covering. The participants at my field site are overwhelmingly white (70%) and male (70%). My whiteness and femaleness undoubtedly allowed me to form close relationships with the majority of the SSP participants, as they likely saw me as part of their in-group (Brewer, 2010; Dickter & Bartholow, 2007; Zarate & Smith, 1990). However, there is one glaring difference between us - I have never injected drugs. Therefore, I was still an outsider and had to negotiate relationships as such.

Navigating this important difference allowed me to learn how to connect with participants of color. When you work in harm reduction as an outsider, you must always

remember that you know nothing about and will never understand a participant's life experience. As a worker, you are there to listen and learn from the participant without passing judgment. While I was getting to know the SSP participants, this was always my approach. Participants would mistakenly assume that I had once injected drugs, and I was always quick to correct them with total honesty. A woman once asked me, "If you've never slammed how come you do this work?" I told her the truth, "I don't know, but I love doing it." She gave me a hug and told me I was awesome. I found that when talking with participants, being honest was the number one rule. If I did not know what someone was talking about, I asked them to clarify. If someone asked me a question that I did not know the answer to, I found someone who could answer it for them. I never pretended to be a part of the participants' world because I was not. I believe this honest approach only helped build stronger bonds between us.

At the SSP, I tried to have things for the participants that they needed in addition to the harm reduction supplies. I kept the SSP stocked with clothes, blankets, canned goods, cold water, chips, and candy. I was not supposed to let SSP participants use the restroom, but I often bent the rules (prior to COVID-19), letting the person know that I was making an exception just for them. I would let participants use my own phone to make calls if they did not have one. Often, SSP participants would have appointments at our partnering clinic, but would be turned away by the security guard for one reason or another. On more than one occasion I escorted them to the clinic to demand that they be let through the door. When they were done with their appointments, I would meet them at the pharmacy to make sure they were not denied medication. Word traveled quickly, and I gained a reputation among the participants. One once told me that everyone knows that I'm the one that, "makes shit happen." This meant that more participants came to me with all types of problems, and I did my best to offer solutions. If I encountered a

situation that I had no ability to navigate, I made sure to connect the person to someone that I trusted would do something to help them.

These deep bonds that I formed prior to starting my dissertation research had a tremendous, albeit positive, impact on my observations. Participants felt safe coming to me with problems, including issues that were outside the scope of my work in the SSP. In addition to observing participants go through the COVID-19 screening process, and talking to them about how to use drugs safely in a pandemic, I talked with them at length about their overall wellbeing, the services that they had been cut off from, and the new struggles they were facing. I was able to detail all of this in my observation notes, and they offer a glimpse into how the pandemic affected people experiencing homelessness on the ground. In conjunction with my interview data, I am able to paint a more detailed picture of what life was like for SSPs and their participants on the ground.

Return to Orange County

In June 2020, while I was collecting my observational data in Los Angeles, an old friend from OCNEP reached out to me. He asked me a ton of questions about how he should run the new SSP he was opening at a doctor's office in Santa Ana. I answered them truthfully, and at the end of our conversation he offered me a job as the program's executive director. The position was contingent on the program receiving funding from the California Harm Reduction Initiative (CHRI) grant. If the program was awarded a grant contract, the job was mine. I immediately accepted. At the end of July, while I was sitting in the SSP office at my job in Los Angeles, he texted me a photo of the award letter. I started crying.

I still hold the executive director position at the program, the Harm Reduction Institute (HRI), although it no longer operates out of the doctor's office. Like OCNEP, HRI was shut

down by the City of Santa Ana 18 months after it opened. We are currently in the process of re-building and re-opening. However, in the 18 months that HRI operated, it went from having one paid staff member (myself) to four. The program has saved over 3,000 lives from its naloxone distribution efforts, and has linked over 50 people to treatment. HRI was able to expand rapidly due to the increase in SSP funding in CA over the past two years, and our ability to successfully win those contracts.

As the sole employee of HRI for an entire year, it was my job to manage every aspect of the program from operational logistics to one-on-one case management. However, the most important aspect of my job was, and continues to be, managing the program's finances and handling the grant contract requirements. Many of the grant RFPs that I analyzed for my dissertation were for funding opportunities that I applied for, and a handful of them were for contracts that I actively manage. I often joke that I am living my dissertation. When I read the literature on the NPIC and how grant funding is strategically designed to keep nonprofits from doing community organizing work, I did not just understand that conceptually. I have actually lived that reality.

I firmly believe that my experience with SSPs, their funding, and the harm reduction movement made me a better researcher. I let my experiences shape my research questions, and when appropriate my interview questions as well. However, throughout my analysis and writing process I did my best to remove my own thoughts and opinions. I attempted to stay unbiased and to focus on answering my research questions as an objective third party, but it is impossible for me to remove the effects that my involvement in harm reduction has had on the research. A person with no experience with SSPs or the movement could ask the same research questions and find something different. However, my deep entanglement in the world of harm reduction

provides a unique perspective in my analysis. In true harm reduction fashion, I brought my lived experience of managing grant funding and working within SSPs as well as the broader movement to my dissertation research.