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THE OAKLAND TITLE I HIV/AIDS PLANNING COUNCIL:  
A MINIMALIST ORGANIZATION FUNCTIONING  
IN A TURBULENT ENVIRONMENT

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ABSTRACT

An observational study of the Oakland Eligible Metropolitan Area (EMA) and its Ryan White Title I HIV health services planning council, officially known as the Alameda/Contra Costa HIV Planning Council, has been in progress since October 1992. This paper reports on the background, methodology, and several preliminary findings of this research. It is argued that a Title I planning council's organizational form fits precisely the definition of a minimalist organization, and that the environment in which a planning council must function is turbulent. We identify several aspects of a planning council's turbulent environment and the consequences for a planning council of a catastrophic loss of experienced and knowledgeable membership. We note that both internal and external environmental forces can seriously impair a planning council's functioning as an organization, or even culminate in its dissolution or sudden collapse, to be followed by its swift replacement by a newly appointed successor planning council. Furthermore, the planning council replacement procedure that we identify, when adroitly performed, apparently can be completed without jeopardizing either the EMA's Title I status and eligibility or the delivery of Title I-funded health and social services in the EMA. We conclude that the planning council replacement procedure is an example of environmental selection as hypothesized by theorists of the organizational ecology perspective. Several implications of these findings for practitioners are offered, as well as one warning.

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## PREFACE

At the time of our initial request for permission to conduct this study, we pointed out to the Oakland EMA's Title I planning council members that we viewed them as "pioneers" in the uncharted territory of Title I-funded HIV/AIDS-related services and that we wanted to record a history of the planning council's functioning and development as it ventured forth into this new frontier. Referring to an event\* that occurred in 1846 which is forever seared into the collective consciousness of all Californians, one of the planning council members quipped, "Hmmm. Pioneers, huh? Well, lets just hope we don't turn out to be the 'Donner Party' of AIDS planning councils." At this, the meeting erupted into uproarious laughter, and adjourned. Less than a year later, Dr. Kathleen Clanon's words turned out to be no less than prophetic.

## BACKGROUND

Urban areas in the U.S.A. with 2,000 or more diagnosed AIDS cases are being encouraged, by means of Title I of the Ryan White CARE Act of 1990, to plan, prioritize, and coordinate HIV/AIDS-related health and social services. A central feature of this process is the HIV health services planning council, which must be established in every Eligible Metropolitan Area (EMA). The CARE Act mandates membership requirements for the planning council, including but not limited to HIV infected/affected consumers, representatives of local health departments and state government, and representatives of community-based AIDS services organizations (ASOs).

Currently, observational studies of the Title I planning councils in the Oakland and Baltimore EMAs are in progress. Studies in four additional EMAs, including Los Angeles, Chicago, Houston, and Tampa-St.Petersburg, are planned. These planning council studies are part of the Ryan White Services Project, which is being conducted by a team of public health researchers from the University of California at Berkeley and the Johns Hopkins University, with Professor Thomas G. Rundall, Ph.D., of Berkeley, as Principal Investigator. This project is supported by a generous grant from the Henry J. Kaiser Family Foundation of Menlo Park, California. A case study approach is being used to collect data on the formation, functioning, and organizational development of the Title I planning council in each of these cities.

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\* See End Notes, p.27, for explanation.

## PROBLEM STATEMENT

At the present time, the Ryan White CARE Act is the single most important piece of legislation funding health and social services for HIV infected/affected persons in the U.S.A. Hotly contested debates over Ryan White funding levels occur yearly. Although the Act is at the forefront of volatile HIV/AIDS politics, little empirical information on the impact of the legislation is currently available and there is scant literature on the day-to-day functioning of any Title I planning council.

The case studies being conducted as part of the Ryan White Services Project are intended to provide a timely presentation of information on planning council formation, functioning, and organizational development. This information will be of assistance to national, state, and local-level policymakers, planning council members, ASOs providing services, and consumers of these services.

## LITERATURE REVIEW

### A. The Early Studies

To date, there are no published studies of the day-to-day functioning and organizational development of Title I planning councils. The current observational studies of Title I planning councils might, therefore, be unique at this time.

Several significant issues, which all Title I planning councils must face, were identified by Bowen et al. (1992). These included intergovernmental agreements, recruitment and maintenance of membership, the drafting of bylaws, disputes concerning the planning council's authority and responsibilities, funding prioritization, the funding allocation process, conflicts of interest, contract monitoring, data gathering, and coordination of services.

Penner (1992) addressed the problems facing various communities and the recommendations concerning community planning for meeting the needs engendered by the HIV/AIDS epidemic.

Doughty (1993) reported crucial background information on the structure and purposes of the Ryan White CARE Act, identified the major issues surrounding the implementation of the Act in three EMAs (Miami, Chicago, and San Francisco), described how specific issues have arisen in different jurisdictions, and delineated a series of recommendations for consideration at the federal, state, and local levels for possible changes in the implementation and design of the Act. Extended discussions of the three study sites were also included.



Other studies, such as Fox (1993), Houston-Hamilton (1993), and Whitehead (1993), focused on minority participation in the planning council process and ethnographies of the infected/affected communities in an EMA. These studies concerned specific aspects of the Title I planning council process rather than the day-to-day functioning and development of the planning council as an organization.

Kachur, Sonnega, Cintron, et al. (1993) identified the initial stages of development for the Greater Baltimore HIV Services Planning Council. This study used the Tuckman and Jensen (1977) approach to identify the stages of small group development (forming, storming, norming, performing, and adjourning) through which all newly formed small groups are hypothesized to progress. Unfortunately, this study was limited to just one three-month period of observation (namely, November 19, 1991 to February 11, 1992), during which time the researchers attended only nine meetings of the planning council. Their study covered, at most, three of the five stages of small group development.

Kachur, Sonnega, Cintron, et al. (1993) went on to identify the numerous conflicts and frustrations experienced by the members of the Baltimore planning council, as well as noted acts of dedication and selfless service. Additionally, the authors noted, almost in passing, the unexpected difficulty they encountered in fitting the planning council's developmental stages into "a neat linear sequence," and that "the stages seem telescoped into one another." -- This may prove to be the major finding of their study. A possible explanation for the difficulty they found in using small group analysis might be that the Title I planning council represents an organizational form that does not function or develop in the same manner as the various groups which have traditionally been the subjects of small group analyses.

Neither the Kachur study nor any of the others noted above attempted to identify or define the planning council's specific organizational form or the organizational environment in which a planning council must function. It is, therefore, imperative at this time to identify and understand these two critical aspects of the Title I planning council before proceeding with any explanations and elaborations of its formation, day-to-day functioning, and organizational development. Understanding the planning council's organizational form and environment may provide us with a basis for developing a much-needed framework in which to link and reconcile current and future studies, analyses, and discussions of the day-to-day functioning of Title I planning councils and the recurrent issues which have arisen, and continue to arise, to challenge them.

We shall now examine organizational form and environment, identify the core dimensions of minimalist organizations, posit that the Title I planning council possesses all the dimensions needed to be classified as a minimalist organization, and then assert that the Title I planning council is a bona fide\* representative of this specific classification of organizations.

#### B. Organizational Form and Organizational Environment

Organizational form, as noted by Bidwell and Kasarda (1985), is composed not only of the interpersonal relations of the members of the organization, but also contains properties which pertain to the organization conceived of as a collectivity of unit character. Some of these properties can be regarded as aggregates of interpersonal relations, such as the division of labor and hierarchy. Others may not be so regarded, such as the size and composition of an organization's membership, its stock of technological and material resources, its own institutional characteristics (structure, bylaws, rules, policies, and processes), and the technological, physical, demographic, and institutional properties of its environment. The authors cautioned against using a behavioral approach to a theory of organizational form because of the likelihood that such an approach would yield a theory of "unmanageable complexity and intellectual difficulty" (p.25). Instead, they espoused a macro-social approach which would allow the treatment of the aggregative properties of the organizational collectivity without appeal to the mediation of interpersonal ties or exchanges. As they noted, in "taking this step, other properties of the collective unit (such as technology, rules, and laws) are introduced into the web of systemic relationships at the level of the collectivity" (p.25).

Bidwell and Kasarda (1985) went on to define organizational environment to include all external phenomena that affect or could affect an organization. They noted four aspects of the environment, namely, the supplies of resources, the actors who supply them or who in other ways may affect their supply, the flows of resources to and among the various populations of organizations within the environment, and the relationships among the environmental actors that influence the flow and utilization of resources. The first two are compositional aspects of the environment and the third and fourth are relational aspects (p.38).

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\* The words and phrases of foreign origin appearing in this paper are defined in the Glossary, p.30.

Bidwell and Kasarda (1985) then divided the organizational environment into an "internal" and an "external" environment. The internal environment is synonymous with the structure of the organization itself. They posited that organizational structure is the locus of opportunities for and constraints upon the organization's further morphological evolution. The existence of the external environment, in its relational aspects -- that is, the surrounding social and normative order -- is another principal source of these opportunities and constraints (p.39).

Meyer, Brooks, and Goes (1990), in their study of organizational change and environment, noted that the relevant literature characterizes change processes in diverse ways, namely, continuous (or first-order) change which occurs within a stable system that itself remains unchanged, and discontinuous (or second-order) change that transforms fundamental properties or states of the system. They noted that organizational responses to discontinuous change can include adaptation, metamorphosis, and speciation. They observed that transient discontinuities, or environmental jolts, may elicit different responses from organizations than do discontinuities which suddenly impose permanent shifts in environmental states. -- Not included in their list is what we shall posit later as the organizational replacement procedure.

If the Title I planning council is viewed as an organizational form, new or otherwise, then this specific organizational form is being reproduced every time another urban area is designated as a new EMA and a planning council established. There currently exists, therefore, a distinct and continually expanding population of organizations with this as yet unidentified organizational form.

But what is the organizational form that best characterizes the Title I planning council? Does the relevant organizational behavior literature provide us with a model to which the form and structure of the Title I planning council can reasonably be argued to conform? Or, is the Title I planning council sui generis, that is, a new and unique organizational form never before seen in the universe of all organizational populations and which we must now define?

### C. Minimalist Organizations

We posit that the Title I planning council as mandated by the Ryan White CARE Act is not a unique organizational form, but rather that it has all the characteristics of what is known in the organizational behavior literature as a "minimalist" organization. This type of organizational form was clearly identified by Halliday, Powell, and Granfors

(1987) in a study of the vital events observed in the population of state bar associations. Furthermore, Aldrich, Staber, Zimmer, and Beggs (1990) used a similar approach in their study of U.S. trade associations. Both of these studies focused on minimalist organizations in the private sector and used the population ecology of organizations perspective.

Both of these studies noted that minimalist organizations are structurally flexible, frequently exist in relatively noncompetitive environments, and have long life spans. These organizations may not demonstrate the patterns of foundings and failures characteristic of most business organizations, and especially not the liability of newness. They are called "minimalist" because they require minimal resources for founding and sustenance.

The differences between minimalist and non-minimalist organizations can be stated in terms of four core dimensions. As noted in Halliday, Powell, and Granfors (1987, p.457), these include the following:

1. Initial costs. Whereas many organizations require extensive capital investments and labor commitments for birth, minimalist organizations can be founded with very limited labor commitments and capital. -- The Title I planning council is a case in point.

2. Maintenance costs. Whereas non-minimalist organizations require resource abundant environments for survival, minimalist organizations can subsist in substantially poor resource environments. -- The Title I planning council is a case in point.

3. Reserve infrastructures. Whereas most non-minimalist organizations have few shadow organizational structures or external resources to fall back on in times of hardship, many minimalist organizations can supplement organizational resources with administrative and other infrastructures to be called upon when necessary. -- The Title I planning council is a case in point.

4. Adaptiveness. Whereas high sunk costs in capital and labor commitments impart structural inertia to many organizations, low sunk costs enable minimalists to adapt readily to changes in their environments. Minimalists may also gain an advantage from normative flexibility: their conception of what the organization is about can more readily be altered. In other words, the minimalist organization can easily adapt or evolve to fit the particular environment in which it must function. -- The Title I planning council is a case in point.

In addition to these four critical dimensions, the authors noted that there is a subclass of minimalist organizations that have a unique distribution of vital events because they evidence a high standing on two additional dimensions (p.457), and the Title I planning council is, again, a case in point. These dimensions include the following:

1. Niche definition. Whereas most organizations have overlapping or poorly defined niches that encourage competition, many minimalist organizations have well-defined niches and segmented competitive environments that require minimal defense. This dimension pertains in some instances of government-sponsored corporations.

2. Norms of competition. Whereas competition is tolerated in many organizational populations, a number of minimalist organizations tend to discourage competition. In most cases of this type of minimalist organization, a specific niche has been preserved for a particular minimalist organization, that is, the minimalist organization has a "regional monopoly" in a clearly delineated territory and none of its "siblings" is permitted to function within the confines of that specific niche.

We posit that the HIV health services planning council, as mandated by Title I of the Ryan White CARE Act, has all four of the core dimensions manifested by minimalist organizations, and, furthermore, that it clearly manifests the dimensions of the subclass of minimalist organizations enjoying a monopoly in a particular environmental niche. We are convinced, and now assert, that the Title I planning council is a minimalist organization in the purest sense of the concept.

Two peculiarities of this new public sector minimalist organization, namely, its apparent liability of newness and the required competition with other planning councils for Supplemental Grants, will be discussed later in this discourse.

## GOALS AND OBJECTIVES

The observational studies of the Title I planning councils in Oakland, Baltimore, Los Angeles, Chicago, Houston, and Tampa-St.Petersburg were designed to provide the following:

1. a description of the structure and composition of the Title I planning council in each of these EMAs;
2. an assessment of the ability of the planning council to comply with the statutory requirements regarding planning council composition and duties, and to identify barriers which might impede compliance with the act;

3. an identification of the planning, coordination, and funding activities of the planning council, including needs assessments, request-for-proposals (RFP) procedures, appeal processes, and contracting for services;

4. a documentation of the perception of planning council members and representatives of affiliated organizations regarding the effectiveness of the Title I planning councils in expanding and coordinating the HIV/AIDS-related service delivery system;

5. an identification of the EMA-specific demographic, economic, and political factors that affect the development and functioning of the planning council; and

6. a documentation of the perceptions of planning council members, representatives of service providers, and members of the infected/affected populations regarding issues that should be addressed by the U.S. Congress in the 1994-95 reauthorization of the Ryan White CARE Act.

#### METHODOLOGY

In all six EMAs included in the Ryan White Services Project, various observational research techniques will be utilized in the study of the Title I planning council. These include attending, observing, and recording meetings of the planning council in each EMA; attending, observing, and recording subcommittee meetings; interviewing members of the planning council; interviewing key participants (service providers and consumers) in the Title I process; and examining pertinent documents related to the functioning of the planning council. Analysis of the data derived from the Oakland and Baltimore studies is just beginning, and research in the other four EMAs will begin shortly.

#### ANALYSIS OF THE DATA

For this study, two preeminent organizational behavior perspectives appear to lend themselves well to an examination of organizational change and development in the population of Title I planning councils. Either or both of these can be used to examine, categorize, and describe the founding, functioning, and development of the Title I planning council as a minimalist organization. These include the population ecology of organizations perspective (Hannan and Freeman, 1989; Hannan and Carroll, 1992) and the institutionalization perspective (Meyer and Rowan, 1977; Zucker, 1977, 1983), especially as it pertains to organizational adaptation. As mentioned above, the organizational ecology perspective has been shown applicable in previous studies of minimalist organizations.

A detailed case report of the Oakland EMA's HIV health services planning council is planned and will contribute to an understanding of the day-to-day functioning and organizational development of the planning council. The

Oakland EMA's planning council is a typical member of the new organizational population of public sector minimalist organizations that have been set in the turbulent HIV/AIDS-related health and social services milieu. The report that is being prepared will present the planning council's vital events history and highlight its efforts to adapt itself to the uncertainties and limitations found both in its internal and external environments. The report will also serve to generate hypotheses suitable for testing in a much needed wider study of the entire population of Title I planning councils.

For the purposes of our upcoming analysis, the planning council will be viewed as a public sector minimalist organization (Halliday, Powell, and Granfors, 1987; Aldrich, Staber, Zimmer, and Beggs, 1990), which has been embedded in a turbulent environment (Meyer, Brooks, and Goes, 1990; Meyer, Goes, and Brooks, 1993). Due to the turbulence in its environment, the planning council is evolving (Singh, 1990; Singh and Lumsden, 1990). Evolution of the planning council will be reflected in periodic changes in any of its membership levels or categories, organizational structure, bylaws, policies, processes, and/or interorganizational relationships, that is, its core features.

At the present time, we can at best offer only a few preliminary findings of our research, a brief discussion of them, several possible implications, and but a single tentative conclusion concerning a planning council's growth and development.

#### PRELIMINARY FINDINGS

As a new government-sponsored minimalist organization in a turbulent HIV/AIDS-related health and social services milieu, the Oakland EMA's Title I planning council, almost from day one, had to run a gauntlet of criticism and censure surrounding its attempts to deal with a myriad of uncertain and complex interorganizational relationships, reconcile the seemingly irreconcilable demands of consumers for services, and interface with providers from both the public and private sectors who were locked in internecine rivalries characterized by some planning council members as little less than a "funding frenzy."\* Successfully dealing with these challenges proved to be no mean task, as the Oakland EMA's planning council has painfully discovered.

We would now like to introduce a few of our preliminary findings concerning the various internal and external environmental forces impacting the functioning and

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\* Quoted material in the Findings, Discussion, and Implications sections will not be attributed.

organizational development of a typical Title I planning council, and an example of what can happen to a planning council which must function in such an environment. Several of these findings were reported originally in Kieler (June 30, 1993).

The Alameda/Contra Costa HIV Planning Council, which serves as the Title I planning council for the Oakland EMA, has a bifurcated organizational structure. That is to say, it is composed of two "component" planning councils, one for each of the counties comprising the Oakland EMA. These two component planning councils meet regularly as the "joint" planning council and attend to EMA-wide Title I matters. Each of the components meets separately to attend to Title I matters pertaining specifically or exclusively to their respective jurisdictions.

The following preliminary findings concern the entire Oakland EMA, but are based on data collected primarily through observation of the Alameda Component's planning council, which is responsible for allocating 73% of the Title I funds in the Oakland EMA. They are based on direct observation of the joint planning council and the Alameda Component planning council during the period October 1992 to present, initial interviews with several key participants, an examination of Formula and Supplemental applications and relevant correspondence, a review of all planning council minutes covering the period October 1991 to present, and a review of fieldnotes covering the period October 1992 to present.

The significant issues that repeatedly challenged the joint and component planning councils in the Oakland EMA arose from the diverse and dynamic environment in which the planning council must function, and included, among others, the following:

1. The planning council's interorganizational relationships are uncertain and "dynamic," including its relationships with H.R.S.A. and with the local public health department which serves as the fiscal agent for the planning council. Furthermore, the Ryan White CARE Act requires "competition" among planning councils for Supplemental Grant funds.

Example 1a: The planning council has experienced confusion concerning its authority, responsibilities, levels of funding, administration of the grants, and deadlines for submission of H.R.S.A.-required reports. It has had to contact H.R.S.A. repeatedly for clarifications concerning these issues.



Example 1b: The planning council, supposedly independent of the local public health department, but still dependent upon it for staff assistance and grant/contract management, has repeatedly been in conflict with the health department, primarily in such areas of concern as recruitment of membership, hiring of additional staff to serve the planning council, the appropriateness of seeking legal advice from county counsel (which also advises the Chief Elected Official and the entire health department), responsibility for the Title I RFP process, and HIV/AIDS statistics from the health department's epidemiology office.

Example 1c: The Oakland EMA was "dinged" in the last funding cycle and was awarded a Supplemental Grant of only 90% of its Formula Grant award. To the chagrin of the Oakland Title I planning council members, various other EMAs around the country received 130%, 150%, and even 170% of their respective Formula Grants.

Some planning council members have objected bitterly to the mandated competition with other EMAs for Supplemental Grants that are so urgently needed for HIV/AIDS-related services in the EMA. They have wondered why these funds cannot be allocated on the basis of cumulative AIDS cases, just like the Formula Grants, or on the basis of total persons living with HIV/AIDS in the EMA.

2. The conflict of interest issue has arisen repeatedly in planning council deliberations.

Example 2a: Among health and social services providers, consumers, and the public, there are persistent suspicions of, but no direct and irrefutable evidence of, conflict of interest for certain individuals who are simultaneously both planning council members or officers and officials of the ASOs and public health agencies seeking and winning Title I funding.

3. Pre-existing societal cleavages within the Oakland EMA affect the planning council's efforts to prioritize needs and allocate resources. Additionally, the Title I process may be exacerbating these cleavages.

Example 3a: These societal cleavages include the ethnic divisions, geographical divisions, and rural/urban divisions occurring in the EMA, which the planning council has had to consider in setting priorities and in allocating funds.

4. Various social, religious, and political factions in the principal ethnic communities in the EMA are competing with each other to influence the planning council's funding decisions.

Example 4a: During the last funding cycle, a locally prominent and very influential African American group

repeatedly lobbied, protested, and "witnessed" at planning council meetings in a futile attempt to obtain funding for a certain highly respected minority provider serving the African American community, whose proposal had not received a high enough score to be considered for funding. Part of the effort to influence the planning council included questioning the credibility and capabilities of other highly respected minority providers also serving the African American community.

5. The changing nature of the HIV/AIDS epidemic in the local area is forcing the planning council to direct resources to specific populations that were previously underserved or unserved.

Example 5a: The current epidemic trend in the Oakland EMA is toward an increasing prevalence of HIV disease among people of color, especially women of color, for whom the planning council is targeting specific services. This well-meaning effort to address the needs of new populations being affected, or potentially to be affected, by HIV disease appears to have engendered no little concern among the gay/bisexual men of all racial/ethnic groups who still compose over 70% of the cumulative as well as living AIDS cases in the EMA.

6. The consumers of HIV/AIDS-related services are presenting conflicting demands for services to the planning council.

Example 6a: Hemophiliacs have made it abundantly clear to the planning council that they do not feel that their needs are being addressed.

Example 6b: Gay/bisexual men, as noted above, still constitute over 70% of the AIDS cases in the EMA and have raised concern about the need to allocate resources where need has actually been, and continues to be, demonstrated.

Example 6c: In a well-meaning effort to target food vouchers for women of color with children, the planning council specifically excluded "women of non-color" who might have been just as needy, if not more so. This effort at targeting services was included as a stipulation in a contract offered to a highly respected multi-service provider, over the strenuous objections of the provider's officers and staff. The provider could have refused the contract, but, instead, reluctantly accepted it. The manner in which the provider implemented the planning council's decision to target the food vouchers for women of color ignited a firestorm of controversy that eventually burned itself out at the planning council. The provider succeeded in distributing the food vouchers exclusively to women of color, but in the process, the provider's own women's night

services were totally disrupted by the chaos that prevailed during the distributions. Security assistance had to be requested for subsequent distributions. Within days of the initial distributions, letters of complaint were sent to the planning council, the Alameda County Board of Supervisors, the news media, and the American Civil Liberties Union protesting and denouncing the exclusion of "women of non-color" with demonstrated need from the food voucher program. For a time, the planning council feared that a lawsuit over targeting was imminent. Most disconcerting of all were reports from reliable sources who had observed some of the food voucher recipients exchanging them for small packets of, well, something other than food.

7. ASOs of differing organizational form are competing with each other for Title I funding. Their rivalry has been characterized as a "funding frenzy" as well as "down-right ferocious!" by various participants in the planning council process. This type of rivalry is affecting the planning council's RFP and appeals processes and is hampering decision-making regarding allocations.

Example 7a: It should come as no surprise to learn that in the turbulent HIV/AIDS-related health and social services environment extant in the Oakland EMA, small single-service providers (that is, specialist organizations) appear to out-compete larger multi-service providers (that is, generalist organizations). During the last funding cycle, the planning council solicited comprehensive proposals from multi-service providers. Unfortunately, the outside reviewers of the proposals, who were drawn from the community at large, apparently could not determine how to rate comprehensive proposals, because the planning council had not given them instructions concerning how to treat comprehensive proposals. This resulted in an initial rejection of the entire proposal submitted by the largest provider of HIV/AIDS-related services in the EMA. Most of the single-service providers submitting proposals in the same categories covered by the comprehensive proposal were recommended and approved for funding. Following the appeals process, the planning council overruled several review panel decisions, most of the appeals panel decisions, and shifted funds among categories, which enabled it to award several contracts to this particular multi-service provider who had originally been defunded by the flawed operation of the RFP process.

These issues arising from the planning council's internal and external environments took a heavy toll on the members of the Alameda Component planning council. As of the end of May 1993, all but one of the component's most experienced and knowledgeable members, whose 20-month terms were expiring, declined to apply for reappointment to the planning council, which left only those eight members whose

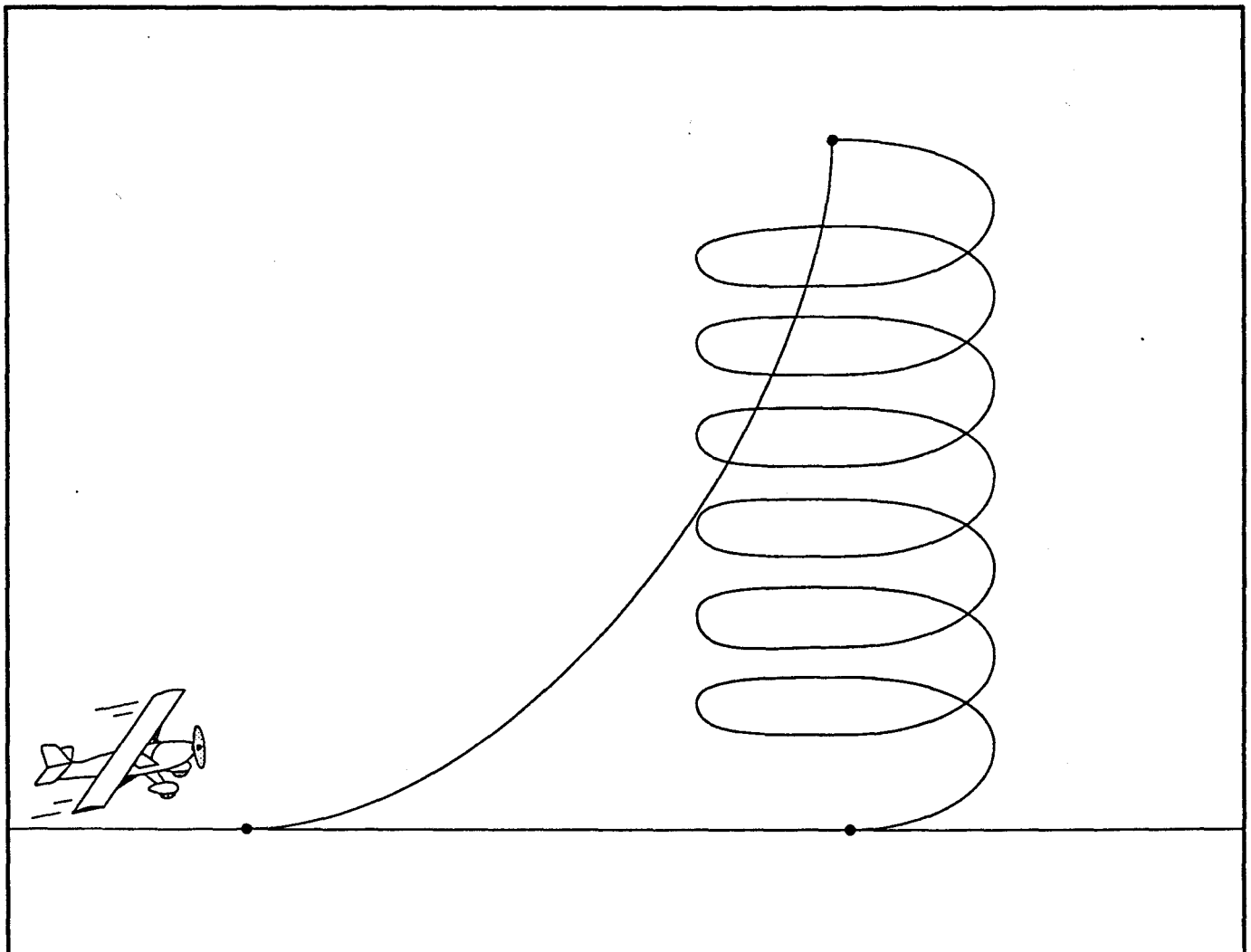
terms extended beyond May 1993. Two of the eight were recent HIV/AIDS consumer appointees who repeatedly failed to attend any planning council meetings at all.

Additional loss of membership soon followed, with two members resigning (one in July and one in August) and two members being removed for failure to attend meetings. This left only those four members on the Alameda Component planning council whose terms extended beyond summer 1993.

Unfortunately, as the Alameda Component planning council "flew" into its summer schedule, it appeared to have "stalled" and then rolled into a seemingly irreversible "tailspin." A hypothesized representation of such a sequence of events in the development of an organization might appear as follows, and might be called the "crash and burn" trajectory of organizational development.

#### ILLUSTRATION I

A "CRASH AND BURN" TRAJECTORY OF ORGANIZATIONAL DEVELOPMENT



The moment of stall was, of course, the unprecedented and catastrophic loss of membership. As of the June 16 component meeting, only six members were left, two of whom soon resigned, as already noted. In apparent violation of the planning council's own bylaws and without objections from either the attending members or health department staff, the June meeting was chaired by one of the planning council's former co-chairs, whose term of appointment had expired. In other words, this particular planning council meeting was chaired by someone who was not even a member of the planning council. No decisions were made at this meeting for lack of a quorum, as well as because of the blinding confusion concerning what actually constituted a quorum under these extraordinary circumstances.

Only the prompt and dramatic intervention of the Oakland EMA's Chief Elected Official (CEO) prevented the "crash and burn" scenario from being played out in the EMA. The CEO intervened and directed the health department's staff to accelerate the membership recruitment process (advertising for applications, screening applicants, and submitting recommendations for the appointment of new members). This effort resulted in the CEO's swift appointment of ten new members by the end of July and several additional new members since then. These appointments were made without the customary consultations with the planning council's membership committee, which at that point was defunct for lack of members. Furthermore, these many new appointments were sufficient to effect the establishment of a planning council clearly distinct from its predecessor.

The health department's staff then orchestrated obligatory "orientation" meetings (held August 12 and September 8) for all members of the newly reconstituted component planning council. During these orientation meetings, the planning council members were "strongly encouraged" and "urged" by staff to evaluate and change the component's chairmanship arrangement (from having co-chairs to having a single chair and a co-chair); elect a new chair and co-chair; restructure the component's existing organizational structure to include an Executive Committee and three other Standing Committees; revise the bylaws; and alter various crucial planning council policies and processes.

Additionally, it appears that the successor planning council acquiesced to its new obvoluted relationship vis-a-vis the CEO, probably out of a very strongly felt concern to safeguard the interests of the EMA's Title I status and eligibility. The CEO's former policy of laissez-faire toward the planning council appears to have been replaced by one that can be more aptly characterized as "concerned active involvement." This new relationship may form the

basis for an enduring rapprochement between the planning council and the CEO, or at least for an entente cordial, so to speak, as they both together face an ever-widening epidemic threat in their EMA.

Almost all of these changes were achieved prior to the adjournment of the September 22 component meeting. Formal adoption of the revised bylaws was achieved at the October 13 joint planning council meeting, but these will soon have to undergo a minor revision. The reason for this is the new bylaws' "member dismissal" clause, which appears to be an inadvertent prima facie intrusion upon the CEO's prerogatives. A new conflict of interest policy was formulated by a committee of joint planning council members, is currently under outside legal review, and is slated for consideration, expansion, and adoption at the next joint planning council meeting.

#### DISCUSSION

In mandating the establishment of the HIV health services planning council as the channel for Title I funds to health and social services providers in an EMA, the Ryan White CARE Act mandated the creation of an organization that in essence is a new minimalist organization in the public sector. The Act embedded this new minimalist organization in an environment characterized by the uncertainties and limitations of multiple complex interorganizational relationships, the rivalries between services providers competing for limited funds, and the conflicting demands of the various vociferous populations which the planning council is mandated to serve. In other words, the Act set the planning council in a multifaceted, diverse, and dynamic environment -- a turbulent environment -- which is affecting the membership, functioning, credibility, and viability of the planning council.

Generally speaking, any new organization faces a liability of newness, but especially so for one set in a turbulent environment. A new organization could conceivably face an enormous burden in establishing its organizational legitimacy, in settling upon an appropriate organizational structure to facilitate the accomplishment of its *raison d'etre*, and in adopting a suitable *modus operandi* that would accommodate and satisfy its various stakeholders. The effort to achieve organizational legitimation alone could consume an inordinate amount of time and effort during the first years of a new organization's existence.

Concerning the liability of newness and legitimation issues facing the Title I planning council, it had been our presumption originally that, in the case of Title I of the Ryan White CARE Act, the planning council as a government-mandated public sector minimalist organization would have no

legitimation problems. That is to say, we presumed that a government-mandated or sponsored organization, ipso facto, is legitimated. Therefore, we had wanted to posit that the liability of newness and organizational legitimation problems experienced by a planning council should more aptly be viewed as only transient problems associated with the acceptability, credibility, and viability of the entire Title I process in a particular EMA, of which the planning council is merely a feature, albeit, the central feature. We also wanted to posit that resolving or overcoming these challenges, in the event that they did occur, would probably not take a planning council very much time and effort.

We now believe that the Title I planning council, even though it is a government-mandated organization, can have serious legitimation problems. These problems with legitimation are reflected both in the various letters of complaint and in the stated opinions of providers and consumers about the planning council's prioritizations, RFP process, appeals process, and allocations. Additionally, the periodic efforts to change the planning council's organizational structure, prompted by internal opinion as well as by concerns expressed by the Health Resources and Services Administration (H.R.S.A.), indicate a minimalist organization that is attempting to structure itself in response to environmental challenges to its legitimacy.

The issue of legitimation will be studied in greater detail in the near future, but in the meantime, we would like to posit that a Title I planning council may be somewhat of a peculiar minimalist organization in that it evidences some degree of liability of newness as well as engages in mandated competition with other Title I planning councils for federal Supplemental Grant funds. Both of these organizational development features (liability of newness and competition) can be, but are not usually, seen in minimalist organizations, especially not those in the public sector.

If the organizational ecology concept of failure to survive could be defined to include abrupt and significant changes (henceforth, massive changes) in the planning council's membership, organizational structure, bylaws, policies, processes, and/or interorganizational relationships (henceforth, core features), then strong evidence of failure to survive by certain members of this new organizational population could be expected and probably at a much higher rate than is found in the event histories of other populations of minimalist organizations. However, we would like to note that an initial high rate of organizational death typifies many organizational populations, but that this initial high rate declines over time as the population of organizations is legitimated and

as the population's members successfully compete with each other for limited resources.

Since it is almost inconceivable that the CEO and the various stakeholders in the Title I planning council process would countenance a non-functional or even a dysfunctional planning council for very long, massive changes in the planning council's core features might suggest that the planning council is in the process of rapidly adapting itself to fit the specific social and organizational environment in which it must function. That is to say, the planning council is evolving to fit the local environment, and its evolutionary track is characterized by punctuated patterns of morphological change. In other words, it is experiencing periods in which changes are unusually significant when compared to its prior state.

However, the case for evolution, though, seems weak, given the unfolding of events that actually occurred in the Oakland EMA. We would like to propose an alternative hypothesis concerning massive changes in a planning council's core features.

We posit that when massive changes in a planning council's core features occur in a relatively short period of time AND are clearly, indisputably orchestrated or imposed by the CEO, then possibly some other process is unfolding which has not previously been identified in the relevant organizational behavior literature that we have reviewed to date. The massive changes we have described suggest neither organizational death, nor adaptation, nor evolution, but rather organizational replacement, that is, the replacement of an existing planning council, or planning council system, by a successor planning council, or a successor planning council system. In many ways, we perceive and understand the organizational ecology concept of environmental selection to encompass completely the phenomenon of planning council replacement that we have just described, though in this particular case, the local environment is not selecting among several or many members of the Title I organizational population, because, as noted above, the planning council has a regional monopoly in the local HIV/AIDS-related health and social services milieu. Rather, the environment, through the actions of the CEO, is administering a coup de grace\* to one planning council and then spontaneously generating or spawning another to take its place.

Furthermore, we posit that replacement of a planning council by a successor planning council is highly feasible,

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\* A variety of generic analogs of this concept are available in the vernacular, though we still prefer this one.



basically without cost, and might even serve to enhance the acceptability, credibility, and viability of the Title I process in an EMA. Swift replacement of an existing planning council, a dysfunctional planning council, or a collapsed planning council does not appear to jeopardize either the EMA's Title I status and eligibility, or its Title I-funded health and social services delivery system. The ramifications of the replacement procedure for empowerment of the HIV/AIDS community are, however, yet to be articulated.

To repeat, we posit that a Title I planning council can be replaced swiftly and easily by a successor planning council.

Such an event appears to have occurred in the Alameda Component of the Alameda/Contra Costa HIV Planning Council. That is to say, the original component planning council, sadly bereft of membership and trapped in an apparent downward spiral, was replaced by a successor planning council. This appears to have been achieved, as noted above, by a swift replacement of an overwhelming majority of planning council members by new members, who were then "facilitated" by the health department's staff in a series of attendance-mandatory orientation meetings to make massive changes in the core features of the planning council, including its organizational structure, internal governance arrangements, bylaws, policies, and processes. Furthermore, as already noted, the apparent acquiescence of all the members of the successor planning council may have been crucial to the successful reformulation of the fundamental relationship between the CEO and the planning council (from one of laissez-faire to one of more active involvement by the CEO, or of a partnership of the planning council and the CEO).

Future examinations of the event histories of certain other planning councils will undoubtedly provide additional strong evidence of the occurrence of replacement of a planning council by a successor planning council. Quite possibly, it might be found that in certain EMAs repeated planning council replacement has occurred rather than evolution of the planning council to fit its environment. Additionally, elaboration and analysis of the phenomenon of replacement of a planning council by a successor planning council may yield a more convincing argument than provided here that environmental selection is occurring in this new population of public sector minimalist organizations, a process which orthodox organizational ecologists would be loath to impede, but which the U.S. Congress, during reauthorization of the Ryan White CARE Act, might not be.

## IMPLICATIONS FOR PRACTITIONERS

We would like to offer the following implications of our preliminary findings, and a not so thinly veiled warning:

1. The minimalist organizational form of a planning council can be "fine tuned" to the particular environment in which it must function. This results from the interaction between the planning council's organizational structural and environmental variables. In other words, although all planning councils are minimalist organizations, no two planning councils will be exactly alike or function exactly alike. There are, therefore, different ways to organize a planning council, but there is no one right way, nor are all ways equally efficacious.

2. In establishing a planning council and in facilitating and maintaining its functioning, the contributions of a skilled, supportive, and trustworthy staff supplied to a planning council by the local health department are critically important.

3. Maintenance of the planning council's mandated membership is important to its successful functioning. This requires adoption of a procedure to assure the timely appointment of new members to fill vacancies as they occur, such as "pre-appointment of new members" who would be seated as soon as vacancies occur, or appointment of "alternates to serve in the absence of seated members."

4. All planning council members are appointed by and serve at the pleasure of the CEO. The CEO apparently derives implied authority from the Ryan White CARE Act to make changes in the membership of a planning council, including dismissal of an entire planning council and appointment of a successor planning council. Following the replacement of a planning council by a successor planning council, the CEO could then "strongly encourage," "urge," or direct the successor planning council to change the core features of the planning council process.

5. In planning, prioritizing, and coordinating resources and services, a planning council must give careful consideration not only to the Ryan White CARE Act's various mandates and the apparent needs of the populations to be served, but also to the changing epidemiological situation in the EMA, the conflicting demands for services so vociferously put forth by consumers, and the social, religious, and political factionalization that might be extant within various racial and ethnic, as well as HIV/AIDS consumer, populations.

6. Massive changes in the planning council's core features can be made when necessary to facilitate the effective functioning of the Title I process in the EMA, or to safeguard the EMA's status in the Title I program, and hence its continuing eligibility for grants.

As is apparent in the Oakland EMA data, massive changes in the Title I planning council process do not appear to jeopardize the EMA's Title I status and eligibility, and may actually enhance, facilitate, or save the EMA's planning council process. It is also very evident that such changes do not jeopardize the Title I-supported continuum of health and social services. In other words, massive changes in the planning council's core features do not appear to inflict irreparable damage, if any at all, on the Title I process in the EMA.

However, this is not to say that the profligate use of the planning council replacement procedure will not exacerbate the legitimation problems faced by a planning council, nor that these problems could not include a direct challenge to the CEO and the public health department serving as the fiscal agent for the Title I grants to the EMA.

7. Ease of replacement of a planning council, dysfunctional or otherwise, may be one of the unanticipated benefits of requiring the Title I planning council to be a minimalist organization. This is because a minimalist organization is easy to replace, and replacement of a minimalist organization apparently costs practically nothing.

8. A dysfunctional planning council can be replaced by a successor planning council, but altering the environment in which it must function will remain problematic. A successor planning council will still have to function in the same fractious and fractionated environment as its predecessor.

That is to say, even if a planning council is replaced, "unmet needs will still be unmet needs." The need to address these will repeatedly surface to impact the dynamics, functioning, and organizational development of the Title I planning council no matter how many times the planning council replacement procedure is used in an EMA. The same environmental forces which contributed to the replacement of one planning council would very likely seriously impact its successor planning council. Some EMAs may be "sitting ducks" or "naturals" for repeated use of the planning council replacement procedure. Again, the issue of empowerment of the HIV/AIDS community is called into question.

9. A CEO's use of the planning council replacement procedure could produce an undesirable stupeficient effect upon the planning council process and its individual

members. A CEO, as well as the EMA as a whole, could become dependent on the use of this procedure, with untold consequences for the morale and commitment of a planning council's past, present, and potential members, as well as of the providers and consumers of services.

10. And, speaking again of empowerment, it cannot be determined at this time if the Ryan White CARE Act's goal of empowerment of the local HIV/AIDS community is benefitted or impaired by the planning council replacement procedure, which prompts us to offer a warning in the form of this question: Will the replacement of a planning council turn out to be a panacea, or will it open a Pandora's box?

As already noted, use of the planning council replacement procedure could engender unforeseen consequences for all the stakeholders in the Title I process in an EMA. The replacement option should, therefore, be exercised with caution and preferably only after reaching an EMA-wide consensus of the stakeholders, except of course in a case of dire emergency, but who is there, other than the CEO, to define dire emergency?

#### CONCLUSION

We conclude by suggesting that the discourse we have just presented may contain the basic ingredients for a fresh example of a major tenet of the theory of the population ecology of organizations, namely, environmental selection. Our identification and description both of the forces acting upon a planning council and of the planning council replacement procedure may permit us now to assert that environmental selection is occurring in the new organizational population of Title I planning councils. Although our study is currently limited to but one planning council, we venture to assert that this new population of organizations is demonstrating not one but two different modes of organizational growth, change, and development, namely, evolution (e.g., periodic changes, sometimes major, in its core features) and environmental selection (e.g., replacement of a planning council by a successor planning council). Which of these two modes comes into play in a particular EMA will be determined by the degree of turbulence occurring in the local HIV/AIDS-related health and social services environment in which the planning council must function.

Finally, it should be noted that by the time of its "rescue" in July 1993, only 1/4 of the Alameda Component planning council members were left. The reader may want to compare this result to the actual Donner Party results noted in the last paragraph of the End Notes on page 27, and then answer this final question: Did the Alameda Component planning council turn out to be "the 'Donner Party' of AIDS planning councils" as first alluded to in the Preface?

## END NOTES

The westward overland movement of settlers to the Pacific Coast territories of the U.S.A. in the mid to late 1800s was fraught with danger. In 1846, a wagon train set forth from Independence, Missouri, passed through Westport Landing (present day Kansas City), and headed west along the Oregon/California Trail. In route, part of the company split off to try a newly discovered and supposedly shorter trail to California. The party proceeding along the new route was of course the ill-fated Donner Party.

After months of arduous travel, the Donner Party reached the final pass over the Sierra Nevada Range, to the west of present-day Reno, Nevada. Arriving just below the summit late in the day, the party stopped and made camp. That evening, as they planned and prepared for crossing the summit and proceeding to the warmth of the verdant valleys beyond the pass, it started to snow, and it snowed and snowed and snowed.

By morning, the trails were completely obliterated by mounds of snow and ice. Try as they might, the Donner Party's oxen could not heave the heavy wagons over the summit and through the pass, let alone see it, given the blinding snow storm still raging. Then commenced the Donner Party's appalling tragedy.

By the time of their rescue the following spring, just 2/3 of the women were found alive, only 1/2 of the children, and only 1/3 of the men; all the rest had died of starvation or exposure, and had been eaten by the survivors. As for the two Native American guides who had volunteered to accompany the Donner Party and provide multicultural translator services, they had been murdered, and then eaten as well.

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## GLOSSARY

- bona fide ("in good faith"): neither specious nor counterfeit; genuine, authentic.
- coup de grace ("stroke of mercy"): a death blow or shot administered to end the suffering of one mortally wounded; 2. a decisive finishing blow, act, or event.
- entente cordial ("a heart-felt, warm, affable intent or understanding"): an understanding or informal agreement characterized as warmly and genially affable; referring to the informal but mutually respectful, concerned, and caring understanding between England and France as they together faced the ever-increasing threats of the resurgent, hyper-nationalistic, and bellicose German Empire of Kaiser Wilhelm II prior to the outbreak of World War I.
- ipso facto ("by the fact itself"): by the very nature of the case.
- laissez-faire ("letting [people] do [as they choose]"): a philosophy or practice characterized by a usually deliberate abstention from direction or interference, especially with regard to individual freedom of choice and action.
- modus operandi ("method of procedure"): a method of procedure.
- panacea ("to heal everything"): 1. a remedy for all ills or difficulties; 2. a cure-all.
- Pandora's box (from Greek mythology): 1. the box, sent by the gods with Pandora as a gift to Epimetheus, which she was forbidden to open and which loosed a swarm of evils upon mankind when she opened it out of curiosity; 2. a prolific source of troubles.
- prima facie ("at first view"): true, valid, or sufficient at first impression; 2. self-evident; 3. legally sufficient to establish a fact or a case unless disproved.
- raison d'etre ("reason for being"): reason or justification for existence.
- rapprochement ("to bring together"): establishment or state of cordial relations.
- sui generis ("of its own kind"): 1. constituting a class alone; 2. unique, peculiar.
- vis-a-vis ("face to face"): 1. face to face with; 2. in relation to; 3. as compared with.