

The University of Chicago

**Shaping the Electoral Connection: Understanding and Mediating
Public Preferences on Mental Health Clinics in Chicago**

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Abstract

This thesis examines the way local elected officials understand and interpret public opinion. I aim to explain how local officials make decisions in an environment where public opinion polling is limited or nonexistent. I draw on contemporary statements and primary documents, secondary accounts of behind-the-scenes deliberations, and interviews with activists, officials, and other political actors, to analyze the public and private debate over mental health clinic closings in Chicago. I find that early structural and institutional advantages allowed Mayor Rahm Emanuel to limit the long-term impact of activists opposed to his agenda. At the beginning of their terms, mayors may enjoy greater latitude than executive officials at other levels of government. This pattern may be explained by the limited capacity of legislative officials and advocacy groups at the local level. This suggests additional institutional capacity for policy analysis and public opinion polling could empower city councils and reduce the latitude of mayors.

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Introduction

In October of 2011, Chicago Mayor Rahm Emanuel released his first budget. The city faced a \$635 million budget shortfall, and Emanuel was determined to close that gap – without new taxes.¹ In place of taxes, Emanuel proposed “innovative reforms and efficiencies.”² Among the casualties: six of the city’s twelve mental health clinics were slated to close by April.

Emanuel couched his decision in terms of efficiency. The population of many neighborhoods had been dropping for years, and patient visits were following suit. By “consolidating”³ half the city’s clinics, and directing patients to larger facilities or private providers, the city could provide comparable mental health services at a substantially lower cost.

Mental health activists saw things differently. In their view, mental health services in Chicago had never been adequate. Caseloads in city clinics – which sometimes approached 100 per therapist, compared to 20 or 30 in private practice⁴ – were moving back towards normalcy. Funding cuts and closings threatened to reverse that progress. With Emanuel determined to cut spending and avoid new taxes, mental health advocates found 28 friendly aldermen and braced for a fight.⁵

They never got one. A month after it was introduced, the City Council passed Emanuel’s budget unanimously.⁶ His closings of mental health clinics sailed through without a hearing or study,⁷ and went into effect a few months later. But the story didn’t end there; as clinics across the city were shuttered – six out of twelve closed in 2012, with a seventh following in 2013⁸ – activists and advocates wouldn’t let the closings go. The closings came up again in 2013, as Emanuel proposed the largest round of school closings in Chicago’s history.⁹ They resurfaced as Emanuel sought reelection in 2015.¹⁰ In the end, the debate over the closings’ legacy outlasted

the mayor who saw them through; a month after Emanuel left office in 2019, the City Council created a task force to reexamine the closings.¹¹

But all the activists' efforts, their protests, their months and years of organizing, never quite bore fruit – and that task force, initially seen as a hard-fought victory, now embodies activists' failings and frustrations. One member of the clinic task force, a representative of the Chicago Community Mental Health Board, describes its work as follows: “[The members] met as a group once on May 16, 2019. The public was excluded. Two of us objected. It was the only meeting.”¹²

In hindsight, there's evidence that opposition to mental health cuts had staying power. Over the course of seven years, activists and advocates challenged their elected leaders' framing of the closings; mobilized patients and the public to focus attention on the issue; and sought to transform the closings from settled policy to a hotly contested measure policy whose years were numbered. But if mental health activists and advocates had this much public support, why did Chicago's City Council present a united front in favor of closings in public? And why did the Council hold the line in the face of protests and public referenda, despite the election of pro-clinic aldermen? How, in other words, do we explain a disconnect between public sentiment on the one hand, and the actions of public officials, then and now, on the other?

Answering this question requires a more detailed examination of the way political leaders and the public understood and approached the debate over mental health clinics. This project aims, on one level, to understand the information that elected officials had available in making their decisions on Rahm Emanuel's budget. But in order to identify the root causes of the disconnect between public sentiment and political decisions, we need to look deeper – examining the way that Mayor Emanuel, the City Council, activists, and advocates sought to frame the

debate over clinic closures. To understand how the private opposition of 28 aldermen became a unanimous show of support for Emanuel's 2012 budget, and how clinic closings – once accomplished – remained in effect despite public support for more clinics, we must map the mechanisms by which local officials understand, frame, and prioritize issues, and how different actors – particularly the mayor – can manage external perceptions. The results could help explain not only why Chicago closed its mental health clinics only to revisit the topic years later, but also how political issues are discussed and contested in local government more generally.

Efforts to map the structure of power in government are not new. In 1956, C. Wright Mills argued that American society was dominated by a small coterie of “power elites”¹³ in the army, business, and government. In *Who Governs?*, Robert Dahl challenged this view – arguing for a more pluralistic understanding of democratic government, with political elites and the masses governing together.¹⁴ Subsequent scholarship has challenged Dahl's optimism – supplementing Dahl's interview work with documents that belied his subjects' public stances, and demonstrating that there was more validity to the power-elite theory than Dahl acknowledged.¹⁵ Yet most such theories admit at least some degree of public influence in government. My aim is not to settle the debate between Mills and Dahl. I simply draw on this literature to examine the workings of Chicago's city government. I assume some level of public influence over the workings of government in general – and seek to explain its absence in the earlier stages of the debate over mental health in Chicago.

This study engages with the literature on citizen influence over local politics to answer two questions. First, I aim to trace the ways in which officials – in this case, Chicago's aldermen – gather information and make decisions about political issues. Second, I examine the ways in

which external actors – in this case, Mayor Rahm Emanuel on the one hand and mental health activists on the other – competed to shape this decision-making process.

Answering these questions can help us understand the debate over mental health care in Chicago; we can explain why public opinion had a minimal impact on officials' actions at first, how it came to shape the stances and actions of the City Council in particular, and how the mayor competed with activists to shape this evolution in the role of public sentiment. More broadly, this study can help us understand how political actors manipulate the salience of public opinion to advance their interests in policy debates.

Because this study was primarily an inductive project, formulating detailed empirical expectations with any degree of confidence before interviews began was challenging. But it seems worth describing, in general terms, some patterns and dynamics I expected to encounter from the start. Like Dahl, I expected to find public sentiment exerting at least some influence on the actions of policymakers and elected officials. I expected to identify particular mechanisms – the aldermanic town hall, for instance – that could facilitate this process, providing elected officials with a more detailed understanding of their constituents' preferences. Given the outcome of the 2011 vote on Mayor Emanuel's 2012 budget, I expected to find a number of ways in which the Mayor and his staff limited the influence of these mechanisms. Tools available to the Mayor that may have played a role include (but are not limited to): a short timeline for passage of a budget; appeals to alternative metrics of the public's preferences (such as Emanuel's electoral success); and linking clinic closings to funding for other priorities of the City Council's constituents. I sought to map the use and relative influence of these tools. Finally, I expected to identify tools of civic engagement and movement-building that allowed activists to undermine the Mayor's efforts over time, increasing the impact of public opinion on officials'

decisions about mental health funding, and culminating in current and ongoing efforts to reexamine the clinic closings – without ever accomplishing their stated and final goal.

The remainder of this study proceeds as follows. Having outlined the puzzle I seek to explain, I survey the relevant literature; detail established and widely acknowledged mechanisms that mediate the impact of public opinion on government decisions; and identify particular institutions and structures in Chicago that fit into this framework. I draw on statements, messaging materials, and interviews with activists, officials, and members of the Emanuel administration to explain how each group navigated the debate over Chicago’s mental health clinics, and how their actions shaped the debate’s outcome. Finally, I consider the implications of these findings for scholars’ understanding of the debate over mental health in Chicago, and the influence of public opinion on the actions of local government more broadly.

Literature Review

Existing research offers some insights that are relevant to this study. One line of existing research examines the role of interest groups in policy debates – but pays limited attention to a local context. Another strand of scholarship considers influences on representation in government, and particularly the balance of power between the electorate at large and more particularistic interest groups or elites. A number of scholars have considered the relevance of the above lines of research to a local context, and built on such an analysis to develop comparisons of local and national politics. Finally, the methodology of this study is informed by two recent works of scholarship, which cast light on an understudied dimension of political representation and interest-group competition: the subjective way in which political debates are constructed and understood by participants and observers alike. Before proceeding with my

analysis, I review the contribution of each of these lines of research to my own work in this project.

Interest groups

A well-developed literature examines the formation and operation of political interest groups. David Truman's *The Governmental Process* kickstarted a flurry of work on the subject; Truman (1951) argues that wherever substantial interests in a political outcome exist, interest group formation will follow.¹⁶ This school of thought holds that people join interest groups in order to advance group goals. Mancur Olson's *The Logic of Collective Action* challenges this view – pointing to a wide variety of collective-action problems that characterize the formation and maintenance of interest groups. Olson (1965) calls for an understanding of interest group formation and structures focused on the private self-interest of individuals, arguing that groups attract support by providing exclusive benefits to their members.¹⁷

Since Olson's landmark work was published in 1965, a number of studies have built on his collective-action model to develop a detailed understanding of interest-group formation and maintenance. Moe (1981) argues that selective and nonselective incentives can work in tandem to attract new members for an interest group.¹⁸ Salisbury (1969), for his part, describes interest groups in terms more reminiscent of business than political activism – arguing that a key force in interest group formation is the intervention of 'entrepreneurs' who catalyze group formation and develop a set of benefits to attract members.¹⁹ More recently, Walker casts light on the role that corporations, government agencies, foundations, or wealthy private citizens can play in interest-group formation. For Walker (1983), a key contributing factor for interest-group success is the availability of wealthy sponsors whose patronage helps groups thrive and survive.²⁰ More

recently, Bosso (2005) examines the growth of environmental advocacy groups in the United States – and finds that effective application of business tools is key in helping groups grow and survive.

Perhaps most relevant for this study is a branch of the interest-group literature that examines what interest groups *do* once established. A great deal of research examines dynamics of interest-group lobbying at the national and (to a lesser extent) the state level. But on turning to local government, we find less research and more unanswered questions. Nownes (2006) offers one of the few accounts in this literature of lobbying at the local level – examining land use and procurement, two areas that see a great deal of lobbying activity at the local level but limited attention from researchers.

Nownes' work is relevant for this study in two ways. First, even as Nownes examines patterns of interest-group activity at the local level, he notes that the topic is understudied – and acknowledges his study alone cannot change this. Second, it singles out procurement as the focus of a great deal of lobbying at the local level – raising the possibility that a locality's decision to provide services through the private sector instead of the public sector, or through federal programs instead of its own agencies, could have consequences that enlist the interest of a wide variety of actors. A thorough examination of debates over mental health provision at the local level has the potential to contribute to the literature on interest-group activity – drawing on questions of procurement to examine in detail the mechanics of advocacy at the local level.

Theories of representation

An equally relevant strand of literature attempts to map the influence of a wide variety of groups in society – including, but not limited to, interest groups – on the workings of

government, and ultimately detail the mechanisms of representation that shape policy outcomes. Lasswell (1936) inaugurated this line of inquiry, memorably defining politics as the study of “Who gets what, when, and how?”²¹ He answers this question primarily by reference to the attitudes and activities of elites – a lens that characterized much literature on the subject for the next two decades. Perhaps the most notable postwar example of this school of thought was Mills’ (1956) *The Power Elite* – which argues that a small cadre of political, military, and commercial elites dominated American society.²²

Lasswell and Mills’ focus on elites found its polar opposite in Downs’ (1957) *An Economic Theory of Democracy*. For Downs, governments are best understood as a constellation of strategic vote-seeking politicians, seeking support from voters who rationally maximize their own utility. Citizens’ influence can be measured primarily by the value of their vote – a strikingly egalitarian vision of representation.

Dahl (1961) delves into the yawning gap between these two views – delineating a theory of government now known as pluralism. In *Who Governs*, Dahl argues that no single group dominates the actions of government. Instead, Dahl examined the government of New Haven and concluded that American society was dominated by polyarchy – a political and social arrangement where policy outcomes result from competition between a broad constellation of groups.²³ Lindblom (1977) built on this view – incorporating the outsize influence of corporate interests on policy into Dahl’s mapping of influential groups in society.²⁴ And Bachrach and Baratz (1962) argue for a broad view of the scope for pluralist competition – arguing that decisions to put issues on the agenda (or not) and include certain interests in a debate (or not) represent a highly consequential step in policymaking.²⁵

Finally, for Mayhew (1974), debates about policy, agendas, and inclusion or exclusion of particular interests can all be understood by examining their impact on legislators' reelection. In *The Electoral Connection*, Mayhew describes elected officials as single-minded seekers of reelection.²⁶ This attention to reelection extends beyond Downs' single-minded attention to voter preferences – encompassing the desires of a wide variety of groups whose actions can influence election outcomes. But constituent preferences stand out as the foremost determinant of a legislator's actions. Insofar as Mayhew's foundational study (and subsequent examinations of the impact of electoral concerns on legislators) points to specific influences on reelection in national politics, it has some value. Its relevance to this study, however, stems primarily from Mayhew's argument for reelection not only as *a* driver of officials' decisions, but as *the* key consideration – and his framing of a number of interest group actions as designed to shape politicians' reelection calculus.

The literature on political representation offers a number of perspectives on the importance of citizens' preferences. One point of commonality, however, is the importance of officials' *perception* of the political landscape – be it the preferences of elites, the views of their voters, or the stances and resources of a broader constellation of groups with influence over government and elections. At the same time, this literature is focused primarily on the dynamics of representation in the U.S. Congress; with the exception of Dahl's landmark study, little attention has been paid to the dynamics of representation in local politics. This suggests additional lessons could be learned by renewed attention to representation in a local context, informed by half a century's worth of scholarship since Dahl turned his attention to the matter.

If the above lines of research are characterized by a lack of attention to the dynamics of local politics, that does not mean local politics have been completely ignored. Building on Dahl's

foundational study of New Haven, a number of researchers have examined the application of specific political dynamics to a state or local context. Stone (1989) examines the relationship between politicians, bureaucracies, and interest groups in Atlanta – drawing on the findings of Lindblom and others to update Dahl’s understanding of local politics.²⁷ Jones and Bachelor (1986) merge the influence of business interests with politicians’ concern for reelection – framing local government as a mechanism by which political and business leaders balance these two sets of priorities.²⁸ But Oliver et al. (2012) challenge the transplantation of insights about national politics to a local context – detailing several crucial differences between local and national elections. For Oliver et al, partisanship, ideology, and group appeals are of secondary importance in a local context; instead, local leaders are evaluated on their recent performance and their connections to voters deeply embedded in a community.²⁹

Insofar as these studies clarify the relevance of well-established dynamics of national politics in a local context, they are useful. But with the exception of Oliver et al, they still attempt to explain policy outcomes by reference to some objective external reality, perceived by officials, which shapes the workings of government. Limited attention has been paid to the ways in which officials, interest groups, and voters construct, interpret, and shape their situation – using an imperfect and subjective understanding of elections, interest groups, and policies to make sense of a complex political landscape and reshape it their advantage.

My research addresses the gap at the intersection of these lines of research. I begin by mapping the landscape of interest groups with a stake in debates about mental health care provision in Chicago. I examine different actors’ perceptions of this landscape in order to determine how concerns of representation are understood and interpreted by local political actors. And by understanding how these actors’ subjective perceptions shape political

mechanisms at the local level, I aim to clarify scholars' understanding of similarities and differences in the mechanisms of local and national politics.

Assessing the subjective dimension

Two works in particular shape my approach in this study. First among these is Cramer's (2016) examination of rural consciousness in Wisconsin. In *The Politics of Resentment*, Cramer makes the case that political scientists have construed political self-interest far too narrowly – focusing on supposedly objective assessments that center on material circumstances, while ignoring voters' subjective construction of their social and political context.³⁰ The second is Ewing's (2018) *Ghosts in the Schoolyard* – which puts this subjective dimension at the heart of Ewing's examination of school closings, and reveals that not only voters but high-level activists, policymakers, and practitioners can understand political phenomena in deeply subjective and personal terms.³¹ Together, these studies reveal a dimension of citizens' construction of their political and social context, also present to some degree in the thinking of activists, officials, and interest groups, that deductive or quantitative studies can never fully capture. My research focuses on this dimension – probes it for answers to questions that prior research using deductive and quantitative methodologies has yet to answer.

Methods

Background

My research question assumes that the closing of mental health clinics in Chicago was not simply an inevitable result of natural trends. Rather, I believe this decision can be explained partly by economic, social, and medical factors, but a full understanding of the clinic closings

requires attention to political processes. I start with the assumption that these political processes mattered – that the actions of the mayor and city council were not preordained from the outset, and that the way these different actors navigated the debate over mental health funding had an impact on the way that debate proceeded and its final result.

I believe this assumption is warranted. A substantial literature, pioneered by David Mayhew, explains legislators' actions primarily through the lens of their desire to be reelected.³² Thus the voting behavior of politicians at the national level can be predicted by the preferences of their constituents, and particularly those constituents who might plausibly vote for those legislators – a subgroup that combines the legislators' fellow partisans with some unaffiliated or opposite-party voters. In this view, most political decisions can be predicted with parsimonious, surface-level data: the partisan lean of a legislator's district, public opinion polling on an issue, and sometimes the preferences of actors or institutions that can affect that legislator's odds of reelection (say, party leaders or campaign committees).³³

Mayhew's work has its strengths. But its usefulness beyond the context of national politics is more limited. For Mayhew's electoral connection to influence the behavior of legislators, those legislators need some understanding of an action's implications for reelection. In a national context, this is doable; a wealth of public opinion polling, established and stable voter attitudes on major issues, and the availability of detailed information on the political geography of legislators' constituencies can help estimate the electoral impact of an official decision. In the context of local politics, on the other hand, the electoral connection becomes harder to assess. In this context, public opinion polling is scarce, voter attitudes – focused on less legibly partisan debates – may be more malleable, and election results can be more unpredictable than in a national context. To be sure, the factors Mayhew identifies retain some importance. But

in a local context, officials' *perceptions* of the political landscape may be more important than the underlying reality – and align only loosely with the facts on the ground. Understanding how local officials make sense of limited and imperfect information – and how other political actors seek to influence those officials' perceptions of an issue – can strengthen our understanding of local political dynamics, painting a more detailed portrait of local political processes than Mayhew's account does in isolation.

The paucity of systematic, objective electoral and public opinion data in a local context – which may limit the applicability of Mayhew's theories in a local context – also makes it difficult for researchers to examine local politics through a quantitative lens. The available data as well as the decision-making processes that make Mayhew's theories imperfect for this context are more qualitative and harder to quantify in a local setting than at the national level.

Accordingly, any useful study that aims to build on Mayhew and adapt his theories for a local context will rely heavily on qualitative analysis. Nor can such an analysis be limited to publicly available data; given the number of political processes that unfold behind the scenes, with political actors carefully managing the public's perceptions, such data will necessarily paint an incomplete picture. Understanding local officials' decision-making requires a comprehensive qualitative portrait of their situation – encompassing the actions, reactions, and relationship to information of political actors in public *and* private settings.

Accordingly, I conducted a qualitative analysis of the debate over clinic closings in Chicago – beginning with the public statements and actions of the actors involved, supplementing this portrait with contemporary accounts of each party's actions behind the scenes, and finally conducting interviews with activists/advocates, current and former elected

officials, and senior political staff involved in this debate in order to validate conclusions drawn from my analysis of contemporaneous data.

Contemporary statements, actions, and accounts of behind-the-scenes maneuvering offer a comprehensive and sincere portrait of different actors' strategies. Because these data are contemporaneous, and offer a mix of primary and secondary data, they paint a picture unvarnished by hindsight or subsequent shifts in strategy. To the extent they allow us to draw conclusions about the strategies different actors pursued, these data may offer the truest account of the battle over mental health funding in Chicago.

But while these data offer the truest portrait of the events and motivations involved, this portrait is also incomplete. Even the most talented reporter's best approximation of private deliberations and negotiations over the fate of the mental health clinics can never tell the full story. Accordingly, I supplemented my analysis with a series of interviews – designed to capture the perspectives of activists/advocates, current and former elected officials, and senior political staff. These interviews offered a way to lift the veil of secrecy around political deliberations and negotiations conducted behind the scenes, understand previously unexplained aspects of the public debate about mental health funding, and identify the factors shaping different actors' subjective and personal interpretation of the political landscape – which in turn determines the extent to which Mayhew's theories govern (or not) local political decisions. Interviews conducted years after the events in question, with subjects who may have strong incentives to cast their actions in a different light with the benefit of hindsight, are necessarily an imperfect tool. They help provide a more complete portrait of this debate, but hardly a contemporaneous or unbiased one. Accordingly, I used these interviews to contextualize, supplement, and validate

conclusions drawn from my analysis of contemporaneous data, but did not take them at face value or treat them as *the* definitive account of any interaction.

Data Collection and Processing

My study focused on the actions and perceptions of aldermen, activists, mayoral staff, and provider staff. While political deliberations can involve a wide variety of actors, these groups seemed most immediately relevant to the question at hand. Aldermen were the key decisionmakers whose decision-making I seek to explain. Activists represented the most politically active portion of these aldermen's constituencies – and a major faction interested in shaping the behavior of their elected officials. The mayor's office was the driving force behind consolidation of Chicago's mental health clinics, and the preferences of the mayor (as the top citywide official in Chicago) and his staff were relevant to most political decisions of any consequence in Chicago. Finally, while a number of outside groups may have had a financial or other stake in the outcome of the mental health clinic closings – and I touched on the impact of these groups in my interviews – mental health providers' staff and advocacy professionals were in a position to articulate the perspective of the single most affected group of organizations and comment (in general terms) on patients' engagement with the political process.

My analysis of the public statements and actions of different actors in the debate at hand draws on a range of contemporaneous qualitative data. These include videos of relevant public events hosted by activists, aldermen, and the Mayor's office; documents and public-facing communications materials produced by these same actors; and press accounts of this debate. These served to capture the public dimension of debates about mental health – allowing me to focus my interviews on the private and subjective aspects of different political actors' strategies

and decisions, while using the public statements and actions of those same political actors to contextualize their private actions and identifying components of these actors' public behavior that could be explained by their understanding of the political landscape.

I expected a few variables to be particularly relevant in describing the decision-making processes of different actors during the debate over mental health clinics in Chicago. While remaining open to the possibility that my data collection would reveal additional variables more apparent to these actors than to outside observers, I focused my qualitative analysis and interviews on four points. First, I paid attention to how different political and community actors made sense of public opinion: the mechanisms and sources of information they relied on in the absence of widely available and reliable public opinion polling. These information channels can inform our understanding of the political landscape as crucial decision-makers perceive it. And second, I explored the ways in which different political actors attempted to shape or reshape public opinion in furtherance of their interests – looking for commonalities and differences in approach, emphasis, or the desired results of such efforts.

To conduct my initial qualitative analysis, I retrieved publicly available primary and secondary source data from a range of sources. I collected mayoral communications and city agency reports from the City of Chicago website; Council proceedings from the City Clerk's website; and publications and videos produced by activists from the websites (current and archived) and social media presences of the Mental Health Movement (a coalition of activists opposed to clinic closings) and Southside Together Organizing for Power (an activist group heavily involved in the anti-closing movement). I also retrieved video and press accounts of mayoral and activist events as well as political proceedings more generally using keyword searches of the websites of Chicago's major dailies, the Tribune and Sun-Times; the local CBS,

NBC, and ABC affiliates; and searchable archives of selected national (*The New York Times*, *Governing*) and local (chiefly the *Chicago Reader*, *Beachwood Reporter*, *South Side Weekly*, *DNAinfo Chicago* and its successor *Block Club Chicago*) outlets. In many places, I took notes on the content of a given source; in others, I also compiled potentially relevant quotes.

I supplemented this qualitative data with interviews and notes from several activist events. Two advocacy professionals agreed to full and recorded interviews. Deb McCarrel, Director of Policy and Government Affairs for the Illinois Collaboration on Youth, allowed me to quote her by name; another interviewee, a former staffer for an elected official involved in developing mental health policy, asked me to withhold their name. Four other staffers – a former aldermanic staffer, a former legislative aide, a government relations staffer for a major health provider, and an employee of a nonprofit that frequently collaborates with City Hall – allowed me to take notes but asked me not to record our meetings or use their name. Two former state lawmakers and one former candidate for city council made the same request. Finally, I drew on field notes collected during three public events – organized by STOP, an aldermanic campaign, and the Obama CBA coalition, respectively – to contextualize the impact of closings and resident attitudes in Woodlawn, home to one of the shuttered clinics.

This data required some modification – but hardly extensive changes. In places, concerns of privacy or confidentiality called for some basic precautions. Politically sensitive comments in interviews, for instance, might be credited to “a longtime alderman” or “a staffer familiar with mental health legislation” rather than a specific, named individual. I discussed the terms used to credit/identify a source in advance with the subjects, to ensure that subjects’ privacy was respected and they felt safe providing a complete picture of sensitive political deliberations. This sometimes meant removing personally identifying information from my data prior to sharing it

publicly, and often involved taking written notes in lieu of recording an interview or event. Finally, the collection of large amounts of interview data was bound to produce a final product containing only key snippets or excerpts from a large body of transcripts and notes. I sought to do justice to my subjects' intent during this process, and retained [anonymized] transcripts and notes for a time to allow other scholars confirm or challenge the effectiveness of my approach, while storing audio files on UChicago Box and redacting any personally identifying information. In this way, minor modifications to my data helped balance respect for my subjects' privacy and confidentiality with the imperatives of scholarly research.

Overview of data sources used in qualitative data collection and analysis

<i>Type</i>	<i>Source(s)</i>	<i>Aspects of interest</i>
City Council actions and proceedings	Recordings (via City Clerk website)	Proceedings of key budget hearings
	Aldermanic communications (from ward websites)	Aldermen's reactions to and framing of mayoral actions
Mayoral messaging and framing	Annual budget address video/transcripts (via City/City Clerk websites)	Themes/framing, key quotes, audience/Council reactions
	Mayoral events (publicly available videos from Tribune, Sun-Times, CBS, NBC, ABC)	Themes/framing, quotes, audience reactions/interaction
	Mayoral press releases/other press communications (via City website)	Themes/framing, quotes, links to subsequent press coverage
	Department of Public Health reports (via City website)	Framing/presentation of clinics in context of agency work
Activists' messaging	Activist group websites (multiple versions over time via Internet Archive) and social media presence	Themes/framing, visuals, highlighted press coverage, reaction to official decisions
	Video of demonstrations (via organization's YouTube account)	Points of emphasis in contexts where activists set the terms of event; interactions with city officials
	Mental Health Movement publications (via websites/Internet Archive)	Themes, framing, specific points of patient experience emphasized in messaging
	Community/activist group events (attended in person)	Notes used to examine recent patterns/trends in messaging
	Activist media availabilities (video from CBS, NBC, ABC sites & social media)	Major themes, narrative/messaging frameworks used by activists.
Contemporary accounts of political processes	Keyword searches of Tribune; Sun-Times; CBS; NBC; ABC websites; searches of press archive including local weeklies, national outlets.	Context, interpretation, links between different actors' actions/framing, fact-checking, reporting independent of groups' messaging, etc.
Subjective interpretation of key actors' actions and messaging	Interviews with staff, elected officials	Recordings/transcripts reviewed for themes, interpretation, quotes; notes and informal conversations used for themes, interpretation, but not quotes.

Applied Methodology

Above, I outlined a few key variables deserving of special attention. As I compiled contemporaneous statements, materials, and press accounts, and collected interview data, I reviewed my subjects' comments, making note of responses that seemed relevant to these variables. I also took note of themes that appeared in multiple respondents' comments and might point to additional, equally relevant variables. I paid special attention to findings that might call for a modification of my interview protocol and/or target population beyond the parameters of my initial IRB submission, knowing that action on such data would be time-sensitive. My interview protocol also included a question designed to allow snowball sampling, based on subjects' knowledge of relevant actors in debates about Chicago's mental health system. In this way, the data I collected allowed me to refine my interview protocol as well as my target population as my investigation proceeded.

The goal of this approach was to produce data that capture not only the perspective of a sample of political actors developed based on my knowledge, but the experiences of a constellation of actors whose involvement in this debate was relevant, according to practitioners with years of experience. My investigation thus examined a few variables that could reasonably be deemed relevant from the outset, while leaving room to capture dimensions of the topic that were known only to practitioners and policymakers.

Once data collection was well underway and my data offered a variety of perspectives within each of the key groups I identified above, I was able to begin serious and systematic analysis of my results. This analysis aimed: first, to assess the implications of my data for the variables laid out in the previous section; second, to identify additional variables that may have affected the decisions of political actors during the debate about Chicago's mental health clinics,

and ultimately the outcome of early votes in 2011 and 2012 and/or later challenges to Mayor Emanuel's policy; and finally, to detail how different political actors thought about these variables and sought to shape or reshape the political landscape to their own advantage. A first, wide-ranging examination of my data relied primarily on primary source data; a second round of analysis, examining the context and incentives each stakeholder faced, offered additional insights and served to put subjects' own accounts into context; finally, subjects' second-hand assessments of each other's motivations and approach to this issue – gleaned from interview data – help shed light on the interactions of a wide variety of political actors.

As with any qualitative study, the results of this examination must be interpreted partly with a view towards the context in which this study took place. Idiosyncratic factors and individual personalities may well have shaped the debate about mental health in Chicago, and it seems reasonable to believe that extraneous forces had an impact at times. Even a comprehensive review of available primary and secondary data collection, paired with a thorough and rigorous series of interviews, cannot reveal objective truths, particularly when dealing with recent history that is still contested and actors with incentives to protect their own reputations. But despite these constraints, I believe a sufficiently thorough analysis of publicly available data, secondary sources, and my own interviews, drawing on a wide range of sources with differing and sometimes competing perspectives, makes it possible to attenuate the effect of these idiosyncratic or personal factors and extract more generalizable knowledge from my analysis.

Some humility is in order for any project of this scope. My goal was not to debunk Mayhew, but to supplement him, and the results of this study should be viewed in that light; as an examination of how general theories of representation can be operationalized – or fail to hold sway – in a context very different from the one in which they were developed. By shedding light

on the dynamics of local representation, amid considerable uncertainty about what exactly ‘the public’ wants from its officials, these results may also have some bearing on broader questions about centralization versus local control in government. Still, this project should not be viewed as the final word in debates about local representation; rather, it should be seen as the gathering and collection of a variety of non-scholarly perspectives – and a comparison of these perspectives from practitioners on the ground to the empirical expectations of Mayhew and others. This comparison is qualitative and inductive; it aims to answer a few narrow questions, raise a number of newer and broader ones, and reopen or reframe seemingly settled debates about representation. The resulting questions, and the few answers this investigation offers, cannot be answered by reference to Chicago alone; further evidence, beyond this single and limited case, will be needed to settle the debates my research addresses. I interpreted the data and results I drew from Chicago through this lens; readers may find it useful to do the same.

Analysis

Above, I laid out two points on which my analysis focused. These are as follows:

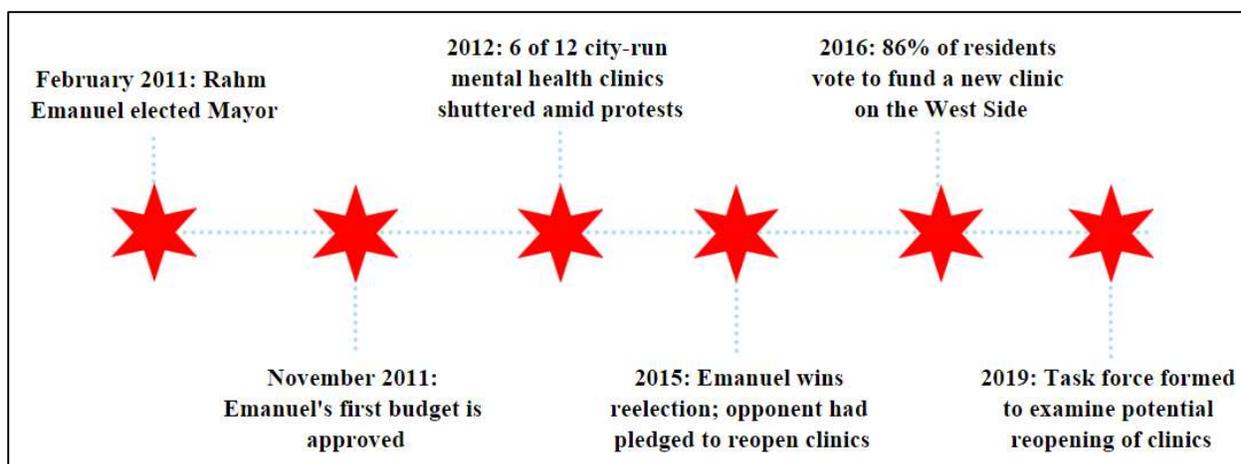
1. How did political actors and interest groups understand and interpret public opinion in the absence of reliable polling?
2. How did different actors aim to reshape the political landscape and advance their interests?

The account I lay out below offers some answers to both these questions – and helps explain why the debate over Chicago’s mental health clinics unfolded, and ended, as it did. As I show, activists did their best to showcase opposition to clinic closings and budget cuts. For the

most part, their framing won out and their messaging was more widely accepted than Emanuel's. But while Emanuel relented on other budget cuts, clinic closings stayed in his budget – and a year later, over protests, the clinics shut down.

Today, we have evidence that the public generally favors' activists' point of view – and likely favored it some years ago. But when Rahm Emanuel proposed his budget, little such evidence was available. Activists generated some displays of opposition to clinic closings, but never generated the public interest and outcry required to sway aldermen's votes. Emanuel, for his part, had just won a resounding election victory – and to aldermen, his claims to public support rang truer than those of activists. I argue these structural advantages helped Emanuel sway aldermen to his view in 2011.

Over time, these advantages faded; activists continued their protests, attacked Emanuel's policies and honesty, and generally won press coverage more friendly to their point of view than it was to Emanuel's. But once city clinics were shut down, the goalposts shifted; activists not only had to show opposition to closings, they had to generate the sort of public outcry required to overturn an existing policy, and do so over Emanuel's veto. The occasional news story or protest, favorable enough but with limited reach and impact, simply wasn't enough – and so, despite a public united in support of the clinics and political elites divided over their closing, Emanuel's cuts stayed in place and the clinics remained shuttered. A task force that examined ways to reopen mental health clinics was created – but went nowhere. Activists' efforts continue – but other clinic defenders have moved on. If the clinics stay closed, I argue this will be because Emanuel won the first skirmish of this long battle – and gained an advantage that activists have been hard-pressed to surmount ever since that first budget.



Early successes for Emanuel

“It is not my intention to do away with government. It is, rather, to make it work – work with us, not over us; to stand by our side, not ride on our back.”³⁴

-Ronald Reagan

As they litigated clinic closings in the minds of the City Council and the public, proponents and opponents of the clinic closings each sought to define what this fight was about. The way each camp chose to frame this debate had far-reaching consequences – and an examination of the framings that proponents and opponents put forth helps explain why this debate unfolded as it did.

Emanuel faced an unenviable task; curtailing or eliminating an established program is a challenging task at best, and doubly so in the face of serious opposition. In a partisan context, and particularly at the national level, debates over the scope of government programs follow a familiar pattern. Proposals to create new programs become debates about the necessity of a given service on one hand, and its cost on the other. Democrats generally argue for the necessity of some new initiative, while Republicans challenge the necessity of a government function and

highlight its cost. Proposals to curtail or eliminate an existing program, on the other hand, tend to focus on the actors that would be harmed as a result on the one hand, and the cost savings on the other. In the former case, the beneficiaries are often less firmly established – and are often the losers of previous struggles for recognition and satisfaction of their demands. In the latter case, a clear set of beneficiaries exists, poised to fight against any effort to curtail the benefits they enjoy.

This distinction highlights the difficulty of the task Emanuel set for himself in 2011. Light sums up the dilemma Emanuel faced: “Americans cannot live with government, but they cannot live without it. Government may be wasteful toward others, but not toward them.”³⁵ Observers of American politics have often noted that new programs become entrenched – creating their own constituencies of beneficiaries, and making it far easier to oppose a new program than to roll back an existing one. In this sense, Emanuel faced an unenviable task; clinic closings and privatization produced a clear set of losers, who had every incentive to resist his proposals and highlight their costs. Moreover, any debate about the necessity of public mental health programs or the specific constituencies harmed by cutbacks would be waged on unfavorable terrain; Chicago was and remains an overwhelmingly Democratic city, generally sympathetic to an expansive view of the role of government.

But Light also points to a potential solution: “Asked whether government programs should be cut back greatly to reduce the power of government or maintained to deal with important problems, approximately 55-65 percent of Americans consistently say they want programs maintained to one degree or another. Asked next whether the bigger problem is that government has the wrong priorities or that it has the right priorities but runs its programs inefficiently, approximately 55-65 percent of Americans consistently pick the latter response.”³⁶

Emanuel did not challenge the necessity of mental health treatment, or even the importance of some amount of public funding for such treatment. Rather, Emanuel and his staff argued for reduced city spending and increased privatization on grounds of efficiency – framing clinic closings and privatization as moves that would enhance, not reduce, patients’ access to treatment.

Block Club Chicago summarized this framing as follows:

While the 2011 clinic closures saved the city \$3 million, Emanuel said the move was primarily designed to expand the types of treatment available to residents and deliver those services more efficiently.³⁷

A statement from Emanuel’s press secretary on the eve of the budget vote offers a prime example:

The Administration is firmly committed to providing Chicago residents with the highest level of patient care across all of our programs, including mental health services. The budget proposal would allow the City to partner with community providers, delivering needed services at a lower cost while still maintaining a high level of care for uninsured patients and those most in need within their own neighborhoods and communities.³⁸

This argument was not an outlier; Emanuel used similar language to discuss other reductions in spending. Take his first budget address, which reduced funding for functions ranging from police anti-terrorism efforts to garbage collection to traffic lights. At times, Emanuel mentioned cuts. But far more often, he spoke of “combin[ing] similar functions”³⁹ or “[extending] healthy competition to... essential city services”⁴⁰ or “[realizing] savings.”⁴¹ He presented his budget as one that included cuts, but also “reforms... efficiencies... savings.”⁴² Emanuel – who once turned down a scholarship to the Joffrey Ballet⁴³ – showed the same agility as he weaved around any mention of reducing mental health services. The closest he came to

discussing a drop in funding – rather than a rationalization or streamlining of services – was his response to the City Council on the eve of a crucial budget vote:

“I made the choices on that budget because I think they’re the right thing to do for the city’s future,” Emanuel said. “We have to find those savings. That’s the destination. If people have a different road to that destination, great.”⁴⁴

Emanuel’s framing was hardly new; scholars of the presidency will recognize it as one more instance of long-running debates over executive power. For decades, presidents have claimed new and expansive powers on the basis that they - and they alone - answer to the entire nation, and they alone are in a position to act for the good of the nation as a whole even when some actors bear pain as a result.⁴⁵ Emanuel framed the clinic closings, and his budget cuts more generally, in the same way: as an instance of the mayor rising above the fray of individual neighborhoods or aldermen, looking not to the particular interests harmed by a cut but to the overall impact of policy changes – with a view towards the good of the city.

This framing sidestepped the most powerful arguments against clinic closings, and complicated the work of activists who opposed consolidation. Rather than wage a simple battle against spending cuts in the Republican mold, appealing to the partisan sympathies and orientation towards government of the average Chicagoan, they had to challenge and undermine a Democrat’s claims and credibility on this issue. And Emanuel was not making a case for cutbacks in mental health services; he simply argued his plan represented a more efficient way to provide those services. This cast the closings as a question of technocratic management– territory well-suited to the expertise of Emanuel’s staff and his Department of Public Health, and singularly ill-suited to the focus of activists and advocates on elevating community input and perspectives. A fight, in short, that Emanuel could win.

But nothing forced mental health activists to fight on Emanuel’s terms – and a coalition opposed to the closings resisted Emanuel’s framing of the issue. Formed in 2009, when Mayor Daley tried to close four South Side clinics – only to relent in the face of a public outcry that included a sit-in in the Mayor’s own office⁴⁶ – this coalition again mobilized activists, providers, and labor unions representing the clinics’ workforce. They joined forces with others affected by the cuts – library workers, police officers, firemen, and 911 dispatchers, to name a few – and the nascent Occupy movement to challenge the necessity of clinic closings and budget cuts.⁴⁷ And unlike Emanuel, they weren’t shy about labeling them as such. For activists, Emanuel’s proposal was a question of closings, not savings; cuts, not efficiency; privatization, not consolidation. And during weeks of protests, activists continued to repeat this framing.

This framing showed up in the smallest of details. Take the chant at one raucous protest against the clinic closings, organized by South Side activist group Southside Together Organizing for Power (S.T.O.P.):

[Protest organizer] “When they say cutbacks, we say fight back!”

[Protest organizer] “When they say cutbacks –”

[Crowd] “We say fight back!”

[Protest organizer] “When they say cutbacks –”

[Crowd] “We say fight back!”⁴⁸

A speaker at the rally, Gail M. Davis – who identified herself as a patient at Beverly Morgan Park Clinic – echoed the same language:

We are in an ongoing fight to preserve our vital services and programs, essential to everyone’s quality and longevity of life. Mental, physical, and public health cannot and will not be privatized or divided. They are neighbors. They are interconnected, joined at the hip, and they cannot be separated from each other. You give millions in subsidies to big corporations, and nothing but cuts and privatization for our communities.⁴⁹

Cuts and closings; closings and cuts. Privatization, not consolidation. Vocally and consistently, activists pushed back on Emanuel's framing of the issue. Closing opponents resisted his reframing of cuts as consolidation, and worked to keep the debate focused on language and terms favorable to their agenda. And they went further – stressing, in strong and unambiguous language, the expected impact. One city Health Commissioner, Bechara Choucair, arrived to address workers at the Greater Grand Mental Health Center – and was greeted by a crowd of workers and activists that weren't playing along. One worker summed up the collective feeling: "They're closing six mental health clinics. People are going to die."⁵⁰ Choucair tried to quiet the crowd – without success – and eventually left.⁵¹

For a time, the City Council seemed to respond to the protesters' arguments and the strength of their numbers; in a letter to the Mayor dated October 31 (days before a hearing on Emanuel's budget), 28 aldermen raised concerns about "library cuts...public health cuts...[emergency service] cuts."⁵² The aldermen were unmoved by Emanuel's argument that his budget would not impact the affected services was unconvincing; "A 'degradation of service' may not be foreseen by some," the aldermen wrote, "but we are concerned this will have an immediate and negative effect."⁵³

In a city where the Council had traditionally played second fiddle to the mayor, this sign of dissent didn't go unnoticed. CBS' Derrick Blakley reported: "[The letter] almost feels like a rebellion...most of the City Council is standing up to Emanuel and saying, "not so fast" when it comes to some of his proposed budget cuts and revenue ideas." In Emanuel's first skirmish over the city budget, he'd encountered more pushback than expected. Soon the Mayor adjusted, and the results were swift – for some.

Within days, Emanuel scaled back several of his proposed cuts – to library funding, graffiti removal, free water for churches and nonprofits.⁵⁴ The City Council relented, and the revolt was over before it began. But there was no reprieve for the clinics – and when Emanuel’s final budget passed with unanimous support, it was the end of the line for six of them.⁵⁵ The City Council showed during Emanuel’s first budget that some members were willing to buck the Mayor, ready to push back against budget cuts that would affect their constituents. They just weren’t willing to fight Emanuel for the sake of mental health clinics alone – and once the Mayor made some concessions on issues the aldermen cared about, ranked ahead of the mental health clinics, the Council was willing to live with the rest of his budget – closings and all.

This tells us how the clinics were closed – but it doesn’t really tell us *why*. Why did Emanuel win out in 2011 while his opponents fell short? Why were aldermen willing to fight for library hours, free water for nonprofits, graffiti removal – but not hold out and hold up the budget to save these programs *and* save the clinics? How did the activists who lost this battle mobilize public support in the following years? Three factors appear to have bolstered Emanuel’s case in 2011, but counted for less – or even counted in activists’ favor – in subsequent years. As I explain below, Emanuel’s efforts to avoid discussing clinic closings, the circumstances and timing of his first budget, and the delay before its impact was felt proved crucial – first in easing passage of his budget, and later in fomenting resistance to clinic closings. Yet while these factors helped activists in time, they never generated the pressure needed to get the City Council or Emanuel’s successor to reverse his changes and reopen the clinics.

Activists frame the closings; Emanuel downplays them

In retrospect, the remarkable thing about the clinic closings was how little Rahm Emanuel discussed them. In his address presenting his 2012 budget, Emanuel touched on savings large and small: \$82 million in cuts to the police and fire departments; \$7 million saved by reducing library hours on Monday and Friday mornings; \$3 million in tickets owed by city workers that would be collected. He touted the \$20 million a wellness program for city workers would save in health care costs.⁵⁶ But nowhere in Emanuel's budget address do we find the words "mental health" or "clinic."⁵⁷ The accompanying press release – including an 8-page summary of major changes in his budget – is equally silent.⁵⁸ The Department of Public Health's *Healthy Chicago* plan acknowledged the closings in a roundabout way – noting that "...public funding for mental health services has decreased significantly. Illinois has restricted eligibility for some mental health services to those who are Medicaid-eligible, making a significant portion of clients now ineligible for publicly-supported services. *Media reports have indicated that staff are being cut and fewer services are now available, in the face of growing demand*"⁵⁹ [emphasis mine]. But to find an explicit and straightforward acknowledgement of the clinic closings, we need to look for a single paragraph – nestled away on page 82 of the city's 204-page budget overview.

*CDPH will also consolidate its 12 mental health clinics to six sites and partner with community providers to offer improved mental health services at a lower cost. The focus of these clinics will be offering care to the City's most vulnerable patients by maintaining services for the 990 current uninsured patients in a more cost-effective manner and support insured patients by finding other high-quality locations for their care. These changes will be effective as of July 2012, and the funding outlined on the following pages reflects the cost of operating the program through the first half of 2012.*⁶⁰

The way the clinic closings were rolled out – elaborated and evaluated by a tight circle of confidantes, with Emanuel's own health department learning about the closings from the press,

and then buried deep down in the Mayor's budget below far less controversial and significant items – was all the more jarring because it was completely at odds with Emanuel's characterization of his budget process:

One of the first changes we made in this budget was the process we used in putting it together. This budget was not drawn up behind closed doors, where only the special interest voices are heard. We opened up the process and invited everyone in.⁶¹

Two explanations come to mind. Perhaps Emanuel viewed the clinic closings as a minor tweak – a change of locations and providers that would have a minor, and perhaps positive, impact on the care patients received while delivering modest savings. This explanation is consistent with the language Emanuel and his staff used to defend clinics closings when others raised the subject – and notably in the face of pushback from the City Council. It suggests the uproar among activists and aldermen over budget cuts and clinic closings may have come as a surprise to Emanuel.

But while this explanation is plausible in theory, it is far from satisfactory in this case. For one thing, Emanuel's budget address touted a laundry list of measures that fit this framing: mechanical, technocratic tweaks designed to deliver savings while minimizing any impact on city services. Emanuel's account fails to explain the relative lack of attention paid to the clinic closings. More importantly, this account asks us to believe that Emanuel was totally ignorant of the blowback closings might spark – despite the recent example of protests against a similar proposal by Mayor Daley.⁶²

Another explanation for Emanuel's silence on the clinic closings seems more plausible. The mayor could have offered a defense of the clinic closings, anticipating the objections they would draw and acting proactively to shape the media's discussion of this specific policy. But

doing so would have increased the issue's profile in the public's mind. Emanuel's decision to downplay the clinic closings instead of defending them suggests the mayor and his team had reached a private assessment: any argument for clinic closings was a sure loser. Better to bite the bullet, close the clinics, take their lumps for a few weeks, and be done with it. In this account, the mayor kept clinic closings under wraps for months, alerting his own Department of Public Health at the same time as the press, and barely acknowledged the change even when he did release his 2012 budget, in an effort to keep the issue off the table entirely.

Even after his budget was released, and the clinic closings became a flashpoint of controversy, Emanuel sought to limit discussion of the topic. In order to do so, Emanuel not only steered his own statements away from the closings and instructed his staff to dodge the topic, he enlisted allies on the City Council to keep the subject off the agenda. The closest the City Council came to discussing the topic on the record was on November 9th, 2011 – the Council's first meeting since Emanuel agreed to stave off some cuts but not the clinic closings, and its last before the 2012 budget came up for a vote. Alderman Willie Cochran of the 20th Ward – home to the Woodlawn Clinic, slated for closure in Emanuel's budget – tried to raise the issue:

*I'd like to ask that we suspend the rules for the consideration to hear a resolution calling for public hearings concerning Chicago health clinics.*⁶³

Carrie Austin, chair of the budget committee and an Emanuel ally, shut him down:

*We don't have a copy of that, so...we need to refer that to committee, alderman. Can we? During the call of the wards? During the call of – we'll raise it at that time, alderman? Ok, we'll get a copy and we'll raise it at that time. Thank you.*⁶⁴

Cochran never got in a word. And a week later, Emanuel's budget passed – without any hearings or any debate in the Council over the city's clinics.⁶⁵

If Rahm Emanuel was silent on the clinic closings, what did he discuss instead? The opening of his budget address offers a look at how Emanuel framed his budget:

Nearly five months ago, we joined together in Millennium Park to take the oath of office. The people of Chicago gave us a mandate for change. They recognized that the status quo was not working – either for them or for their city. The clear evidence was the broken city budget and its huge deficits.

[...]

It's time to provide Chicagoans with an honest city budget – one that focuses on current needs while still investing in our future.⁶⁶

While avoiding any discussion of the clinic closings, and downplaying the budget cuts he did mention, Emanuel showed some awareness of the resistance his budget would encounter. And he sought to anticipate it – reframing his budget as an act of honesty, a recognition of the natural and unavoidable necessity of spending cuts.

The theme of honesty would reappear over the next month – bearing all the markers of a coordinated message. The Tribune wrote that Emanuel was praised for “[dealing] honestly with the city's financial situation rather than ‘kicking the can down the road.’”⁶⁷ This framing was echoed by Emanuel’s allies: “It is an honest budget,” Ald. Joe Moore of the 49th Ward told the *Tribune*.⁶⁸ By framing spending cuts as natural and inevitable, the Mayor and his team may have hoped to downplay and cut short any debate over the cuts’ merits. At the very least, this framing suggests the Mayor’s team expected some pushback against his budget – but hoped that keeping the profile of clinic closings low would limit popular dissent. A former aldermanic staffer concurs with this view – and describes honesty as a common frame for unpopular or unpleasant decisions.⁶⁹

Mentions of honesty in connection with Rahm Emanuel’s first budget

<i>Tone</i>	<i>Context</i>	<i>Year</i>	<i>Source</i>
Favorable mentions	Emanuel calls his 2011 budget honest	2011	Emanuel
	Ald. Joe Moore echoes Emanuel’s language	2011	Ald. Joe Moore (mayoral ally)
	Former staffer discusses honesty as a framing device.	2020, recalling 2011 transition	Former aldermanic staffer
Attacks on Emanuel’s honesty	Protests during 2011 budget fight	2011	Video posted by activists
	STOP website content	2011	STOP website
	Protests outside 2012 fundraiser	2012	Video posted by activists
	Confrontation with protester at 2015 event	2015	Video posted by activists

If Emanuel’s team expected dissent, the weeks that followed proved them correct. Consistently and doggedly, patients, activists, and providers fought to keep clinics on the agenda and the public’s mind. And they did more than that – calling attention to the Mayor’s reluctance to discuss the topic and using it to attack Emanuel’s honesty and accountability.

The Mayor’s unwillingness to discuss the closings or meet with activists was a frequent motif of clinic supporters’ messaging – and activists repeatedly invoked it to attack Rahm’s claims to public support and responsiveness to his constituents. Take Gail M. Davis of the Mental Health Movement, speaking at a protest:

The Mental health movement has tried to talk to Rahm Emanuel since November of last year. Before he became Czar of Chicago.

[...]

The problem is that we are (inaudible) to let him know what his constituents want. Because he has not been willing to meet with us.

[...]

We do not need our clinics privatized, we do need health care, and we do need psychiatrists.

[...]

We want you folks to know that you are being represented, and that your mayor knows what your needs are. So that he can no longer say “I don’t know, but I think this is what should happen.

We are telling him what should happen. When we give over these 3,900 letters, we believe that Czar Emanuel will then consider and recognize what his people are telling him: no privatization of health care of any kind.⁷⁰

S.T.O.P.’s online presence echoed this language – highlighting the failure of the Mayor and the city’s Health Commissioners to meet with activists or hear out their demands. A sampling of press coverage highlighted on S.T.O.P.’s website in December of 2011 (see next page) illustrates this pattern:⁷¹

RECENT PRESS COVERAGE:

[Emanuel discusses health agenda but dodges protesters](#) - CBS
[Mayor dodges protesters asking questions about the city's mental health services](#) - ChicagoNow
[Protest the Threat of City Clinic Privatization](#) - NewsTips
[Commissioner fails to show at mental health town hall meeting](#) -
We the People



Sometimes, advocates drew attention to Emanuel’s low profile in this debate in a very literal sense. Take Che “Rhymefest” Smith – a Grammy-winning artist and 2011 aldermanic candidate – pointing out Emanuel’s absence during a protest outside his office:

Don't think that Rahm Emanuel is not here right now, cause there's somebody right here telling him inside there that we out here, and we gon' demand justice.

[...]

*We are not drug addicts, we are not crazy, but we are sick, and we are your community, and we are voters, and we are your constituents, and you. Owe. Us. Rahm. Emanuel.*⁷²

Eventually, a harried aide – accompanied by a security guard – came to speak with the protesters. It went poorly. With organizers poking fun at Emanuel’s conspicuous absence, the crowd broke out in a chant: *Who are you? Who are you? Who are you?*⁷³ When the aide

introduced himself as Andy Orellana, a press aide to Emanuel, the crowd voiced its displeasure with a call-and-response:

Who do we want?

Rahm!

Who do we want?

Rahm!

Who do we want?

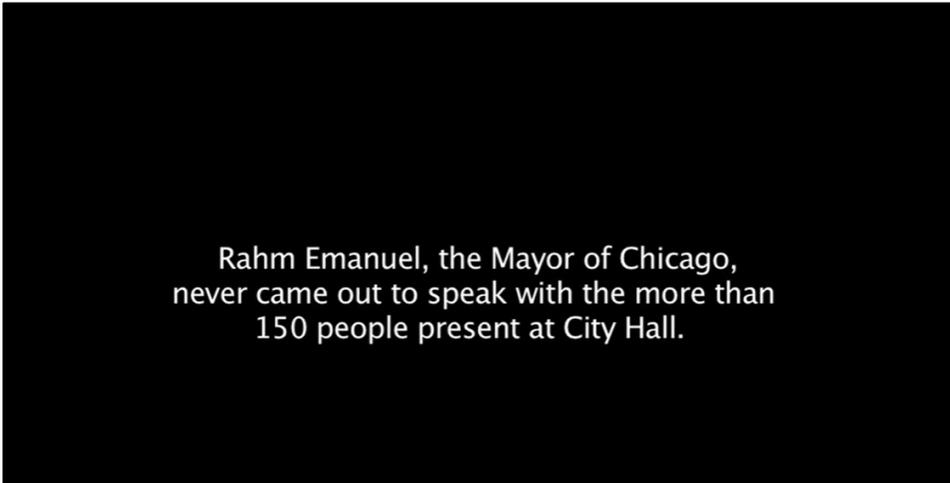
Rahm!

We'll be back!

We'll be back!

*We'll be back!*⁷⁴

Later, when video of the protest was posted, S.T.O.P. hammered home the same message (see screenshots below):



Rahm Emanuel, the Mayor of Chicago,
never came out to speak with the more than
150 people present at City Hall.

Nor did he send someone out to speak
on his behalf. If Rahm won't speak to the
people of Chicago; then who is he speaking to?

These efforts would continue over the years to come. In 2012, Emanuel attended a fundraiser for Milwaukee Mayor Tom Barrett – and was greeted by a contingent of protesters from his own city. Protesters were barred from the fundraiser itself, so they staged a demonstration outside the venue, with a tall brick wall as their backdrop, alluding repeatedly to that wall and the closed fundraiser just beyond it. Against that backdrop, protesters questioned Emanuel's claims and his government's transparency. Said one speaker:

*[Emanuel] closed half our clinics for two million dollars – two million dollars... they are trying to privatize everything... when you walk into a private clinic... taking care of their bottom line, you think you gonna get care if you don't have insurance?*⁷⁵

Paul Napier of the Illinois Nurses' Association added:

*We cannot get public hearings to discuss the impacts of these closures and of these privatizations of our clinics.*⁷⁶

In 2015, as Emanuel faced down a close runoff against Chuy Garcia (a county commissioner), activists confronted him again at an event in Wicker Park – and drew a reaction. Debbie Delgado, a former patient at Northwest Mental Health Clinic, raised the protesters' concerns:⁷⁷

[Delgado] I had two kids shot, OK?

[...]

I have been taking my youngest one to mental health clinic in Logan Square. Three years ago, you closed our clinics down. My son was getting help. Now, they diagnose him with major depression, borderline disorder, ADHD, post-trauma, anxiety attacks, and everything else. And I [have] three questions to ask you:

Do you and your family deal with mental health?

Two, what are you going to do in our community? The last four years, you have showed us certain things, and I'm not proud of you, of what you did, as someone who lives in this neighborhood.

And the third question is, you talk so much about police stops...but you never talk about mental health. You spend so much money on commercials, but we only need \$3 million to save people's lives...I would like to know... if you [are going] to open our clinics up, because we are dying out here.⁷⁸

The activists got a frosty reception from the Mayor's staff.

[Security guard] This is absurd. This is not an open forum. We're going to have to have you removed. Would you please leave?

[protester proffers flyers to attendees]

Would you please leave? Would you please leave? Please.⁷⁹

As for Emanuel, he didn't address the question directly – launching instead into a response about the 606 Trail, a new park on the Northwest side. Delgado cut him off.

[Delgado] But my question is about us dying in the street.

[Cameraman] The last time you didn't answer, somebody died

[Emanuel] You probably– As you probably know, privacy matters as it relates to health care. You don't talk about anyone's individual health care coverage. You don't.

(Delgado interrupts; both talk over each other)

[Rahm]: I don't to – actually, one of the first bills I worked on in Congress deals with medical privacy. So, you can't ask me about any member–

(Delgado tries to interrupt)

Security guard: Ma'am, you need to let him speak. Otherwise, we're going to ask you to leave.

Second, I'm the person...that helped pass the mental parity, so insurance companies could not cut you off.⁸⁰

Emanuel then asked to speak with the protesters in private and off the record; they later said they never got an answer to Delgado's questions.⁸¹ But it's not clear they expected one. The following day, video of the confrontation was posted to S.T.O.P.'s YouTube account— where it racked up more than 19,000 views, making it S.T.O.P.'s most popular video by far.⁸²

In this way, activists used Emanuel as a foil – using confrontation with the Mayor to drum up media interest and draw attention to the Mayor's silence on the clinic closings. But this episode also suggests Emanuel's approach may have been fundamentally sound. Activists rarely missed a chance to criticize the Mayor's absence or silence, and these attacks drew some attention and coverage. But the coverage they attracted through years of regular and disciplined protests was dwarfed almost overnight by the activists' first direct confrontation with the Mayor.

In one sense, the Mayor held all the cards; with his bully pulpit and a large press staff, Emanuel could shape coverage and discussion of most topics in a way community groups could not. But he also faced constraints his opponents did not. When the topic at hand was one that ordinarily received little attention from residents and voters, Emanuel's involvement might do more harm than good – elevating the profile of an issue where activists' message had staying power.

Advocates' framing dominates the conversation

While activists met with limited success in forcing Emanuel to engage with their arguments, they did exploit the gap left by Emanuel's efforts to reframe or duck the issue of

clinic closings. One of the most powerful tools patients, staff, and activists had at their disposal in doing so was the power of stories. In this sense, the debate over clinic closings was one Emanuel couldn't win – not if it was waged in a public and high-profile manner, with each side's arguments pitted against each other. Emanuel could point to health statistics, or even instances where consolidation had improved care. But activists could draw on an array of personal narratives of cases gone wrong and treatments disrupted – a set of arguments more visceral and emotional than any policy paper the Mayor's team could put out. And the Mayor's team was generally unable to formulate a proportionate response: even if they could circumvent the constraints of privacy laws (which Emanuel himself referenced in his exchange with Debbie Delgado), a patient going on TV to say 'my treatment remains fine' could hardly match the strength of patients and activists offering stories of closings gone badly wrong.

Closing opponents did not make the task any easier; they presented narratives designed to affect voters in a visceral, emotional manner, and bore in on the strongest messages at their disposal. One theme stands out: again and again, at protests and in the media, at presentations and public meetings, a broad array of patients and activists returned to the topic of suicidal thoughts and ideation.

Take one patient's statement at a town hall on clinic closures.

In '96, my son got killed. I tried to commit suicide but I went to Auburn/Gresham [Mental Health Clinic].

[...]

In 2005, they found me on the street. I had blood on my brain, I was in a coma.

[...]

It took me six years to get to where I'm at today. So I know that mental health works.⁸³

Another exchange, between a protester and Health Commissioner Bechara Choucair, offers a stark example of the asymmetry in the two camps' messaging.

[Protester] I've been raped over two times. Didn't know where my family was, didn't know where nobody was, didn't have nobody around me.

[Chouchair] I would be happy to chat with you. Right now, we're in a staff meeting... this is a staff meeting.

[Protester] I tried to commit suicide, but you wanna walk out of here.⁸⁴

As clinic closings drew nearer, N'Dana Carter of the Mental Health Movement – a coalition of community groups opposed to the move – took her story to WGN's evening news. Discussing her care at a city clinic, Carter told the host:

It took me off the chopping block of my desire to kill myself. A lot of things were happening, and my therapist helped me. She helped me walk through some of the problems I was having, and four years later I'm able to process things easier, work through my challenges.⁸⁵

There's evidence this was a conscious and deliberate approach. The cover of a report put out by the Mental Health Movement, titled *Dumping Responsibility: The Case Against Closing CDPH Mental Health Clinics*, offers one example: it shows protesters brandishing a banner that reads: "Mental Health Saves Lives and Money."⁸⁶



A few pages later, the same report repeats the same framing – in remarkably clear and explicit terms (see screenshot on next page).⁸⁷

“Without the clinics some people will commit suicide . . . The clinics help me be a better parent because you cannot do anything without a stable mind.”
Trina Carpenter, patient, Beverly Morgan Park MHC



In fact, the first three quotes highlighted in the report (see above, below, next page) all bear in on this theme – hammering home the message that clinic closings would kill patients.⁸⁸

“For me, my therapist is a matter of life or death because I have no one and I am alone. I am lucky to have my therapist because he makes me think of things I can do.”

Helen Morley, Beverly Morgan Park MHC



“At the clinic I was treated like anyone in a doctor’s office. If the staff hadn’t been as kind, professional and tolerant as they were, I wouldn’t be here.”

Margaret Sullivan, patient, Beverly Morgan Park MHC

This message would remain a fixture of activists’ tactics and messaging. It appeared a year later; when activists protested Emanuel’s appearance at a fundraiser for Tom Barrett, they spoke of a “life-and-death struggle”⁸⁹ to keep clinics open. Similarly, when Debbie Delgado confronted Emanuel in 2015, she spoke of patients “dying in the street.”⁹⁰ Stories like these were

the centerpiece of forceful and emotional messaging – and activists made full use of their ability to persuade.

Activists weren't the only ones who saw promise in this approach. Emanuel's own press secretary endorsed essentially the same approach to communication a few months ago. Tarrah Cooper's view of the job – laid out in an interview with John Trybus of Georgetown University's Center for Social Impact Communication – was as follows:

It's all about storytelling: Never forget that telling stories is the best way to reach someone's head, and more importantly their heart. "It's so impactful if you make people feel what others are feeling. I think that's success," Tarrah says.⁹¹

But in 2011, Emanuel and his staff were constrained. They couldn't fight fire with fire, match activists and protesters point for point, story for story, testimonial for testimonial, because to do so would elevate the clinic issue, make it more prominent, pick a public fight that would be hard to win. This made for a rather one-sided messaging battle. Each story highlighted by S.T.O.P., the Mental Health Movement, and their allies offered stark and dramatic examples of the points activists were trying to drive home. And with Emanuel's team holding back, his opponents mostly had free rein – knowing the Mayor's team would not push back at a high level, especially through the Mayor himself, for fear of elevating and amplifying activists' talking points. By and large, news coverage of the closings highlighted the activists' perspective – including the Mayor's response briefly, or as a formality at the end of the article. Day by day, news cycle by news cycle, mental health advocates scored small wins like these, drumming up news coverage that generally echoed their point of view.

Structural factors benefit Emanuel in 2011

Underlying Emanuel's strategy of downplaying and deflecting the impact of clinic closings, especially early on, was a conviction that time was on his side. And in 2011, Emanuel was right. Coming off an easy election victory, and facing a pliable City Council – made more so by the prospect of new ward maps, which would give the Mayor a chance to reward his supporters and punish his enemies – Emanuel could reasonably expect to prevail if events continued to run their course.

The task facing activists was deceptively simple. They had to round up 26 votes, and in order to do so they needed to convince the City Council that a vote for Emanuel's budget would be toxic. S.T.O.P. organizers said as much, in so many words: "This could absolutely follow them into the voting booth...[aldermen] are paid to represent us, not the mayor,"⁹² N'Dana Carter told a *New York Times* reporter.

But in the absence of meaningful polling, and with limited time to gauge public sentiment, aldermen had to rely on the signals of public support they had. Activists made an effort to showcase opposition to clinic closings – but they were up against long odds. Emanuel had a recent and powerful demonstration of public support on his side – his election as Mayor in 2011, which saw him carry 40 of the city's 50 wards – winning outright majorities in 36 of them.⁹³ In August of that year, a poll found that 70% of Chicagoans considered Emanuel honest; 72% felt he had the right priorities for the city. And a whopping 79% approved of Emanuel's performance to date.⁹⁴ Any argument activists might advance about support for Emanuel's budget relied on a number of contingencies: *if* voters heard activists' message, *if* they cared, *if* clinics outweighed a host of other issues, voters might turn against Emanuel and his allies. Emanuel could respond with the fact of voters backing his agenda – not in theory, and not

subject to any number of assumptions, but with actual votes just a few months ago. Voters either backed Emanuel's stance on clinics, or they didn't care enough for it to sway their votes.

Emanuel himself took pains to play up the results of the mayoral election. His first budget address, where he laid out a broad package of spending cuts – and unveiled the budget that closed six clinics – mentioned it in the second paragraph.

The people of Chicago gave us a mandate for change. They recognized that the status quo was not working – either for them or for their city. The clear evidence was the broken city budget and its huge deficits.⁹⁵

His closing echoed the same language:

The cost of putting political choices ahead of practical solutions has become too expensive. It is destroying Chicago's finances and threatening the city's future.

And, as tough as this budget is, it only addresses part of our deficit problem.

[...]

It is up to us, as Chicago's elected leaders, to rise to this challenge. It's what the people of our city demand -- and deserve.⁹⁶

The notion of elections conferring a mandate was hardly novel or unique to Rahm Emanuel. Still, it gave Emanuel an edge – which he used skillfully – in arguing to the City Council that sound and fury at protests would only loosely translate into votes years in the future. Mandates, approval, public indifference: these were concepts the City Council understood. Facing an overwhelmingly popular mayor who'd won a decisive victory months ago, with no indication voters would side with activists over City Hall, the City Council was loath to throw caution to the winds at the first signs of uncertain, unproven community support for mental health patients and activists. This was all Rahm needed: he didn't need the City Council to love his plan – or even trust him personally. He just needed aldermen to stick by him, rather than wait months and years as activists ginned up opposition to clinic closings. In an uncertain

environment, with little data to support the activists' position, few on the City Council wanted to bet against the Mayor.

Just as importantly, the City Council had to balance any risks of Emanuel's budget with the prospect of far more immediate and certain retribution if they defied the Mayor. The city was due to redraw its ward maps after the 2010 census – and this had a chilling effect on aldermanic dissent against the Mayor and his allies:

[Activists] didn't even get help from the usually outspoken members of the council's progressive caucus. That's because the clinic closings came as the mayor's allies were redrawing ward maps, and even the boldest of aldermen were cautious about taking on the mayor when he was literally shaping their futures.⁹⁷

The prospect of mayoral support or opposition for their reelection campaigns was also on the minds of many aldermen. Emanuel had just spent over \$12 million on his 2011 campaign,⁹⁸ and was mapping out a fundraising effort that would bring in more than \$30 million for his reelection bid.⁹⁹ A fraction of this money could fund a robust campaign organization for aldermen who stuck with Emanuel – or overwhelm those that defied him.

Even as he built and burnished this impression of a sweeping mandate and widespread public support, Emanuel enlisted his allies on the City Council to keep activists from countering that message. Personal stories of constituents are among the most effective ways to influence officials; as Deb McCarrel, head of government relations for the Illinois Collaboration on Youth, puts it: “constituents drive legislators, because those are the people that vote for them.”¹⁰⁰ For activists, hearings over the clinic closings would have offered a real opportunity; a chance to parade constituents from wards where clinics were slated to close, but also from adjacent wards served by and reliant on those clinics, before the City Council – and before a slew of news cameras. But when Ald. Willie Cochran – whose ward was home to a clinic slated to close –

called for hearings, Budget Committee chair Ald. Carrie Austin shut him down – and no hearings ever took place on the closings.¹⁰¹ One of the few options activists had at their disposal, a simple but effective way to influence aldermen and the public at large, was foreclosed. And the balance of evidence swung further in Emanuel’s favor.

To get along, go along: that was the message every signal, every indicator available to the City Council was sending. Rahm Emanuel seemed to be leading a charmed political life – consolidating and cementing his power just like the Daleys before him. The challenge facing mental health activists, clinic workers, and their allied coalition was to challenge and undermine Emanuel’s claims to broad and deep public support. And given the same resources and the same platform Emanuel enjoyed, they might have stood a chance. But being Mayor had some perks no other office in the city could bring; the mayoral bully pulpit was one of them.

In late 2011, Rahm Emanuel’s claims to public support had too much backing and favorable evidence to give way easily – and activists had too little support and too few resources to exert the necessary force. The next few years would prove that the public’s views were hardly set in stone. But for now, there was a considerable body of evidence in Rahm’s favor – and his foes lacked the capacity to challenge and undermine perceptions of support for Emanuel. This task would take years; Rahm’s opponents had weeks. And before long, what little time they had was gone. Still, when the last votes were cast, activists were undeterred. “The fight continues,” said N’Dana Carter for the Mental Health Movement. “We don’t plan to go away.”¹⁰²

Activists win support from elites and voters

Patients, providers, activists, officials, community members, and community leaders had protested – to no avail. The next election was four years away, and its outcome was far from

certain. To activists looking for signs of public support in 2012, the landscape was bleak. But time – which thus far had favored Emanuel – now left activists with some room for maneuver. Activists had weeks to scramble and formulate a response to Emanuel’s budget. Now it would take months to shut down mental health clinics, and years to fully implement and perfect the city’s replacement options. And so, after Emanuel’s budget sailed through, its critics set about generating their own evidence of public support.

The protests continued – and intensified. As clinic closings in April drew nearer, protesters barricaded themselves inside clinics and mounted vigils by the doors; dozens were arrested.¹⁰³ As NATO leaders met downtown, activists who’d turned out to protest NATO joined Occupy leaders and mental health advocates outside the Woodlawn Clinic.¹⁰⁴ The closings continued apace – but not without regular press coverage of the protests they’d sparked. Activists’ messaging remained consistent and focused on the expected impact of closings; *PUBLIC HEALTH CUTS WILL KILL*, read one sign at the sit-ins.¹⁰⁵



Emanuel’s administration held the line – sticking to the messaging it had used from the start. Take one spokesman’s response to the Woodlawn Clinic protests:

The Administration is committed to promoting the health and wellness of Chicagoans in every neighborhood. The Department of Public Health is implementing reforms that will increase the total number of people who will be served by City resources throughout Chicago with high-quality, vital health and mental health services, and better support people without health insurance. Because of these reforms residents will have access to new services, more services, and better services.¹⁰⁶

Activists’ messaging stayed focused and consistent. But City Hall’s own messaging was equally consistent, and continued to muddy the waters – framing closings not as a cutback or degradation of service, but as a rationalization and improvement of treatment.

City Hall’s job grew tougher as clinics actually shut down, and the city’s mental health infrastructure – consolidated treatment centers and all – showed its weak points. 2,798 patients at

the shuttered clinics were referred to new public or private providers, but many fell through the cracks.¹⁰⁷ Just over two years later, less than a thousand clients were receiving services in city clinics. A flurry of news coverage ensued – much of it critical.

One flashpoint of criticism was a video released by Tom Dart, the Cook County Sheriff. Noting that the county jail had become the country’s largest mental health hospital, Dart made it all too clear that he was none too pleased with this distinction:¹⁰⁸ CBS 2 summarized the situation in less-than-glowing terms:

Sheriff Tom Dart says he wants you to be shocked by it because he says it proves there are people behind bars who should not be there.

[...]

In the video, Cook County Jail officers were greeted with screaming when they opened a cell to check on a mentally ill inmate. What you can’t see in real time is that the inmate scales a balcony fence and leaps off the second floor. He is then seen on the lower level trying to get out of the secure area. It’s dangerous behavior that Sheriff Tom Dart says is common in a jail.

“This is every day. This isn’t unique,” said Dart.

[...]

“The heart of it is that we are not a mental health facility. These people shouldn’t be here,” said Dart.¹⁰⁹

Just as importantly, Dart threw his official status and support behind some of the key arguments of mental health activists – firmly linking reduced spending to worse services, despite the efforts of the Mayor and his staff to suggest otherwise:

[Dart] says lawmakers who have failed to adequately fund mental health treatment are to blame.

“And if they say we didn’t cut program, but the programs aren’t funded as much, you’re to blame,” said Dart.¹¹⁰

This would not be the last time the press shone a critical spotlight on the clinic closings – with many reports echoing activists’ framing. Nor would Dart be the only high-ranking official

to publicly criticize Emanuel. Chuy Garcia, a Cook County commissioner, was just as outspoken. Like Dart, Garcia's status as a county official gave him some insulation from Rahm – allowing him to build a political apparatus anchored in the county party's infrastructure, not Emanuel's networks – and paving the way for Garcia to challenge Emanuel in the 2015 election. On the trail, Garcia was critical of the clinic closings:

The mental health clinics that were closed were another of the blunders of this administration and Mayor Emanuel...the pleas not to close them went unheard.¹¹¹

Dart was a law enforcement official, with no formal authority over the city's health system. Garcia kept the mayoral race close, but lost a runoff to Emanuel. Still, high-level dissent from a citywide candidate and a countywide official was no small thing – and was soon backed by evidence of the general public's views.

A major obstacle for activists in 2012 had been a lack of polling data to support their position. By 2015, a survey by Saint Anthony Hospital – a nonprofit institution on the city's West Side – found that residents saw mental health treatment as the single biggest health issue in their community.¹¹² A year later, residents showed they were willing to back those poll responses with votes – and money. The Coalition to Save Our Mental Health Centers joined forces with activists and clergy across the West Side to push a ballot initiative that would increase property tax levies – with the proceeds earmarked for a new mental health center. 86% of voters backed the proposal.¹¹³

Michael Snedeker, the Coalition's head, seized on the results as evidence Emanuel was out of touch:

Clearly, people in the community view mental health as a critical part of their community, and our government hasn't viewed it the same way. People have been able and have a hunger to restore their own mental health services.¹¹⁴

His organizers echoed the same message. Take the reaction of organizer Jackie Ingram:

*We are a neighborhood that's lost, and this referendum sent a message, that you have to listen to us, we have to be heard. We are willing to help ourselves get out of this hole.*¹¹⁵

In 2011, activists came up short in their efforts to win over aldermen (or scare them into submission) – because Emanuel could draw on concrete evidence of public support and they could not. By Emanuel's second term, activists could point to evidence of public support and elite dissent. The challenge they faced was the need to translate this support into policy change.

Public support leads to few changes; the closings become entrenched.

Even as activists and organizers amassed hard evidence that the public was sympathetic to their position, Emanuel's changes to the mental health system were growing entrenched as the status quo. Ald. Walter Burnett – one of 28 signatories to the City Council's initial protest against the closing¹¹⁶ – showed mixed enthusiasm for the ballot initiative:

But not every stakeholder believes that building a brand new facility is in the best interest of taxpayers. One West Side alderman says he'd rather see residents utilize services that already exist on the West Side, including the Bobby Wright Center on Kedzie Avenue and Madison Street.

*"We do have some facilities on the West Side like Bobby Wright that do offer mental health help, a lot of people don't take advantage of it," Ald. Walter Burnett (27th Ward) says. "Some of those organizations that are already in place need more funding."*¹¹⁷

This was a far cry from open hostility. But Burnett now mirrored Emanuel's argument – that he was not against mental health care, but felt the shuttered clinics weren't a necessary or efficient way to provide this care.

Ald. Willie Cochran of the 20th Ward went one step further. In 2011, Cochran tried to put clinics on the City Council agenda. Seven years later, as organizers and activists worked to envision a new landscape for mental health care, Cochran was less helpful:

In 2018...the [Mental Health Movement] created the Healing Village. By using an imaginative place-based organizing venue at 61st Street and Greenwood Avenue in Woodlawn, MHM advocates aimed to “challenge what mental health could be, looking at community building as an aspect of healing,” Tendaji said.

The group partnered with Project Fielding, an organization that trains women and gender nonconforming individuals in carpentry. Project Fielding volunteers had built two structures intended to go to Dakota Access Pipeline protesters at Standing Rock. The buildings never made it, but went to Healing Village instead.

[...]

...20th Ward Alderman Willie Cochran, who had initially given organizers permission to use the lot... told the activists to move, so they packed up the structures and set up at 61st and Greenwood instead.

After organizers moved, Cochran drove by to tell them in person that he still did not like the space they had built. Cochran (who was under federal indictment at the time, and is now serving a year in prison for accepting bribes and misusing campaign funds) put a cease-construction order on the lot and told organizers that a bulldozer would be coming.¹¹⁸

And over time, Emanuel’s reforms began to produce their own constituencies. From the start, some nonprofit providers supported clinic closings – arguing that they stood poised to serve more patients.¹¹⁹ Some did so by choice; others may have supported clinic cuts as a lesser evil – especially when faced with the alternative of cuts to city programs that helped them. City assistance for nonprofits’ utility bills was one such item; Rahm pulled it off the chopping block in the same round of negotiations that doomed the city’s clinics.¹²⁰

Now, years after the closings, some nonprofit providers had added capacity or city contracts during privatization. As activists talked of reopening the shuttered clinics, those

providers stood to lose out – and stood opposed to reopening any clinics.¹²¹ And as Rahm prepared to leave office, and Mayor-elect Lori Lightfoot talked of reopening clinics, the nonprofits took to the *Chicago Sun-Times* op-ed page with their case – a case that mirrored Rahm’s own case for the closings almost perfectly:

Mayor-elect Lori Lightfoot ran for office on a pledge to improve mental healthcare in Chicago. The goal is laudable and critical. The question is how to achieve it.

During the mayoral campaign, candidates were asked repeatedly whether they supported reopening six city-run mental health clinics that were closed in 2012, as if that were self-evidently the best way to improve care. This, in our opinion, is the wrong question.¹²²

Evidence continues to mount that public opinion generally favored activists; in 2019, a citywide poll found that 69% of residents favored more mental health spending – even if it meant a tax increase for them personally.¹²³

But today, this public support may be less timely and less relevant than ever. In January 2019, the City Council voted to create a task force and examine the possibility of reopening mental health clinics. The task force sailed through City Council with support from 47 sponsors and co-sponsors – and went nowhere.¹²⁴ Advocates characterized the task force as an exercise in public relations – not for its members but for its creators:

“As a body, the [2019] task force didn’t accomplish anything,” said Dr. Judy King, one of the CCMHB representatives on the task force, in an email to the Weekly. “The individuals initially invited to the task force,” per the resolution, “met as a group once on May 16, 2019. The public was excluded. Two of us objected. It was the only meeting.” Dr. King added that the June public meeting “was not an official hearing of the task force. We never voted on it.”

[...]

[Dr. Leticia] Villareal Sosa said that copies of [her] report [on the task force’s work] went to the task force and to the Collaborative for Community Wellness, a collective of mental health providers, community organizations, and

residents. “The aldermen certainly have used the report,” in particular to leverage opposition to [Allison] Arwady’s appointment [as Public Health Commissioner] in October 2019, she said. “Unfortunately, as far as I know at this point, the [CDPH] has not used... the report to inform any of their decisions.”¹²⁵

In this telling, recent moves by political elites represent a nod to public opinion, but aim to co-opt and neutralize the public’s preferences – not follow them. For all their work, and all their success in demonstrating public support for mental health clinics, activists were never able to muster the backing to overcome Emanuel’s opposition or his veto. Once clinic closings became a *fait accompli*, reversing them was a taller order than blocking them in the first place – and organizers never quite succeeded. They’ve kept at it – but the evidence of public support whose absence was felt so keenly in 2011 seems less and less relevant, as other actors adapt to the current system or move on.

Conclusion

The fight over Chicago’s public mental health clinics has changed a great deal since 2011. In 2011, Rahm Emanuel drew on all the power and prestige of his office, claimed a mandate from his recent election, and asked the City Council to trust that the public would accept clinic closings – while doing his best not to describe consolidation in those terms, or discuss it publicly, for fear of sparking public outrage. Activists felt they had a winning case – if only they could bring it before the public. But while Rahm had the ability to raise an issue’s profile overnight, and declined to do so on tactical grounds, activists had every reason to make clinic closings an issue – but lacked the means to do so. Activists presented a powerful alternative to Emanuel’s framing of clinic closings, and when their framing was pitted against Emanuel’s the activists generally won out. But the disparity in the two camps’ institutional and

political power limited activists to regular but minor wins – turning any given day’s debate over clinic closings into a minor skirmish at most.

This wasn’t enough to stop the clinic closings in the space of a few weeks – and once the closings passed the City Council and went into effect, the goalposts shifted. Activists had more time to make their case, and produce evidence that the public was with them. But overturning an established and enacted policy was a much heavier lift – and other actors were looking to move on.

It’s too early to say for sure that mental health activists failed, losing their first battle and the war with it. But supporters of Chicago’s mental health clinics couldn’t muster the strength to bend the city to their will and control the clinics’ fate. Now, nine years later, the future of the clinics may be out of their hands for good. Whether activists can adjust once more, and turn the tide decisively in their favor, only time will tell.

Implications

Given the lessons of Chicago’s experience, what might we expect when similar situations arise in other cities or in the context of other issues? A few possibilities present themselves.

First, we have reason to believe local officials enjoy heightened ‘mandate’ effects. An extensive literature has debated the existence and nature of presidential mandates – which involve references to election results to justify passage of presidential initiatives.¹²⁶ Rahm Emanuel’s experience and approach as Mayor of Chicago suggests a mandate effect may exist at the local level. Moreover, local mandate effects may be more pronounced than any presidential mandate effect – as mayors’ election showings exert more influence on other actors’ decisions in an environment where public-opinion polls are rare.

A second, related insight is that local officials may suffer from a lack of personnel and institutional expertise. At the state or national level, party polarization and an abundance of well-funded advocacy groups means any major reform initiated by a President or Governor will encounter some organized and effective pushback from a range of interest groups – which help provide legislators with information and expertise legislative staff may not have. At the federal level, independent offices also provide analysis of proposed legislation. At the local level, this infrastructure is lacking or nonexistent – and to the extent city governments have access to policy expertise, much of it resides in agencies under the mayor’s control. Whether this is a problem in need of a solution, a fact of life, or a positive good, depends on the extent to which one favors the centralization or decentralization of power in municipal government. But it seems uncontroversial to state that local legislators, with limited personnel and limited access to independent analysis and polling, may give mayors more latitude and place more faith in the judgments of a city’s agencies. Believers in centralization can be quite content with the status quo; believers in more active and involved councils and increased local voice may wish to push for the creation of independent analysis offices, or even offices dedicated to systematic and thorough analysis of the public’s views – a far cry from the current public feedback process, whose reliance on a small, highly engaged, and deeply unrepresentative slice of residents has been criticized for decades.

Finally, these findings point to avenues for further inquiry that could be productive. Additional analysis, incorporating interview data and additional primary sources, may be helpful in shedding light on a number of topics – including, but not limited to, similarities and differences between the public and private advocacy process; and the way in which political actors interpret each other’s actions. Work that supplements this analysis of publicly available

data with insights and analysis based on primary data may answer some of the questions raised at the outset of this work – or raise new ones, and suggest topics for future research on the saga of Chicago’s shuttered clinics.

Bibliography

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- ¹ Rammohan, Yasmin. “City Council Approves Mayor Rahm Emanuel’s 2012 Budget Plan.” WTTW, October 12, 2011. https://www.chicago.gov/content/city/en/depts/mayor/press_room/press_releases/2011/november_2011/city_council_approvesmayorrahmemanuels2012budgetplan.html.
- ² Rammohan, Yasmin. “City Council Approves Mayor Rahm Emanuel’s 2012 Budget Plan.” WTTW, October 12, 2011. https://www.chicago.gov/content/city/en/depts/mayor/press_room/press_releases/2011/november_2011/city_council_approvesmayorrahmemanuels2012budgetplan.html.
- ³ Joravsky, Ben. “Before the Schools, Mayor Emanuel Closed the Clinics.” Chicago Reader, March 26, 2013. <https://www.chicagoreader.com/chicago/mayor-emanuel-closes-city-mental-health-clinics/Content?oid=9145051>.
- ⁴ Joravsky, Ben. “Before the Schools, Mayor Emanuel Closed the Clinics.” Chicago Reader, March 26, 2013. <https://www.chicagoreader.com/chicago/mayor-emanuel-closes-city-mental-health-clinics/Content?oid=9145051>.
- ⁵ Joravsky, Ben. “Before the Schools, Mayor Emanuel Closed the Clinics.” Chicago Reader, March 26, 2013. <https://www.chicagoreader.com/chicago/mayor-emanuel-closes-city-mental-health-clinics/Content?oid=9145051>.
- ⁶ “City Council Approves Mayor Rahm Emanuel’s 2012 Budget Plan.” Mayor’s Press Office, City of Chicago, November 16, 2011. https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2011/november_2011/city_council_approvesmayorrahmemanuels2012budgetplan.html.
- ⁷ Joravsky, Ben. “Before the Schools, Mayor Emanuel Closed the Clinics.” Chicago Reader, March 26, 2013. <https://www.chicagoreader.com/chicago/mayor-emanuel-closes-city-mental-health-clinics/Content?oid=9145051>.
- ⁸ Quinn, Mattie. “This Is What Happens When a City Shuts Down Mental Health Clinics,” Governing, October 2018. <https://www.governing.com/topics/health-human-services/gov-chicago-mental-health.html>.
- ⁹ Sectar, Noreen S. Ahmed-Ullah, John Chase and Bob. “CPS Approves Largest School Closure in Chicago’s History.” chicagotribune.com, May 23, 2013. <https://www.chicagotribune.com/news/ct-xpm-2013-05-23-chi-chicago-school-closings-20130522-story.html>.
- ¹⁰ Hauser, Alisa. “Rahm Confronted on Mental Health Clinic Closures During Wicker Park Forum.” DNAinfo Chicago, March 25, 2015.

<https://www.dnainfo.com/chicago/20150305/wicker-park/rahm-emanuel-confronted-on-mental-clinic-closures-during-wicker-park-forum>.

¹¹ Hefferman, Shannon. “Chicago Mental Health Task Force To Hold Public Hearing | WBEZ.” WBEZ, June 13, 2019. <https://www.wbez.org/shows/wbez-news/chicago-mental-health-task-force-to-hold-public-hearing/72eb814d-1b68-48b1-85f4-da4676985f8c>.

¹² Daley, Jim. “What Happened to the Mental Health Task Force?” South Side Weekly, February 4, 2020. https://southsideweekly.com/happened-mental-health-task-force/?fbclid=IwAR13swy4HcRvrjPtiWdksfW1weN8TgutlNuLPP5xCEf_q7zbp57DtgeVJPA.

¹³ Wolfe, Alan. “The Power Elite Now.” The American Prospect, November 16, 2001. <https://prospect.org/api/content/e7f4c59d-1129-5028-a93a-19c478bd2b4e/>.

¹⁴ Hunter, Floyd. *Administrative Science Quarterly* 6, no. 4 (1962): 517-19. doi:10.2307/2390734.

¹⁵ Domhoff, G. William. “Who Rules America: Who Really Ruled in Dahl’s New Haven?” Power in America. Accessed November 9, 2019. https://whorulesamerica.ucsc.edu/power/new_haven-old.html.

¹⁶ Truman, David B. *The Governmental Process: Political Interests and Public Opinion*. 2d ed. New York: Knopf, 1971.

¹⁷ Olson, Mancur. *The Logic of Collective Action: Public Goods and the Theory of Groups*. Cambridge, MA: Harvard University Press, 1965.

¹⁸ Moe, Terry M. “Toward a Broader View of Interest Groups.” *Journal of Politics* 43 (1981): 531–543.

¹⁹ Salisbury, Robert H. “An Exchange Theory of Interest Groups.” *Midwest Journal of Political Science* 13 (1969): 1–32.

²⁰ Walker, Jack L., Jr. “The Origins and Maintenance of Interest Groups in America.” *American Political Science Review* 77 (1983): 390–406.

²¹ Lasswell, Harold. *Politics: Who Gets What, When, How*. New York: McGraw-Hill, 1936.

²² Mills, C. Wright (Charles Wright). *The Power Elite*. New York: Oxford University Press, 1956.

²³ Dahl, Robert A., and Robert Alan Dahl. *Who Governs?: Democracy and Power in an American City*. New Haven: Yale University Press, 1989.

²⁴ Lindblom, Charles E. *Politics and Markets: The World’s Political Economic Systems*. New York: Basic Books, 1977.

-
- ²⁵ Bachrach, Peter, and Morton Baratz. "The Two Faces of Power." *American Political Science Review* 56.4 (1962): 947–952.
- ²⁶ Mayhew, David R. *Congress: The Electoral Connection*. New Haven, CT: Yale University Press, 1974.
- ²⁷ Stone, Clarence N. *Regime Politics: Governing Atlanta, 1946–1988*. Lawrence: University Press of Kansas, 1989.
- ²⁸ Jones, Bryan, and Lynn Bachelor. *The Sustaining Hand: Community Leadership and Corporate Power*. Lawrence: University Press of Kansas, 1986.
- ²⁹ Oliver, Eric, Shan E. Ha, and Zachary Callen. *Local Elections and the Politics of Small-Scale Democracy*. Princeton, NJ: Princeton University Press, 2012.
- ³⁰ Cramer, Katherine J. (Katherine Jean). *The Politics of Resentment: Rural Consciousness in Wisconsin and the Rise of Scott Walker*. Chicago: The University of Chicago Press, 2016.
- ³¹ Ewing, Eve L. *Ghosts in the Schoolyard: Racism and School Closings On Chicago's South Side*. Chicago: The University of Chicago Press, 2018.
- ³² Mayhew, David R., R. Douglas Arnold --, and R. Douglas Arnold. *Congress: The Electoral Connection*. 2nd ed. New Haven: Yale University Press, 2004.
- ³³ Mayhew, David R., R. Douglas Arnold --, and R. Douglas Arnold. *Congress: The Electoral Connection*. 2nd ed. New Haven: Yale University Press, 2004.
- ³⁴ Reagan, Ronald. "First Inaugural Address of Ronald Reagan" Speech, First Inauguration of Ronald Reagan, Washington D.C., January 20, 1981.
- ³⁵ Light, Paul C. "The Tides of Reform Revisited: Patterns in Making Government Work, 1945-2002." *Public Administration Review* 66, no. 1 (Jan, 2006): 12. doi: <https://doi.org/10.1111/j.1540-6210.2006.00551.x>
- ³⁶ Light, Paul C. "The Tides of Reform Revisited: Patterns in Making Government Work, 1945-2002." *Public Administration Review* 66, no. 1 (Jan, 2006): 12. doi: <https://doi.org/10.1111/j.1540-6210.2006.00551.x>
- ³⁷ Cherone, Heather. "Demand For City-Funded Mental Health Clinics To Take Center Stage At City Hall — Again." Block Club Chicago, December 11, 2019. <https://blockclubchicago.org/2019/01/16/demand-for-city-funded-mental-health-clinics-to-take-center-stage-at-city-hall-again/>.
- ³⁸ NBC Chicago, "Aldermen Weary of Mental Health Cuts." Chicago, November 15, 2011. <https://www.nbcchicago.com/news/local/alderman-weary-of-mental-health-cuts/1898137/>.

-
- ³⁹ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011.
<https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>
- ⁴⁰ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011.
<https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>
- ⁴¹ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011.
<https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>
- ⁴² Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011.
<https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>
- ⁴³ Kapos, Shia. "Mayor's Past Plays a Role in Chicago's Future in Dance." Crain's Chicago Business, June 23, 2012.
<https://www.chicagobusiness.com/article/20120623/ISSUE01/306239974/mayor-emanuel-s-past-plays-role-in-chicago-s-future-in-dance>.
- ⁴⁴ Blakley, Derrick. "28 Aldermen Sign Letter Of Concern Over City Budget Cuts." Chicago, November 2, 2011. <https://chicago.cbslocal.com/2011/11/02/28-aldermen-sign-letter-of-concern-over-city-budget-cuts/>.
- ⁴⁵ Howell, William. "The Stewardship Theory of the Presidency." Lecture, University of Chicago, Chicago, January 7, 2019
- ⁴⁶ Rhodes, Steve. "Mental Health Reprieve." Chicago, April 8, 2009.
<https://www.nbcchicago.com/news/local/daley-relents-on-closing-mental-health-clinics/1877853/>.
- ⁴⁷ Blakley, Derrick. "28 Aldermen Sign Letter Of Concern Over City Budget Cuts." Chicago, November 2, 2011. <https://chicago.cbslocal.com/2011/11/02/28-aldermen-sign-letter-of-concern-over-city-budget-cuts/>.
- ⁴⁸ S.T.O.P. Chicago "Privatization of Health Care Protest October 2011" October 12, 2011, video, <https://www.youtube.com/watch?v=lyHh5lyo-aE>.
- ⁴⁹ S.T.O.P. Chicago "Privatization of Health Care Protest October 2011" October 12, 2011, video, <https://www.youtube.com/watch?v=lyHh5lyo-aE>.

⁵⁰ S.T.O.P. Chicago "Rahm's Clinic Closer CHASED OUT of the South Side" December 21, 2011, video, https://youtube.com/watch?v=Phwj7beHP_o.

⁵¹ S.T.O.P. Chicago "Rahm's Clinic Closer CHASED OUT of the South Side" December 21, 2011, video, https://youtube.com/watch?v=Phwj7beHP_o.

⁵² 28 Chicago aldermen. *Letter to Mayor Rahm Emanuel, October 31, 2011*. Letter. <http://files.ctctcdn.com/a88ea5d5101/cf28bfff-d3ab-4fa2-b28b-2602ced7cf7f.pdf> (accessed February 6, 2020).

⁵³ 28 Chicago aldermen. *Letter to Mayor Rahm Emanuel, October 31, 2011*. Letter. <http://files.ctctcdn.com/a88ea5d5101/cf28bfff-d3ab-4fa2-b28b-2602ced7cf7f.pdf> (accessed February 6, 2020).

⁵⁴ https://www.huffpost.com/entry/emanuel-budget-changes-wi_n_1076663

⁵⁵ Terry, Don. "Sit-In Fails to Save Chicago Mental Health Clinics - The New York Times." The New York Times, November 19, 2011. <https://www.nytimes.com/2011/11/20/us/sit-in-fails-to-save-chicago-mental-health-clinics.html>.

⁵⁶ "Mayor Rahm Emanuel Outlines 2012 Budget Proposal to Secure Chicago's Future." Mayor's Press Office. October 12, 2011. https://www.chicago.gov/content/dam/city/depts/mayor/Press_Room/Press_Releases/2011/October/10.12.11BUDGET.pdf.

⁵⁷ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011. <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>

⁵⁸ "Mayor Rahm Emanuel Outlines 2012 Budget Proposal to Secure Chicago's Future." Mayor's Press Office. October 12, 2011. https://www.chicago.gov/content/dam/city/depts/mayor/Press_Room/Press_Releases/2011/October/10.12.11BUDGET.pdf.

⁵⁹ City of Chicago Department of Public Health. *Transforming the health of our city: Chicago answers the call*. City of Chicago, 2011 <https://www.chicago.gov/content/dam/city/depts/cdph/CDPH/PublicHlthAgenda2011.pdf> (accessed December 11, 2019)

⁶⁰ City of Chicago. *2012 Budget Overview*. City of Chicago, 2011 https://www.chicago.gov/content/dam/city/depts/obm/supp_info/2012%20Budget/2012BudgetOverview.pdf (accessed December 11, 2019)

⁶¹ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011. <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>

-
- ⁶² Rhodes, Steve. "Mental Health Reprieve." Chicago, April 8, 2009. <https://www.nbcchicago.com/news/local/daley-relents-on-closing-mental-health-clinics/1877853/>.
- ⁶³ Office of the City Clerk of Chicago "City Council Meeting" November 9, 2011, video, http://chicago.granicus.com/MediaPlayer.php?view_id=2&clip_id=70.
- ⁶⁴ Office of the City Clerk of Chicago "City Council Meeting" November 9, 2011, video, http://chicago.granicus.com/MediaPlayer.php?view_id=2&clip_id=70.
- ⁶⁵ Joravsky, Ben. "Rahm still hasn't told the public why he closed mental health clinics." Chicago, July 29, 2014. <https://www.chicagoreader.com/chicago/city-council-mental-health-clinics-closures-hearing/Content?oid=14436533>.
- ⁶⁶ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011. <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>
- ⁶⁷ Dardick, Hal and John Byrne. "Emanuel's Budget Unanimously Approved." chicagotribune.com. Accessed December 11, 2019. <https://www.chicagotribune.com/politics/chi-emanuel-budget-expected-to-pass-easily-today-20111116-story.html>.
- ⁶⁸ Dardick, Hal and John Byrne. "Emanuel's Budget Unanimously Approved." chicagotribune.com. Accessed December 11, 2019. <https://www.chicagotribune.com/politics/chi-emanuel-budget-expected-to-pass-easily-today-20111116-story.html>.
- ⁶⁹ Former aldermanic staffer, interview by author, Chicago, March 15, 2020.
- ⁷⁰ S.T.O.P. Chicago. "Privatization of Health Care Protest October 2011" October 12, 2011, video, <https://www.youtube.com/watch?v=lyHh5lyo-aE>.
- ⁷¹ S.T.O.P. Chicago. "S.T.O.P. Chicago." Chicago, September 25 2011. Accessed February 2, 2020 via the Wayback Machine. <https://web.archive.org/web/20110925104917/http://www.stopchicago.org/>.
- ⁷² S.T.O.P. Chicago. "Privatization of Health Care Protest October 2011" October 12, 2011, video, <https://www.youtube.com/watch?v=lyHh5lyo-aE>.
- ⁷³ S.T.O.P. Chicago. "Privatization of Health Care Protest October 2011" October 12, 2011, video, <https://www.youtube.com/watch?v=lyHh5lyo-aE>.
- ⁷⁴ S.T.O.P. Chicago. "Privatization of Health Care Protest October 2011" October 12, 2011, video, <https://www.youtube.com/watch?v=lyHh5lyo-aE>.

-
- ⁷⁵ Michael McIntee "Protest of Rahm Emanuel at Tom Barrett Fundraiser" March 30, 2012, video, <https://www.youtube.com/watch?v=JEogSOUOxHI>.
- ⁷⁶ Michael McIntee "Protest of Rahm Emanuel at Tom Barrett Fundraiser" March 30, 2012, video, <https://www.youtube.com/watch?v=JEogSOUOxHI>.
- ⁷⁷ Hauser, Alisa. "Rahm Confronted on Mental Health Clinic Closures During Wicker Park Forum." DNAinfo Chicago, March 25, 2015. <https://www.dnainfo.com/chicago/20150305/wicker-park/rahm-emanuel-confronted-on-mental-clinic-closures-during-wicker-park-forum>.
- ⁷⁸ S.T.O.P. Chicago. "'I lost my son, why did you close my mental health clinic?' - The Real Rahm" March 5, 2015, video, <https://www.youtube.com/watch?v=C-QaoExhXK4>.
- ⁷⁹ S.T.O.P. Chicago. "'I lost my son, why did you close my mental health clinic?' - The Real Rahm" March 5, 2015, video, <https://www.youtube.com/watch?v=C-QaoExhXK4>.
- ⁸⁰ S.T.O.P. Chicago. "'I lost my son, why did you close my mental health clinic?' - The Real Rahm" March 5, 2015, video, <https://www.youtube.com/watch?v=C-QaoExhXK4>.
- ⁸¹ Hauser, Alisa. "Rahm Confronted on Mental Health Clinic Closures During Wicker Park Forum." DNAinfo Chicago, March 25, 2015. <https://www.dnainfo.com/chicago/20150305/wicker-park/rahm-emanuel-confronted-on-mental-clinic-closures-during-wicker-park-forum>.
- ⁸² S.T.O.P. Chicago. "'I lost my son, why did you close my mental health clinic?' - The Real Rahm" March 5, 2015, video, <https://www.youtube.com/watch?v=C-QaoExhXK4>.
- ⁸³ S.T.O.P. Chicago "Rahm's Clinic Closer CHASED OUT of the South Side" December 21, 2011, video, https://youtube.com/watch?v=Phwj7beHP_o.
- ⁸⁴ S.T.O.P. Chicago "Rahm's Clinic Closer CHASED OUT of the South Side" December 21, 2011, video, https://youtube.com/watch?v=Phwj7beHP_o.
- ⁸⁵ Lisnek, Paul. "Mental Health Movement on CLTV's Politics Tonight January 23rd, 2012." January 28, 2012, video, <https://www.youtube.com/watch?v=GswipUeeYMs>.
- ⁸⁶ Mental Health Movement. *Dumping Responsibility: The Case Against Closing CDPH Mental Health Clinics*. Chicago: The Mental Health Movement, January 2012. http://stopchicago.startlogic.com/publications/CDPH_MH_Report_Jan2012.pdf.
- ⁸⁷ Mental Health Movement. *Dumping Responsibility: The Case Against Closing CDPH Mental Health Clinics*. Chicago: The Mental Health Movement, January 2012. http://stopchicago.startlogic.com/publications/CDPH_MH_Report_Jan2012.pdf.

⁸⁸ Mental Health Movement. *Dumping Responsibility: The Case Against Closing CDPH Mental Health Clinics*. Chicago: The Mental Health Movement, January 2012.
http://stopchicago.startlogic.com/publications/CDPH_MH_Report_Jan2012.pdf.

⁸⁹ [youtube.com/watch?v=JEogS0UOxHI](https://www.youtube.com/watch?v=JEogS0UOxHI)

⁹⁰ S.T.O.P. Chicago. "I lost my son, why did you close my mental health clinic?" - The Real Rahm" March 5, 2015, video, <https://www.youtube.com/watch?v=C-QaoExhXK4>.

⁹¹ Trybus, John. "Part 10: Tarrah Cooper and What Cause-Based Communicators Can Learn from City Hall." Georgetown University Center for Social Impact Communication, n.d.
http://csic.georgetown.edu/?post_type=people&p=1121.

⁹² Terry, Don. "Sit-In Fails to Save Chicago Mental Health Clinics - The New York Times." The New York Times, November 19, 2011. <https://www.nytimes.com/2011/11/20/us/sit-in-fails-to-save-chicago-mental-health-clinics.html>.

⁹³ Nir, David. "Map of Chicago mayoral election results by precinct." Daily Kos, February 24, 2011. <https://www.dailykos.com/stories/2011/2/24/948968/>.

⁹⁴ Miller, Rich. "Emanuel's Poll Shows he Has Huge Job Approval Rating." Capitolfax.com, September 23, 2011. <https://capitolfax.com/2011/08/23/emanuels-poll-shows-he-has-huge-job-approval-rating/>.

⁹⁵ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011.
<https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>

⁹⁶ Emanuel, Rahm. "Mayor Rahm Emanuel's Budget Address." Speech, Chicago City Council, Chicago, October 12, 2011.
<https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf>

⁹⁷ Joravsky, Ben. "Rahm still hasn't told the public why he closed mental health clinics." Chicago, July 29, 2014. <https://www.chicagoreader.com/chicago/city-council-mental-health-clinics-closures-hearing/Content?oid=14436533>.

⁹⁸ Guarino, Mark. "Rahm Emanuel: Will big bucks decide the Chicago election?" Chicago, January 28, 2011. <https://www.csmonitor.com/USA/Elections/2011/0128/Rahm-Emanuel-Will-big-bucks-decide-the-Chicago-election>.

⁹⁹ WBEZ 91.5. "Chicago Campaign Cash." Chicago, February 16, 2016.
<http://interactive.wbez.org/campaigncash/>.

¹⁰⁰ Deb McCarrel, interview by author, Chicago, April 3, 2020.

-
- ¹⁰¹ Office of the City Clerk of Chicago "City Council Meeting" November 9, 2011, video, http://chicago.granicus.com/MediaPlayer.php?view_id=2&clip_id=70.
- ¹⁰² Terry, Don. "Sit-In Fails to Save Chicago Mental Health Clinics - The New York Times." The New York Times, November 19, 2011. <https://www.nytimes.com/2011/11/20/us/sit-in-fails-to-save-chicago-mental-health-clinics.html>.
- ¹⁰³ Chicago Tribune. "10 arrested outside Woodlawn Mental Health Clinic." Chicago, April 24, 2012. <https://www.chicagotribune.com/news/ct-xpm-2012-04-24-chi-arrests-made-outside-woodlawn-mental-health-clinic-20120423-story.html>.
- ¹⁰⁴ Song, Susanna. "Anti-NATO Protesters Join Movement To Reopen Mental Health Clinics." Chicago, May 8, 2012. <https://chicago.cbslocal.com/2012/05/18/anti-nato-protesters-join-movement-to-reopen-mental-health-clinics/>.
- ¹⁰⁵ Cynic, Aaron. "Protesters Stage Sit-In Of Woodlawn Mental Health Clinic." Chicagoist, April 13, 2012. https://chicagoist.com/2012/04/13/protesters_stage_sit-in_of_woodlawn.php.
- ¹⁰⁶ Song, Susanna. "Anti-NATO Protesters Join Movement To Reopen Mental Health Clinics." Chicago, May 8, 2012. <https://chicago.cbslocal.com/2012/05/18/anti-nato-protesters-join-movement-to-reopen-mental-health-clinics/>.
- ¹⁰⁷ Lydersen, Kari. "Falling through the cracks." The Chicago Reporter, April 27, 2015. <https://www.chicagoreporter.com/falling-through-the-cracks/>.
- ¹⁰⁸ Puccinelli, Mike. "Sheriff's Office Releases Shocking Video Of Mentally Ill Inmates – CBS Chicago." Chicago, February 13, 2013. <https://chicago.cbslocal.com/2013/02/13/sheriffs-office-releases-shocking-video-of-mentally-ill-inmates/>.
- ¹⁰⁹ Puccinelli, Mike. "Sheriff's Office Releases Shocking Video Of Mentally Ill Inmates – CBS Chicago." Chicago, February 13, 2013. <https://chicago.cbslocal.com/2013/02/13/sheriffs-office-releases-shocking-video-of-mentally-ill-inmates/>.
- ¹¹⁰ Puccinelli, Mike. "Sheriff's Office Releases Shocking Video Of Mentally Ill Inmates – CBS Chicago." Chicago, February 13, 2013. <https://chicago.cbslocal.com/2013/02/13/sheriffs-office-releases-shocking-video-of-mentally-ill-inmates/>.
- ¹¹¹ Social Justice News Nexus. Chicago. "Chuy Garcia 'committed' to reopen public mental health clinics (Chicago)." March 5, 2015, video, <https://www.youtube.com/watch?v=g60bYrJzoB0>.
- ¹¹² Carrillo, Arturo, and Caitlin O'Grady. *Residents List Mental Health Care as Top Need*. Chicago: Catholic Health Association of the United States, January-February 2018. <https://www.chausa.org/publications/health-progress/article/january-february-2018/residents-list-mental-health-care-as-top-need>.

¹¹³ Schultz, Paris. “West Side Residents Approve Higher Taxes for Mental Health | Chicago News | WTTW.” WTTW Chicago Tonight, December 5, 2016.

<https://news.wttw.com/2016/12/05/west-side-residents-approve-higher-taxes-mental-health>.

¹¹⁴ Schultz, Paris. “West Side Residents Approve Higher Taxes for Mental Health | Chicago News | WTTW.” WTTW Chicago Tonight, December 5, 2016.

<https://news.wttw.com/2016/12/05/west-side-residents-approve-higher-taxes-mental-health>.

¹¹⁵ Schultz, Paris. “West Side Residents Approve Higher Taxes for Mental Health | Chicago News | WTTW.” WTTW Chicago Tonight, December 5, 2016.

<https://news.wttw.com/2016/12/05/west-side-residents-approve-higher-taxes-mental-health>.

¹¹⁶ 28 Chicago aldermen. *Letter to Mayor Rahm Emanuel, October 31, 2011*. Letter.

<http://files.ctctcdn.com/a88ea5d5101/cf28bfff-d3ab-4fa2-b28b-2602ced7cf7f.pdf> (accessed February 6, 2020).

¹¹⁷ Schultz, Paris. “West Side Residents Approve Higher Taxes for Mental Health | Chicago News | WTTW.” WTTW Chicago Tonight, December 5, 2016.

<https://news.wttw.com/2016/12/05/west-side-residents-approve-higher-taxes-mental-health>.

¹¹⁸ Adams, Dani. “Democratizing Mental Health.” South Side Weekly, February 4, 2020.

<https://southsideweekly.com/mental-health-advocates-put-public-services-back-on-table/?fbclid=IwAR2Z8eWzBanrlpUEUx1wbLghRGZL7Q6Ry3dnRkTXKfrdm7iivWy2BTwn7s>.

¹¹⁹ Black, Curtis. “It’s time to reopen Chicago’s closed mental health clinics.” The Chicago Reporter, May 9, 2019. <https://www.chicagoreporter.com/its-time-to-reopen-chicagos-closed-mental-health-clinics/>.

¹²⁰ Huffington Post. “Emanuel Budget Changes: Will Ease Library Cuts, Raise City Sticker Fees For All Drivers.” Huffington Post, November 4, 2011. https://www.huffpost.com/entry/emanuel-budget-changes-wi_n_1076663.

¹²¹ Johnson, Joel, and Sheryl Potts. “Why Lori Lightfoot should not reopen six mental health clinics.” Chicago Sun-Times, April 29, 2019.

<https://chicago.suntimes.com/2019/4/29/18619801/why-lori-lightfoot-should-not-reopen-six-mental-health-clinics>.

¹²² Johnson, Joel, and Sheryl Potts. “Why Lori Lightfoot should not reopen six mental health clinics.” Chicago Sun-Times, April 29, 2019.

<https://chicago.suntimes.com/2019/4/29/18619801/why-lori-lightfoot-should-not-reopen-six-mental-health-clinics>.

¹²³ WTTW. “Mayoral Runoff Election Poll.” WTTW News, n.d.

<https://news.wttw.com/elections/voters-guide/2019/mayoral-runoff-election-poll>.

¹²⁴ Daley, Jim. “What Happened to the Mental Health Task Force?” South Side Weekly, February 4, 2020. https://southsideweekly.com/happened-mental-health-task-force/?fbclid=IwAR13swy4HcRvrjPtiWdksfW1weN8TgutlNuLPP5xCEf_q7zbp57DtgeVJPA.

¹²⁵ Daley, Jim. “What Happened to the Mental Health Task Force?” South Side Weekly, February 4, 2020. https://southsideweekly.com/happened-mental-health-task-force/?fbclid=IwAR13swy4HcRvrjPtiWdksfW1weN8TgutlNuLPP5xCEf_q7zbp57DtgeVJPA.

¹²⁶ Julia R. Azari, “Institutional Change and the Presidential Mandate,” *Social Science History* 37, no. 4 (2013): 483–514.