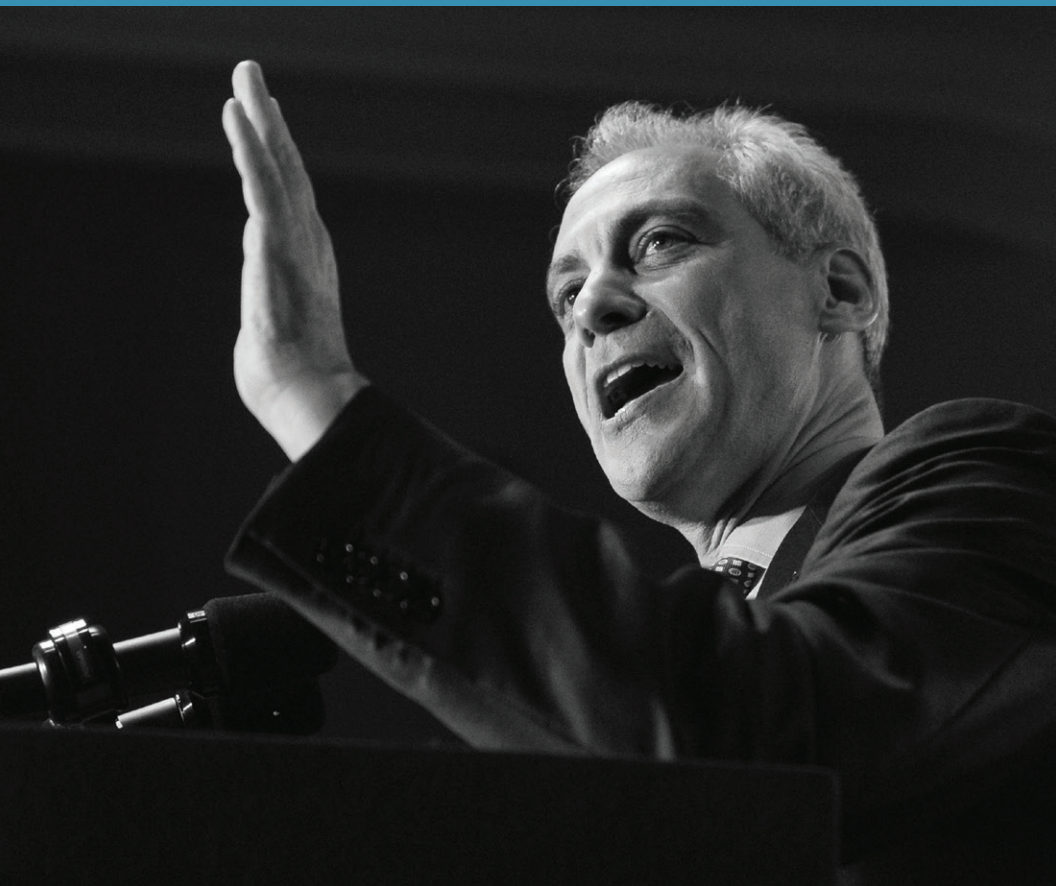


When Aldermen Break with Their Voters



Understanding and Mediating Public Preferences on Mental Health Clinics in Chicago

ANDRUS HATEM, AB'20

Introduction

Mayor Rahm Emanuel released his first city budget in October of 2011. Chicago faced a \$635 million deficit, and Emanuel was determined to close that gap without new taxes.¹ In place of taxes, he proposed “innovative reforms and efficiencies.”² Among the casualties were six of the city’s twelve mental health clinics. Emanuel proposed to close them by April 2012. He argued that the population of many neighborhoods had been dropping for years, and patient visits were following suit. The city could provide comparable mental health services at a substantially lower cost by “consolidating” half the city’s clinics and directing patients to larger facilities or private providers.³

1. Yasmin Rammohan, “City Council Approves Mayor Rahm Emanuel’s 2012 Budget Plan,” *WTTW*, Oct. 12, 2011, www.chicago.gov/content/city/en/depts/mayor/press_room/press_releases/2011/november_2011/city_council_approves_mayorrahmemanuels2012budgetplan.html.

2. Ibid.

3. Ben Joravsky, “Before the Schools, Mayor Emanuel Closed the Clinics,” *Chicago Reader*, Mar. 26, 2013, www.chicagoreader.com/chicago/mayor-emanuel-closes-city-mental-health-clinics/Content?oid=9145051.

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 one hundred per therapist, compared to twenty or thirty in private practice—were moving back towards normalcy.⁴ Closings threatened to reverse that progress. Mental health advocates found twenty-eight friendly aldermen and braced for a fight.⁵ They never got one. A month later, the Chicago City Council passed Emanuel’s budget unanimously.⁶ The council agreed to his mental health cuts “without a hearing, study, or any other independent review of the mayor’s claims.”⁷ But the story did not end there. As the city shuttered clinics (six in 2012 and one in 2013), activists and advocates would not let the closings go.⁸ The closings resurfaced in 2013, as Emanuel proposed the largest school closings in Chicago’s history, and again in 2015, as Emanuel sought reelection.⁹ They remained contested even after

4. Ibid.

5. Ibid.

6. Mayor’s Press Office, “City Council Approves Mayor Rahm Emanuel’s 2012 Budget Plan,” Office of the Mayor, Nov. 16, 2011, www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2011/november_2011/city_council_approves_mayorrahmemanuels2012budgetplan.html.

7. Joravsky, “Before the Schools.”

8. Mattie Quinn, “This Is What Happens When a City Shuts Down Mental Health Clinics,” *Governing*, Oct. 2018, www.governing.com/topics/health-human-services/gov-chicago-mental-health.html.

9. Joravsky, “Before the Schools”; Noreen S. Ahmed-Ullah, John Chase, and Bob Sexter, “CPS Approves Largest School Closure in Chicago’s History,” *Chicago Tribune*, May 23, 2013, www.chicagotribune.com/news/ct-xpm-2013-05-23-chicago-school-closings-20130522-story.html; Alisa Hauser, “Rahm Confronted on Mental Health Clinic Closures during Wicker Park Forum,” *DNAinfo Chicago*, Mar. 25, 2015, www.dnainfo.com/chicago/20150305/wicker-park/rahm-emanuel-confronted-on-mental-clinic-closures-during-wicker-park-forum.

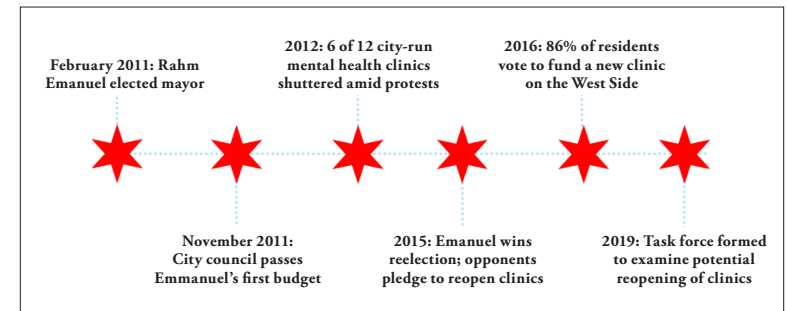


Figure 1: Timeline of Mental Health Clinic Closings in Chicago.

Illustration by author.

Emanuel left office in 2019, when the city council formed a task force to reexamine the closings (see fig. 1).¹⁰

But all the activists’ organizing and protests never quite bore fruit. The clinic task force, initially seen as a hard-fought victory, became a microcosm of activists’ frustrations. Judy King, the Chicago Community Health Board’s representative on the task force, summed up these frustrations: “[The task force] met as a group once on May 16, 2019. The public was excluded. Two of us objected. It was the only meeting.”¹¹ And the clinics stayed closed.

There is evidence in hindsight that opposition to mental health cuts had staying power in Chicago. 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

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

11. Jim Daley, “What Happened to the Mental Health Task Force?” *Chicago South Side Weekly*, Feb. 4, 2020, southsideweekly.com/happened-mental-health-task-force.

measure that should be reexamined. Why did the city council unanimously back closings, if mental health activists and advocates had this much public support? Why did the council hold the line, despite protests, referenda, and wins for pro-clinic candidates? How, in other words, did a wide gap persist between public sentiment on the one hand and the actions of public officials on the other?

Answering these questions requires a more detailed account of the way political leaders and the public understood the clinic debate. Aldermen had limited information to form their views on Rahm Emanuel's budget, but this lack of information only goes so far to explain the gulf between public sentiment and public officials' actions. To explain this gulf, I examine the way that Mayor Emanuel and activists/advocates sought to frame the debate over clinic closures. To understand how the early opposition of twenty-eight aldermen became unanimous support, and how clinic closings remained in effect despite evidence of public opposition, I detail the mechanisms by which local officials understand and prioritize issues and the ways in which outside actors—most of all the mayor—can manage officials' perceptions. The results help explain why Chicago closed its mental health clinics, only to revisit the topic years later; they also illustrate how political issues are discussed and contested in local government.

This thesis draws on the literature of power in government to examine the workings of Chicago's city government. The sociologist, C. Wright Mills, argued in 1956 that American society was dominated by a small coterie of "power elites."¹² The political theorist, Robert Dahl, challenged this view, arguing in *Who Governs?* (1961) that political elites and the masses governed together in an arrangement Dahl called "pluralism."¹³

12. Alan Wolfe, "The Power Elite Now," *American Prospect*, Nov. 16, 2001, prospect.org/api/content/e7f4c59d-1129-5028-a93a-19c478bd2b4e.

13. Floyd Hunter, review of *Who Governs?* *Democracy and Power in an American City*, by Robert A. Dahl, *Administrative Science Quarterly* 6, no. 4 (1962): 517–19, doi:10.2307/2390734.

Later scholarship questioned Dahl's optimism, presented evidence that the private stances of Dahl's subjects belied their public claims, and suggested that Mills' power-elite theory held more truth than Dahl believed.¹⁴ Yet even Dahl's skeptics admit that the public wields some influence over government. I do not claim to settle the Mills-Dahl debate, but, for the purposes of this study, I assume some level of public influence over government, in keeping with recent scholarship, and seek to explain the public's limited impact on mental health cuts in Chicago.

I will examine two questions central to the literature on citizen influence in local politics. First, I trace the ways in which officials (in this case, Chicago's aldermen) gather information and make decisions about issues. Second, I examine the ways in which external actors (Mayor Emanuel on the one hand and activists on the other) compete to shape this process. I seek to explain why public opinion took a back seat in officials' minds early on; how public resistance shaped the stances and actions of the city council; how Emanuel countered activists' efforts and blunted their impact on policy; and how political actors can manipulate the salience of public opinion to advance their interests in a wide range of settings.

The core of this study is inductive, with limited reliance on prespecified empirical expectations. Still, it is worth describing general patterns and dynamics that I expected to encounter. Like Dahl, I expected to find public sentiment exerting at least some influence on the actions of policy makers and elected officials. I expected to identify particular mechanisms (the aldermanic town hall, for instance) that could facilitate this process by helping officials gauge their constituents' views. I expected to identify ways in which Emanuel and his staff limited the influence of these mechanisms (a short timeline for passage of a budget; alternative

14. G. William Domhoff, "Who Rules America: Who Really Ruled in Dahl's New Haven?" *Power in America*, n.d., accessed Nov. 9, 2019, whorulesamerica.ucsc.edu/power/new_haven-old.html.

measures of the public's preferences, such as Emanuel's 2011 win; and efforts to tie closings to other council and voter priorities). I mapped the use and relative influence of these political strategies where I noted them. Finally, I expected to find activists using public engagement strategies (protest marches, media coverage, petition drives) to undermine the mayor's efforts over time, to increase the impact of public opinion on officials' stances, and to push the council to reexamine clinic closings.¹⁵

Having outlined the puzzle at hand, I surveyed the relevant literature, detail known mechanisms that mediate the impact of public opinion on policy, and describe institutions and structures in Chicago that fit into this framework. I draw on statements, messaging materials, and the words of activists, officials, and members of Emanuel's administration to explain how each group navigated the debate over mental health clinics and shaped the debate's outcome. Finally, I consider the implications of these findings for scholars' understanding of the debate over mental health clinics in Chicago and the influence of public opinion on the actions of local government more broadly.

Literature Review

Existing research offers some insights relevant to this study, but has limitations. One line of research on the role of interest groups in policy debates pays limited attention to local politics. Another strand considers the balance of power between the electorate at large and narrow interest

15. Activists continue to protest for more mental health clinics during the COVID-19 epidemic, and Chicago's current mayor, Lori Lightfoot, continues to argue that the clinics closed nine years ago have been adequately replaced by funding to South and West Side organizations. See Marissa Nelson, "Chicago's Mental Health Care Plan Invests in Services, Not Yet Reopening Clinics," *WTTW News*, Apr. 13, 2021, news.wttw.com/2021/04/13/chicago-s-mental-health-care-plan-invests-services-not-yet-reopening-clinics.

groups or elites, again on a larger scale. Some scholars have applied these two lines of research in local contexts, and I draw on their comparisons of local and national politics. Finally, my methodology is informed by two recent works that cast light on an understudied dimension of interest group competition: the subjective way in which political debates are constructed by participants and observers alike.

Interest Groups

A well-developed literature examines the formation and operation of political interest groups. David Truman's *The Governmental Process* (1951) argues that wherever substantial interests in a political outcome exist interest-group formation will follow as people join interest groups to advance group goals.¹⁶ Mancur Olson's *The Logic of Collective Action* (1965) challenges this view, pointing to collective-action problems that characterize the activity of interest groups. Olson calls for an understanding of interest-group formation and structures focused on the self-interest of individuals and the exclusive benefits that groups provide to draw members.¹⁷

Later studies have built on Olson's 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 interest-group members.¹⁸ Salisbury (1969) describes interest groups in terms more reminiscent of business than activism, arguing that "entrepreneurs" who catalyze group formation and develop

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

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

18. Terry M. Moe, "Toward a Broader View of Interest Groups," *Journal of Politics* 43 (1981): 531–43, doi:10.2307/2130382.

a set of benefits to attract members play a key role.¹⁹ Walker (1983) casts light on the role that corporations, government agencies, foundations, or wealthy citizens can play in interest-group formation. For Walker, a key contributing factor for interest-group success is the availability of wealthy sponsors whose patronage helps groups thrive and survive.²⁰ Finally, Bosso (2005) finds that it aids nonprofit groups to adopt the methods of business.²¹

Another pertinent branch of the interest-group literature examines what interest groups *do* once established, but these authors focus on national and, more rarely, state politics. Local government has suffered from a dearth of research. Nownes (2006) offers one of the few accounts of local lobbying, examining land use and procurement, two hotly contested domains that have drawn limited attention.²² Nownes's work is relevant for two reasons: first, even as Nownes examines patterns of local interest-group activity, he finds that the topic remains understudied despite his best efforts; second, Nownes singles out procurement as the focus of a great deal of local lobbying, raising the possibility that a locality's decision to provide services through the public sector, private actors, or federal programs may enlist the interest and efforts of a wide variety of actors. My study contributes to this literature by examining the mechanics of advocacy in Chicago and the role of procurement in cementing a new status quo.

19. Robert H Salisbury, "An Exchange Theory of Interest Groups," *Midwest Journal of Political Science* 13 (1969): 1–32, doi:10.2307/2110212.

20. Jack L. Walker, "The Origins and Maintenance of Interest Groups in America," *American Political Science Review* 77 (1983): 390–406, doi:10.2307/1958924.

21. Christopher J. Bosso, *Environment, Inc.: From Grassroots to Beltway*, Studies in Government and Public Policy (Lawrence: University Press of Kansas, 2005).

22. Anthony J. Nownes, *Total Lobbying: What Lobbyists Want (and How They Try to Get It)* (Cambridge: Cambridge University Press, 2006).

Theories of Representation

An equally relevant strand of literature attempts to map the influence of interest groups on the workings of government and details the mechanisms of representation that shape policy. Lasswell (1936) inaugurated this line of inquiry, defining politics memorably as "Who gets what, when, and how?"²³ Lasswell answered this question by studying the attitudes and activities of political elites, and this line of inquiry dominated the field for over two decades. Mills's *The Power Elite* (1956), which focuses on a small cadre of American political, military, and commercial elites, may be the purest expression of this view.²⁴

Downs's *An Economic Theory of Democracy* (1957) represents a stark contrast. For Downs, governments are best understood as a constellation of strategic vote-seeking politicians, beholden to voters who maximize their own utility rationally.²⁵ Citizen influence can be measured primarily by the value of their vote—a strikingly egalitarian vision of representation.

Dahl (1961) fills the yawning gap between these views with a theory he calls "pluralism," according to which no single group dominates the actions of government. Instead, Dahl's observations in New Haven lead him to describe American society as a polyarchy—a political and social arrangement whereby policy outcomes result from competition between a broad constellation of groups, with elites and masses governing jointly.²⁶ Lindblom (1977) builds on this view, incorporating the outsize

23. Harold D. Lasswell, *Politics: Who Gets What, When, How* (New York: McGraw-Hill, 1936).

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

25. Anthony Downs, *An Economic Theory of Democracy* (New York: Harper, 1957).

26. Robert A. Dahl, *Who Governs? Democracy and Power in an American City* (New Haven, CT: Yale University Press, 1989).

sway of corporate interests into Dahl's mapping of influential groups.²⁷ And Bachrach and Baratz (1962) take a broad view of the scope for pluralist competition, arguing that decisions to put issues on the agenda (or not) and to include certain interests in a debate (or not) represent highly consequential steps with policy impacts.²⁸

Finally, for Mayhew (1974), debates about policy, agendas, and inclusion or exclusion of particular interests can all be understood through the prism of elections. In *The Electoral Connection*, Mayhew describes officials as single-minded seekers of reelection.²⁹ This concern for reelection extends beyond Downs's sole focus on voters and encompasses the desires of a wide variety of groups whose actions can influence election outcomes, but in Mayhew's view constituent preferences remain the primary determinant of a legislator's actions. While the specific influences on reelection that Mayhew identifies in national politics are secondary to this study, his argument that reelection is not only *a* driver of decisions, but *the* driver of officials' decisions, is invaluable.

The literature on political representation offers diverging perspectives on the impact of citizens' preferences but agrees on one point: officials' *perception* of the political landscape—be it the preferences of elites, the views of their voters, or the stances and resources of groups with power to sway elections—matters. Yet this literature focuses primarily on dynamics of representation in the US Congress. Dahl is one of a handful of researchers to devote attention to the dynamics of representation in state or local politics. Stone (1989) examines the relationship between politicians, bureaucracies, and interest groups in Atlanta, drawing on

27. Charles E. Lindblom, *Politics and Markets: The World's Political Economic Systems* (New York: Basic Books, 1977).

28. Peter Bachrach and Morton S. Baratz, "The Two Faces of Power," *American Political Science Review* 56, no. 4 (1962): 947–52, doi:10.2307/1952796.

29. David R. Mayhew, *Congress: The Electoral Connection* (New Haven, CT: Yale University Press, 1974).

the findings of Lindblom and others to update Dahl's understanding of local politics.³⁰ 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.³¹ Oliver et al. (2012) challenge the transplantation of insights about national politics to a local context by detailing crucial differences between local and national elections. For Oliver et al., partisanship, ideology, and group appeals have limited importance in local contexts; instead, local leaders are judged by their performance and their connections to voters embedded deeply in a community.³² These studies are useful insofar as they clarify the relevance of insights drawn from national politics in a local context. But with the exception of Oliver et al., they still 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 reality, relying on an imperfect, subjective understanding of elections, interest groups, and policies as they seek to read and shape the political landscape.

With the benefit of half a century of scholarship, Dahl's view of local representation can be updated and expanded. My research focuses on the gap at the intersection of these lines of research. I begin by mapping the landscape of interest groups with a stake in mental health care provision in Chicago. I examine different actors' perceptions of this landscape to determine how local political actors interpreted representation. By understanding the ways in which these actors' subjective perceptions shape

30. Clarence N. Stone, *Regime Politics: Governing Atlanta, 1946–1988* (Lawrence: University Press of Kansas, 1989).

31. Bryan Jones and Lynn Bachelor, *The Sustaining Hand: Community Leadership and Corporate Power* (Lawrence: University Press of Kansas, 1986).

32. Eric Oliver, Shan E. Ha, and Zachary Callen, *Local Elections and the Politics of Small-Scale Democracy* (Princeton, NJ: Princeton University Press, 2012).

local outcomes, I aim to clarify scholars' understanding of similarities and differences in the workings of local and national politics.

Assessing the Subjective Dimension

Two recent works shape my approach in this study. *The Politics of Resentment* (2016), Cramer's examination of rural consciousness in Wisconsin, makes the case that political scientists have construed political self-interest too narrowly. In Cramer's view, scholars have focused on supposedly objective assessments centered on material circumstances, while ignoring voters' subjective construction of their social and political context.³³ Ewing's *Ghosts in the Schoolyard* (2018) examines school closings in Chicago and reveals that not only voters but also high-level activists, policymakers, and practitioners understand political phenomena in subjective and personal terms.³⁴ Together, these studies highlight a dimension of politics that quantitative or deductive studies cannot fully capture. I examine the role this subjectivity played in the clinic debate.

Methods

Local Context and Constraints

This study treats clinic closings in Chicago as a choice, rather than a product of natural trends. Some observers might point to long-term economic, demographic, and medical trends that made clinic consolidation attractive. These concerns likely influenced city leaders' decisions, but clinic closings were not self-implementing: they were a conscious budget choice and a break with existing policy. It seems reasonable to

33. Katherine J. Cramer, *The Politics of Resentment: Rural Consciousness in Wisconsin and the Rise of Scott Walker* (Chicago: University of Chicago Press, 2016).

34. Eve L. Ewing, *Ghosts in the Schoolyard: Racism and School Closings on Chicago's South Side* (Chicago: University of Chicago Press, 2018).

discuss the city's 2012 budget as a deliberate result of political processes and to assess the impact of voters, activists, and Mayor Emanuel on aldermen's decisions.

Mayhew and other scholars have documented the constraints officials can face under certain conditions.³⁵ At the federal level, many votes can be predicted on the basis of a handful of factors: public opinion polling on an issue, the partisan lean of an electoral district, and sometimes the preferences of actors or institutions that can affect a legislator's odds of re-election.³⁶ Few of these constraints are present at the local level: opinion polling is scarce, issues are less obviously partisan, and voter preferences are more malleable. Political actors and interest groups in a local environment should enjoy greater influence, and officials may be persuaded to see a wider range of actions as beneficial. Thus, activists and city hall had room to shape aldermen's perceptions of their self-interest—and gain an edge by doing so.

A paucity of systematic, objective electoral and opinion data, which may limit the relevance of Mayhew's theories in local contexts, also makes it difficult for researchers to examine local politics through a quantitative lens. Qualitative methods are well suited to the complex, indirect, and nuanced task of reconstructing officials' decisions. For example, in the absence of data, local officials' reading of the political landscape tends to be more qualitative and impressionistic. Also, officials may hold private views that differ from their public statements, which require researchers to interpret their reasoning. Any study of their decisions must, therefore, incorporate qualitative, impressionistic factors. Accordingly, I conducted a qualitative analysis of the debate over clinic closings in Chicago. I began with the public statements and actions of the actors involved, supplemented this with contemporary accounts of different parties' actions behind the scenes, and drew on interviews with

35. Mayhew, *Congress*.

36. *Ibid.*

activists, advocates, elected officials, and senior political staff to validate conclusions drawn from contemporary data.

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

Yet, a portrait based solely on contemporaneous data would be incomplete. Even the most talented reporter's best approximation of private deliberations and negotiations can never tell the full story. Accordingly, I supplement my analysis with interviews designed to capture the perspectives of activists, advocates, current and former elected officials, and senior political staff. These interviews lift the veil of secrecy around closed-door deliberations and negotiations, contextualize the public actions of key parties, and identify factors shaping different actors' subjective and personal interpretations of the political landscape. Interviews conducted years after the events in question, with subjects who may now wish to paint their actions in a different light, are necessarily an imperfect tool. They can provide a more complete picture, but hardly a neutral one. Accordingly, I use these interviews to contextualize, to supplement, and to validate conclusions drawn from other data, but do not treat any one interview as a definitive account.

Data Collection and Processing

My study focuses on the actions and perceptions of aldermen, activists, mayoral staff, and providers. I needed to explain aldermanic decisions and reasons for voting in 2011 to close the clinics. Activists represented the most politically active portion of these aldermen's constituencies; the

mayor's office was the driving force behind consolidation; and mental health providers' staff and advocacy professionals were in a position to speak to the interests of providers as well as their patients. While political deliberations can involve a wide variety of actors, the actions of these parties were especially pertinent and I focused my data collection on them. I considered two key variables particularly relevant to the decisions made by politicians and community activists and advocates. First, in the absence of widely available and reliable polling at the local level, I paid attention to the information channels and methods that aldermen used to gauge public opinion. Second, I explored how political actors sought to shape public opinion, looking for similarities and differences in approach, emphasis, and desired results.

My analysis of public statements and actions draws on a range of contemporaneous data. These include videos of public events by activists, aldermen, and the mayor's office; documents and communications materials produced by them; and press accounts of the clinic debate. I retrieved primary and secondary data from a range of publicly available sources. I collected mayoral communications and city agency reports from the City of Chicago website; council proceedings from the City Clerk of Chicago website; and online publications, videos, and posts from the websites and social media of activist groups. These groups included the Mental Health Movement (a coalition opposed to clinic closings) and Southside Together Organizing for Power (a general activist group heavily involved in the clinic fight). I also studied media accounts of mayoral activities, activist events, and political processes, drawing on neighborhood outlets (*South Side Weekly*, DNAinfo Chicago, Block Club Chicago), local periodicals (*Chicago Reader*, *Chicago Sun-Times*, *Chicago Tribune*), television coverage (CBS, NBC, and ABC), and national media (*New York Times*, *Governing*).

I supplemented this qualitative data with interviews. My interviews focused on the private and subjective aspects of actors' decisions. Two

advocacy professionals agreed to full and recorded interviews: Deb McCarel, director of policy and government affairs for the Illinois Collaboration on Youth, and a former staffer for an official involved in mental health policy, who wished to remain anonymous. A group of seven interviewees allowed me to take notes but asked me not to record our meetings or use their names: they are three former candidates or elected officials, a former aldermanic staffer, a former legislative aide, a government relations professional familiar with mental health funding, and an employee of a nonprofit with city partnerships. To ensure interviewee confidentiality, I identify interviewees with generic titles (e.g., a longtime alderman) or other terms agreed on with a subject. Identifying information has been redacted from quotes or other data, where necessary. I worked with anonymized transcripts and notes, while retaining audio files for a limited time period in secure storage. These precautions protected subjects' privacy and allowed them to speak freely on sensitive topics.

Finally, I collected field notes during three public events to contextualize the impact of closings and to learn about residents' attitudes in Woodlawn, home to one shuttered clinic. These events were organized by Southside Together Organizing for Power (STOP), an aldermanic campaign, and the Obama Community Benefits Agreement coalition.

Data Analysis

As I compiled contemporaneous statements, materials, and press accounts and paired these materials with interview data, I noted interview comments relevant to my key variables: aldermen's approach in gauging public opinion and political actors' approach to shaping public opinion (see Appendix 1). I also noted themes that appeared in multiple respondents' comments and that might point to other relevant factors. My interview protocol included a question designed to allow snowball sampling, based on subjects' knowledge of other relevant actors (see Appendix 2). This allowed me to refine my target population over time,

to draw on the domain knowledge of experienced practitioners, and to investigate factors relevant to my research topic, but overlooked in my initial data collection.

Next, I conducted preliminary analyses of my data. First, I assessed the implications of my data to my key variables. Second, I identified additional variables of potential interest. In this second round of analysis, I examined the incentives each stakeholder faced and contextualized subjects' public actions. Finally, I drew on subjects' assessments of each other's goals and actions, gleaned from interview data, to shed light on interactions among key political actors.

This study is not without its limits. Idiosyncratic factors and individual personalities may well have shaped the debate about mental health in Chicago. Extraneous forces, such as the fiscal pressures of the Great Recession, certainly had an impact. Even a detailed review of primary and secondary sources, supplemented with interviews, cannot capture all viewpoints. Any study of recent and contested events forces the researcher to parse subjective and sometimes self-serving accounts. I sought to mitigate the impact of these factors by collecting a wide range of data from a wide array of sources, but future evidence will inevitably correct some particulars laid out below.

These limitations are real, and worth noting, but they are not fatal to this study's purpose. My goal is to adapt Mayhew's work on legislators' decision-making to a local context. I do not seek to have the last word on local politics, but to document and describe certain dynamics of local representation. I set out to collect perspectives from political actors, compare them to expectations based on current research, answer a few narrow questions, raise several broader ones, and place old debates on representation in a new context. I found the methods detailed here fit for that purpose. Where I raised new questions, evidence from Chicago alone cannot provide final answers, but it can provide a first look at these questions and offer some tentative evidence. I interpreted my data and

findings with an eye towards these broader goals. Readers may find it helpful to do the same.

Analysis

As I note above, I focused my analysis on two variables: (1) How did political actors and interest groups understand and interpret public opinion in the absence of reliable polling?; and (2) How did different actors aim to reshape the political landscape and advance their interests? Below, I propose answers and seek to explain why the debate over Chicago's mental health clinics unfolded as it did. Activists did their best to showcase opposition to clinic closings and budget cuts, and their framing superseded Emanuel's in public discourse. Although Emanuel relented on other budget cuts, clinic closings stayed in his budget, and the clinics shut down months later, despite protests.

In 2011, Emanuel was fresh off a decisive electoral win, and his claims to public support rang truer to aldermen than those of activists.³⁷ I argue that these and other structural advantages helped Emanuel sway aldermen to his view in 2011. These advantages would fade over time as activists continued their protests, attacked Emanuel's policies and honesty, and garnered press coverage supportive of their view. Once the city shut down several clinics, activists' path forward grew more daunting: not only did they have to amplify opposition to closings, they needed to generate enough public outrage to roll back enacted policy over Emanuel's veto. An occasional protest or friendly news column could not generate this kind of momentum. Despite public support for the clinics and lingering doubts about the closings among some local leaders, Emanuel's cuts remained in place and the clinics remained closed. A 2019 task force to

37. In a crowded field of six candidates, Emanuel received 55.3 percent of votes; his closest opponent received 23.9 percent. See "Rahm Emanuel," Ballotpedia, n.d., accessed January 27, 2022, ballotpedia.org/Rahm_Emanuel#cite_note-17.

reexamine closings went nowhere. Activists' efforts continue, but some old allies have moved on. If the clinics stay closed, I argue that the explanation lies in the first days of this battle, when the city council passed Emanuel's budget unanimously and he gained an advantage that activists could never fully overcome.

Early Successes for Emanuel

Why did Emanuel's views carry the day in 2011 while his opponents fell short? Why were aldermen willing to fight for library hours, free water for nonprofits, and graffiti removal, but not for mental health clinics? Emanuel's efforts to avoid discussing clinic closings, the circumstances and timing of his first budget, and the delay before the impact of the closings was felt proved crucial. These three factors bolstered Emanuel's case in 2011, but favored the activists' case in later years. Yet, even as activists' efforts gained momentum, they did not generate the pressure needed to push the city council to buck Emanuel or prod his successor, Lori Lightfoot, to reopen clinics. Proponents and opponents sought to frame the debate as each camp made its case to the council and the public. Their rhetorical choices in 2011 had lasting consequences, and I believe these choices help explain why the clinic fight unfolded as it did.

Emanuel faced an unenviable task: curtailing or eliminating an existing public program is far more difficult than blocking a new one. The political scientist, Robert 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."³⁸ Enacted programs create their own constituencies of beneficiaries, grow entrenched, and become increasingly difficult to reverse. Clinic closings and privatization produced a clear set of losers who had a strong incentive

38. Paul C. Light, "The Tides of Reform Revisited: Patterns in Making Government Work, 1945–2002," *Public Administration Review* 66, no. 1 (2006): 12, doi:10.1111/j.1540-6210.2006.00551.x.

to resist Emanuel's proposal and to highlight its costs. Moreover, this debate took place in Chicago, an overwhelmingly Democratic city whose voters are generally sympathetic to more expansive government's services.

Light points to a potential solution to Emanuel's conundrum: "Asked whether government programs should be cut back ... 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."³⁹ Emanuel did not challenge the need for mental health care or the importance of some public funding. Rather, Emanuel and his staff argued for reduced city spending on grounds of efficiency, framing clinic consolidation and privatization as enhancing patients' access to treatment: "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."⁴⁰ On the eve of the budget vote, the mayor's office stated that "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."⁴¹

39. *Ibid.*, 12.

40. Heather Cherone, "Demand for City-Funded Mental Health Clinics to Take Center Stage at City Hall—Again." *Block Club Chicago*, Dec. 11, 2019, blockclubchicago.org/2019/01/16/demand-for-city-funded-mental-health-clinics-to-take-center-stage-at-city-hall-again.

41. "Aldermen Weary of Mental Health Cuts," *NBC5 Chicago*, Nov. 15, 2011, www.nbcchicago.com/news/local/alderman-weary-of-mental-health-cuts/1898137.

Emanuel used similar language during his first budget address; while the address did mention cuts (ranging from police anti-terrorism efforts to garbage collection to traffic lights), far more often he discussed proposals "to combine similar functions" or "to extend healthy competition to ... essential city services" or "to realize those savings."⁴² The closest Emanuel came to backing cuts directly as a fiscal measure, rather than as a by-product of efficiency, 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. ... We have to find those savings. That's the destination. If people have a different road to that destination, great."⁴³

Presidential scholars would find this approach familiar. For decades, presidents have claimed expansive powers on the basis that they alone answer to the entire nation and that they alone are in a position to act for the good of the nation, even if some interests suffer.⁴⁴ Emanuel framed the clinic closings, and his budget cuts more generally, in the same way: as a leader rising above the fray of individual neighborhoods or aldermen, unconcerned about particular losers of his cuts, and focused on the good of Chicago as a whole. Emanuel's framing sidestepped the most powerful arguments against clinic closings and complicated the work of activists who opposed consolidation. Rather than wage a battle against Republican austerity and appeal to the partisan sympathies of the average Chicagoan,

42. Rahm Emanuel, "Mayor Rahm Emanuel's Budget Address: Remarks as Prepared," Office of the Mayor, Oct. 12, 2011, www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGETremarks.pdf.

43. Derrick Blakley, "28 Aldermen Sign Letter of Concern over City Budget Cuts," *CBS2 Chicago*, Nov. 2, 2011, chicago.cbslocal.com/2011/11/02/28-aldermen-sign-letter-of-concern-over-city-budget-cuts.

44. William Howell, "The Stewardship Theory of the Presidency," (lecture, PLSC 25215 "The American Presidency," University of Chicago, Chicago, IL, Jan. 7, 2019).

they had to challenge and undermine a Democrat's claims and credibility. Emanuel never made a direct case for reduced mental health services; he argued simply that his plan represented a more efficient way to provide services. This cast the closings as a question of technocratic management, which was territory well-suited to the expertise of Emanuel's staff and health department, but outside the purview of politicians and community activists. In other words, Emanuel found a way to wage a difficult fight on friendly ground.

A coalition of activists opposed to the closings resisted Emanuel's framing of the issue. Formed in 2009, when Mayor Richard M. Daley sought to close four South Side clinics, the coalition had successfully mobilized activists, providers, and clinic workers' unions. This time around they joined forces with others affected by budget cuts, such as library workers, police officers, firemen, 911 dispatchers, and the nascent Occupy movement.⁴⁵ Unlike Emanuel, they were not shy about labeling cuts as cuts. For activists, Emanuel's proposal was not a question of efficiency; privatization and consolidation meant closings, not savings. Over weeks of protests, activists echoed this framing. Take the chant at one raucous protest organized by STOP:

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!⁴⁶

45. Blakley, "28 Aldermen Sign Letter."

46. Southside Together Organizing for Power, "Privatization of Health Care Protest October 2011," video, Oct. 12, 2011, www.youtube.com/watch?v=lyHh5lyo-aE.

A speaker at the rally, Gail M. Davis, who identified herself as a patient at the Beverly/Morgan Park Clinic, repeated the message: "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."⁴⁷ Vocally and consistently, activists used strong and unambiguous language to resist Emanuel's "consolidation" frame. They kept the debate focused on the expected impact of closings on the most vulnerable. In a scheduled speech at the Greater Grand Mental Health Center, Health Commissioner Bechara Choucair was greeted by a hostile crowd of clinic workers and activists; one attendee welcomed him: "They're closing six mental health clinics. People are going to die."⁴⁸ Choucair tried to quiet the crowd, failed, and eventually left.⁴⁹

At first, some in the city council appeared persuaded either by the protesters' arguments or by their numbers. In a letter to the mayor dated October 31 (days before a budget hearing), twenty-eight aldermen raised concerns about library, public health, and emergency services cuts.⁵⁰ The aldermen were unmoved by Emanuel's argument that his budget would not affect these services: "A 'degradation of service' may not be foreseen by some, but we are concerned this will have an immediate and negative

47. Ibid.

48. Southside Together Organizing for Power, "Rahm's Clinic Closer CHASED OUT of the South Side," video, Dec. 21, 2011, www.youtube.com/watch?v=Phwj7beHP_o.

49. Ibid.

50. Ricardo Muñoz et al., Letter to Mayor Rahm Emanuel, Oct. 31, 2011, 1, files ctctcdn.com/a88ea5d5101/cf28bfff-d3ab-4fa2-b28b-2602ced7cf7f.pdf.

effect.”⁵¹ In a city where the council is often the mayor’s rubber stamp, this sign of dissent did not go unnoticed. A reporter noted that 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.”⁵²

Faced with more resistance than expected in his first budget skirmish, Emanuel adjusted his strategy. Within days, Emanuel scaled back proposed cuts to libraries, graffiti removal, and free city water for churches and nonprofits—but not clinics.⁵³ These concessions were enough for the city council, the revolt was over before it began, and Emanuel’s budget passed unanimously.⁵⁴

Activists Frame the Closings; Emanuel Downplays Them

Emanuel’s mayoral bully pulpit and press office were powerful tools for shaping media coverage and public discourse. He had the power to elevate issues merely by engaging with them or to remain silent and refuse to amplify activists’ messaging. Addressing clinic closings directly in the announcement of his upcoming budget or to the media would draw attention to the issue; in retrospect, his efforts to avoid the subject in public seem wise. Activists, in turn, put pressure on the mayor through public protests and unannounced appearances at city hall that received considerable media coverage. They framed the closings in terms of the

51. Ibid.

52. Blakley, “28 Aldermen Sign Letter.”

53. “Emanuel Budget Changes,” Huffpost, Oct. 4, 2011, www.huffpost.com/entry/emanuel-budget-changes-wi_n_1076663.

54. Don Terry, “A Sit-In Fails to Save Clinics,” *New York Times*, Nov. 19, 2011, www.nytimes.com/2011/11/20/us/sit-in-fails-to-save-chicago-mental-health-clinics.html.

human costs that were missing from Emanuel’s dry call for efficiency. They also used Emanuel’s boast of transparency against him, arguing that his backroom budget deals were old-school machine politics dressed in a new corporate suit.⁵⁵ But as long as Rahm refused to serve as a foil, the reach of these tactics was limited.

In retrospect, it is remarkable how little Emanuel discussed clinic closings. In his October 12, 2011, budget address, Emanuel touched on savings large and small: \$82 million from the police and fire departments; \$20 million saved through a city employee wellness program; \$7 million saved by reducing library hours; \$3 million from collecting on tickets owed by city workers.⁵⁶ The words “mental health” or “clinic” are absent from the address and the accompanying press release.⁵⁷ 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. . . . *Media reports have indicated that staff are being cut and fewer services are now available, in the face of growing demand.*”⁵⁸ The most explicit reference to closings in any city hall publication from this period is a single paragraph buried on page seventy-five of the nearly two hundred–page budget overview.

55. David Moberg, “Life during Rahm Time: Is Emanuel’s Chicago the Future of Urban Politics?” *In These Times*, June 20, 2012, inthesetimes.com/article/life-during-rahm-time.

56. Mayor’s Press Office, “Mayor Rahm Emanuel Outlines 2012 Budget Proposal to Secure Chicago’s Future,” Oct. 12, 2011, [www.chicago.gov/content/dam/city/depts/mayor/Press Room/Press Releases/2011/October/10.12.11BUDGET.pdf](http://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2011/October/10.12.11BUDGET.pdf).

57. Ibid.; Emanuel, “Mayor Rahm Emanuel’s Budget Address.”

58. [Emphasis mine.] Chicago Department of Public Health, *Transforming the Health of Our City: Chicago Answers the Call* (Chicago: City of Chicago, 2011), 20, www.chicago.gov/content/dam/city/depts/cdph/CDPH/PublicHlthAgenda2011.pdf.

[The Chicago Department of Public Health] 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 2012.⁵⁹

Emanuel boasted of his transparency: "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. . . . We opened up the process and invited everyone in."⁶⁰ Yet his own public health department was left to rely on press accounts of the mayor's plans, and Emanuel's public announcements buried the closings below far less controversial items.

There are two possible reasons that Emanuel played down the clinic closings. Perhaps he considered the closings a minor tweak—a few changes of locations and providers—which offered modest savings with little impact on care. Yet Emanuel's budget does address other, less controversial cost cuttings, such as competitive bids for recycling collection and \$1.1 million in savings from retrofitted traffic lights.⁶¹ Clinic closings were a major change by comparison. Just two years after activist outcry forced Mayor Daley to withdraw a similar proposal, Emanuel would likely have

59. Rahm Emanuel, *2012 Budget Overview* (Chicago: City of Chicago, 2011), 75, www.chicago.gov/content/dam/city/depts/obm/supp_info/2012%20Budget/2012BudgetOverview.pdf.

60. Emanuel, "Mayor Rahm Emanuel's Budget Address."

61. *Ibid.*, 3, 29.

been aware of closings' political ramifications.⁶² A second, more plausible explanation for Emanuel's silence is that the mayor anticipated resistance and tough media coverage. The mayor and his advisors may have reached a private assessment that any argument for clinic closings would face resistance and would raise the profile of the issue. Better to close the clinics, take some flak, and move on.

If Emanuel was silent on the clinic closings, what did he discuss instead? He opens his budget address by saying that "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."⁶³ He framed his budget in terms of honesty, suggesting that spending cuts were natural and inevitable. The theme of honesty would reappear over the next month, which bears the mark of a coordinated message (see Appendix 3). The *Chicago Tribune*, the city's conservative newspaper, praised Emanuel for dealing "honestly with the city's financial situation rather than 'kicking the can down the road.'"⁶⁴ Joe Moore, alderman of the 49th Ward and a mayoral ally, declared: "It is an honest budget."⁶⁵ Perhaps the mayor's office framed spending cuts as natural and inevitable to place them outside the bounds of debate, which suggests that Emanuel

62. Steve Rhodes, "Mental Health Reprieve," *NBC5 Chicago*, Apr. 8, 2009, www.nbcchicago.com/news/local/daley-relents-on-closing-mental-health-clinics/1877853.

63. Emanuel, "Mayor Rahm Emanuel's Budget Address."

64. Hal Dardick and John Byrne, "Emanuel's Budget Unanimously Approved," *Chicago Tribune*, Nov. 16, 2011, www.chicagotribune.com/politics/chi-emanuel-budget-expected-to-pass-easily-today-20111116-story.html.

65. *Ibid.*

expected resistance to his budget but hoped to limit the damage by keeping the profile of cuts low. A former aldermanic staffer concurs and describes honesty as a common frame for unpopular decisions.⁶⁶

If Emanuel and his administration expected dissent, the weeks that followed proved them right. Patients, activists, and providers fought hard to keep clinics on the agenda and in the public's mind. A motif of activists' messaging was to call attention to the mayor's reluctance to discuss closings or meet with activists and to attack Emanuel's honesty, transparency, claims of public support, and responsiveness to constituent concerns. Gail M. Davis said at a protest that

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.⁶⁷

STOP's online presence echoed this language, highlighting the failure of the mayor and the health commissioner to meet with activists or listen

66. Former aldermanic staffer, interview with author, Mar. 15, 2020.

67. Southside Together Organizing for Power, "Privatization of Health Care Protest."

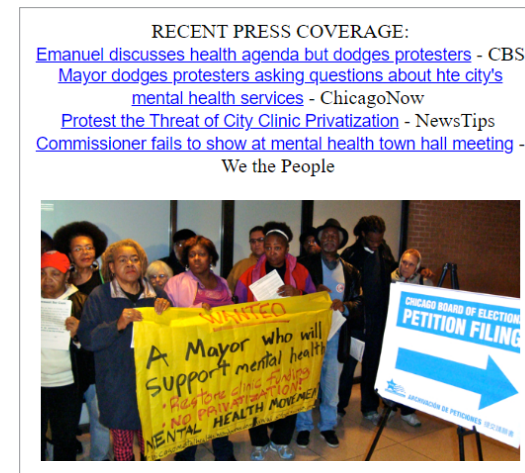


Figure 2: STOP Press Coverage, 2011.

Southside Together Organizing for Power, "Home Page," n.d., accessed Feb. 2, 2020, web.archive.org/web/20110925104917/http://www.stopchicago.org.

to their demands. A sample of press coverage on STOP's website in late 2011 illustrates this pattern (see fig. 2).⁶⁸

Other advocates drew attention to Emanuel's low profile more directly. Che "Rhymefest" Smith, a Grammy-winning artist and 2011 aldermanic candidate, pointed to 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."⁶⁹ Eventually, a harried staffer emerged to speak with the protesters. It went poorly. The crowd

68. Southside Together Organizing for Power, "Home Page," n.d., accessed Feb. 2, 2020, web.archive.org/web/20110925104917/http://www.stopchicago.org.

69. Southside Together Organizing for Power, "Privatization of Health Care Protest."

chanted: “Who are you? Who are you? Who are you?”⁷⁰ When the staffer introduced himself as Andy Orellana, a mayoral press aide, 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!⁷¹

STOP repeated the same message in a video (see fig. 3).

Attacks on the transparency and honesty of Emanuel’s reforms continued in the years to come. He faced a contingent of Chicago protesters at a 2012 fundraiser for Milwaukee Mayor Tom Barrett in Wisconsin. Barred from entering the fundraiser, the protestors staged a demonstration outside. Against the backdrop of the venue’s brick façade, speakers assailed Emanuel’s reforms and his transparency, with one saying that the mayor “closed half our clinics [to save] 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?”⁷² Paul Napier of the Illinois Nurses Association added: “We

70. Ibid.

71. Ibid.

72. Michael McIntee, “Protest of Rahm Emanuel at Tom Barrett Fundraiser,” video, Mar. 30, 2012, www.youtube.com/watch?v=JEogS0UOxHI.

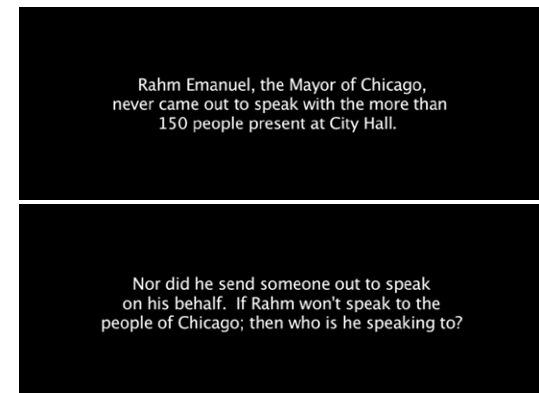


Figure 3: Video Stills, 2011. Southside Together Organizing for Power, “Privatization of Health Care Protest October 2011,” video, Oct. 12, 2011, www.youtube.com/watch?v=lyHh5lyo-aE.

cannot get public hearings to discuss the impacts of these closures and of these privatizations of our clinics.”⁷³

Activists again confronted Emanuel in 2015 at a campaign event in Wicker Park during a close runoff against County Commissioner Jesús “Chuy” García.⁷⁴ Debbie Delgado, a former patient at the Northwest Mental Health Clinic, raised protesters’ concerns:

I had two kids shot, okay. . . . I have been taking my youngest one to [the] 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

73. Ibid.

74. Hauser, “Rahm Confronted on Mental Health Clinic Closures.”

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.⁷⁵

The mayor's staff gave the activists a frosty reception. A security guard interjected: "This is absurd. This is not an open forum. We're going to have to have you removed. Would you please leave? (*Protester offers flyers to attendees.*) Would you please leave? Would you please leave? Please."⁷⁶

Emanuel launched into a response about the 606, a new park. 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.*)

Emanuel. ... 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 interrupts.*)

75. Southside Together Organizing for Power, "I Lost My Son, Why Did You Close My Mental Health Clinic?"—The Real Rahm," video, Mar. 5, 2015, www.youtube.com/watch?v=C-QaoExhXK4.

76. Ibid.

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

Emanuel. Second, I'm the person ... that helped pass the mental parity, so insurance companies could not cut you off.⁷⁷

Emanuel asked to speak with the protesters in private; they said later that their questions went unanswered.⁷⁸ Answers may not have been their goal: STOP had finally achieved a public confrontation with the mayor. The following day, STOP posted a video of the confrontation. It remains their most viewed clip.⁷⁹

Advocates' Framing Dominates the Conversation

In 2011, Emanuel and his staff were constrained. They couldn't match activists and protesters point for point, story for story, testimonial for testimonial. Doing so would elevate a fight Emanuel was unlikely to win in voters' minds. This made for a one-sided messaging battle. After Emanuel refused to engage with activists directly, they turned to the media, filling the void created by the mayor's silence with compelling stories.⁸⁰ Each story highlighted by STOP, the Mental Health Movement, and their allies offered stark and dramatic examples of the points activists were

77. Ibid.

78. Hauser, "Rahm Confronted on Mental Health Clinic Closures."

79. Southside Together Organizing for Power, "I Lost My Son."

80. Ironically, Emanuel's press secretary had endorsed the same approach a few months earlier: "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." See John Trybus, "Part 10: Tarrah Cooper and What Cause-Based Communicators Can Learn from City Hall," Center for Social Impact Communication, Georgetown University, n.d., accessed Feb. 6, 2020, csic.georgetown.edu/?post_type=people&p=1121.

trying to drive home. Emanuel's office largely held back, preferring to cede most points to activists rather than raise the profile of the closings. By and large, news coverage highlighted the activists' perspective and ended with only a brief response or formality from the mayor's office. Emanuel could talk about the technocratic efficiencies of clinic consolidation without providing health statistics on improved care, but activists could draw on personal narratives of treatments disrupted and cases gone wrong.⁸¹ Such stories appealed to voters' emotions and aversion to a loss of services, which no technocratic argument could defuse.

The risk of suicide stands out for its resonance at protests, at public meetings, and in the media. Take one patient's statement at a town hall: "In ninety-six, 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."⁸² Another exchange between a protester and Health Commissioner Choucair captures the asymmetry between activists' messaging and city hall's responses:

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.

Choucair: I would be happy to chat with you. Right now, we're in a staff meeting. ... This is a staff meeting.

81. Ben Joravsky, "Rahm Still Hasn't Told the Public Why He Closed Mental Health Clinics," *Chicago Reader*, July 29, 2014, www.chicagoreader.com/chicago/city-council-mental-health-clinics-closures-hearing/Content?oid=14436533.

82. Southside Together Organizing for Power, "Rahm's Clinic Closer CHASED OUT."

Protester: I tried to commit suicide, but you wanna walk out of here.⁸³

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, saying that treatment at a city clinic "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."⁸⁴ A report by the Mental Health Movement underlined the "life or death" imperative and suicide prevention provided by local clinics (see fig. 4). The report hammered home the message that clinic closings would kill patients.⁸⁵

This message would remain a fixture of activists' messaging as they dogged Emmanuel during public confrontations. Activists followed Emanuel to a fundraiser in 2012 and spoke of a "life-and-death struggle" to save clinics, and they confronted Emanuel in 2015 at a public event to declare that patients were "dying in the street."⁸⁶ Stories like these were the centerpiece of forceful and emotional messaging, and activists made full use of their power.

83. Ibid.

84. Paul Lisnek, "Mental Health Movement on CLTV's Politics Tonight," video, Jan. 28, 2012, www.youtube.com/watch?v=GswipUeeYMs.

85. Mental Health Movement, *Dumping Responsibility: The Case Against Closing CDPH Mental Health Clinics* (Chicago: Mental Health Movement, Jan. 2012), 1–6, documents.pub/reader/full/dumping-responsibility-the-case-against-closing-cdph-mental-health-dumping.

86. McIntee, "Protest of Rahm Emanuel"; Southside Together Organizing for Power, "I Lost My Son."

“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



“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,
patient, Beverly Morgan Park MHC



Figure 4: Statements by Trina Carpenter and Helen Morley, 2011. Mental Health Movement, *Dumping Responsibility: The Case Against Closing CDPH Mental Health Clinics* (Chicago: Mental Health Movement, Jan. 2012), 1, 4, documents .pub/reader/full/dumping-responsibility-the-case-against-closing-cdph-mental-health-dumping.

Structural Factors Benefit Emanuel in 2011

Emanuel’s decision to downplay the impact of closings reflected the structural advantages he enjoyed: his February electoral triumph, high approval ratings, and the coincidence of his proposed budget with ward remapping. Emanuel seemed to be leading a charmed political life in 2011, consolidating and cementing his power like the Daleys before him.⁸⁷ These advantages put the onus on activists to win aldermen over in a lopsided battle. Emanuel had the mayoral bully pulpit, an extensive staff, and vast connections to counter activists’ lower public profile, bare-bones staff, and limited influence. Time was also on his side. Emanuel announced his proposed closings in the autumn, leaving activists only a few weeks to overcome the mayor’s initial advantage. They did their best to convince aldermen that the mayor’s budget would harm clinic patients. As N’Dana Carter of STOP told the *New York Times*: “This could absolutely follow them into the voting booth. . . . [Aldermen] are paid to represent us, not the mayor.”⁸⁸ Given the same resources and the same platform that Emanuel enjoyed, they might have stood a chance.

All the evidence before the aldermen pointed to a single conclusion: to get along, go along—and don’t cross the mayor. Emanuel’s 2011 victory (he carried forty of the city’s fifty wards and won outright majorities in thirty-six) was a powerful signal of public support.⁸⁹ An August 2011 poll found that 70 percent of Chicagoans considered Emanuel honest, 72 percent felt he had the right priorities for the city, and 79 percent

87. Ben Joravsky, “All the King’s Aldermen,” *Chicago Reader*, Sept. 21, 2006, chicagoreader.com/news-politics/all-the-kings-aldermen.

88. Terry, “Sit-In Fails.”

89. David Nir, “Map of Chicago Mayoral Election Results by Precinct,” *Daily Kos*, Feb. 24, 2011, www.dailykos.com/stories/2011/2/24/948968/-.

approved of his performance to date.⁹⁰ Activists predicted aldermen would pay a price for supporting Emmanuel's budget, but these predictions hinged on several uncertain factors: did voters hear the activists' message, did they care, and did clinics outweigh a host of other issues? Whether voters favored the mayor's cuts or simply lacked strong feelings on them was unknown (and was immaterial to Emanuel); they had backed him at the polls and their current support for him was real, not hypothetical.⁹¹ Emanuel took pains to emphasize the results of the mayoral election, which he referenced a minute into his first budget address: "The people of Chicago gave us a mandate for change."⁹² His closing did the same: "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."⁹³

Patients and activists claimed that the public was with them, but in the absence of polling and with limited time to gauge public sentiment, aldermen had to rely on the signs of public support at their disposal. Emanuel's ballot-box success and strong approval ratings were concepts the city council understood. Such concerns made aldermen reluctant to break with the mayor, and this was enough for Emanuel: he did not need the council to

90. Rich Miller, "Emmanuel's Poll Shows He Has Huge Job Approval Rating," Capitol Fax, Aug. 23, 2011, capitolfax.com/2011/08/23/emmanuel-poll-shows-he-has-huge-job-approval-rating.

91. Emanuel "didn't initiate a study or put together a task force" to justify closing 50 percent of the city's mental health clinics, which suggests that the mayor was confident of the council's rubber stamp. See Joravsky, "Rahm Still Hasn't Told the Public."

92. Emanuel, "Mayor Rahm Emanuel's Budget Address."

93. Ibid.

love his plan or to trust him. He just needed aldermen to stick by him and see closings through before activists could mobilize support and outrage. With limited evidence and little data to back up activists' claims to support, few on the city council were willing to bet against the mayor.

Emanuel held two other levers of power over the aldermen: ward remapping and his massive campaign war chest. The city council had to balance dissent against Emanuel's budget cuts with the prospect of mayoral retribution. The decennial census was a special concern for Black aldermen in wards that had lost population. As the *Chicago Reader's* Ben Joravsky noted: "Aldermen tell me that there's a good chance that black wards will be lost on the Southwest Side, the Near South Side, and the West Side."⁹⁴ Joravsky connected the 2011 remapping to the feeble aldermanic response: "People who depend on public mental health clinics ... aren't exactly movers and shakers in this city. They 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."⁹⁵ The prospect of mayoral support or opposition for their reelection campaigns was also on aldermen's minds. Emanuel spent over \$12 million on his 2011 campaign, and would bring in more than \$30 million for his reelection bid.⁹⁶ The mayor's fundraising machine could fill his friends' coffers or back well-funded challenges to his foes.

94. Ben Joravsky, "Carving Time Approaches," *Chicago Reader*, Feb. 24, 2011, chicagoreader.com/news-politics/carving-time-approaches.

95. Joravsky, "Rahm Still Hasn't Told the Public."

96. Mark Guarino, "Rahm Emanuel: Will Big Bucks Decide the Chicago Election?" *Christian Science Monitor*, Jan. 28, 2011, www.csmonitor.com/USA/Elections/2011/0128/Rahm-Emanuel-Will-big-bucks-decide-the-Chicago-election; "Chicago Campaign Cash," *WBEZ91.5*, Feb. 16, 2016, interactive.wbez.org/campaigncash.

In public, Emanuel claimed a sweeping mandate and boasted of public support; behind the scenes, he enlisted allies on the city council to keep the clinic cuts off the agenda. The council's closest brush with the topic came on November 9, 2011, during the council's first meeting since Emanuel compromised on other budget cuts and its last before the 2012 budget was approved. Alderman Willie Cochran, whose 20th Ward was home to the Woodlawn Clinic (one of six slated for closure), 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."⁹⁷ Carrie Austin, chair of the budget committee and an Emanuel ally, shut him down: "We don't have a copy of that. . . . We need to refer that to committee, alderman. Can we? During the call of the wards? . . . We'll raise it at that time, alderman? Okay, we'll get a copy and we'll raise it at that time. Thank you."⁹⁸

Austin's maneuver not only squashed Cochran's dissent, it prevented the council from holding public hearings. Deb McCarrel of the Illinois Collaboration on Youth says that "constituents drive legislators, because those are the people that vote for them."⁹⁹ One of the most effective ways for constituents to influence their aldermen is to tell their personal stories. Hearings would have offered a chance to place sympathetic patients before the council and news cameras and to mobilize public support. Instead, this tactic was foreclosed. A week later, on November 16, Emanuel's budget passed without any hearings or debate on the record over the clinics' fate.¹⁰⁰

97. Office of the City Clerk, "City Council Meeting," video, Nov. 9, 2011, chicago.granicus.com/MediaPlayer.php?view_id=2&clip_id=70.

98. Ibid.

99. Deb McCarrel, interview with author, Apr. 3, 2020.

100. Dardick and Byrne, "Emanuel's Budget Unanimously Approved"; Joravsky, "Rahm Still Hasn't Told the Public."

In late 2011, Rahm Emanuel's claims to public support were backed by too much evidence to be easily dismissed. Activists' claims that voters wanted clinics to remain open were backed by too little evidence to sway the city council. The next few years would show that public support for the mayor was far from ironclad. But available evidence in 2011 was kind to Emanuel, and his opponents lacked the resources to undermine his real and perceived support. This task would take years; activists had weeks. Still, when the last votes were cast, activists were undeterred. "The fight continues," said N'Dana Carter, "We don't plan to go away."¹⁰¹

Activists Persist and Win Support

Patients, providers, activists, officials, community members, and leaders had protested—to no avail. The next mayoral election was four years away, and its outcome was far from certain. This gave Emanuel time to put the clinic closings behind him, but it also gave activists an opening. They had been forced to mobilize against budget cuts in a matter of weeks; now, it would take months to shut down the clinics slated for closure and years to resolve expected and unexpected difficulties created by the transition to private clinics. Emanuel's critics had time to regroup and moved to demonstrate that the public stood with them.

As the April closings drew nearer, protesters barricaded themselves inside clinics and mounted vigils by the doors. Dozens were arrested.¹⁰² Activists who were protesting a NATO summit joined Occupy leaders and mental health advocates outside the Woodlawn Clinic and in front

101. Terry, "Sit-In Fails."

102. "10 Arrested Outside Woodlawn Mental Health Clinic," *Chicago Tribune*, Apr. 24, 2012, www.chicagotribune.com/news/ct-xpm-2012-04-24-chi-arrests-made-outside-woodlawn-mental-health-clinic-20120423-story.html.

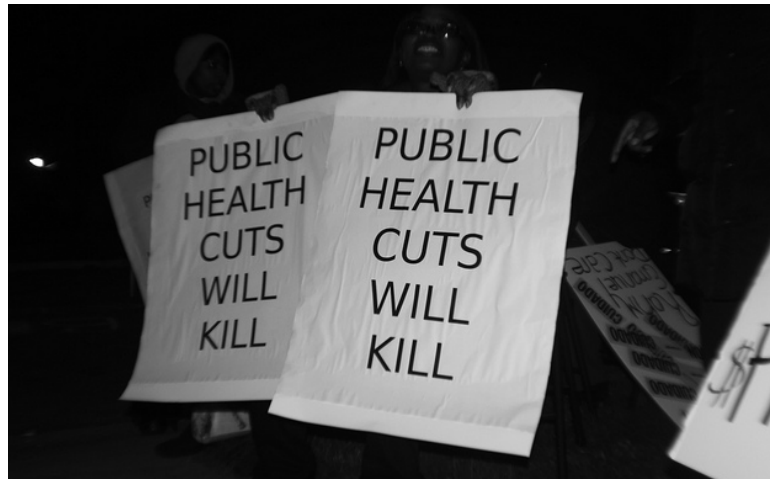


Figure 5: Aaron Cynic, “Protesters Stage Sit-In of Woodlawn Mental Health Clinic,” *Chicagoist*, Apr. 13, 2012, chicagoist.com/2012/04/13/protesters_stage_sit-in_of_woodlawn.php.

of Emanuel’s North Side home.¹⁰³ Closing plans moved ahead and protests continued, focused on the deadly impact of cuts (see fig. 5).¹⁰⁴ In response, Emanuel’s administration insisted that its clinic plan was rational and would improve service: “The Administration is committed to promoting the health and wellness of Chicagoans in every neighborhood. The Department of Public Health is implementing reforms that

103. Susanna Song, “Anti-NATO Protesters Join Movement to Reopen Mental Health Clinics,” *CBS2 Chicago*, May 8, 2012, chicago.cbslocal.com/2012/05/18/anti-nato-protesters-join-movement-to-reopen-mental-health-clinics; “400 Protesters Head to Rahm’s House,” *NBC5 Chicago*, May 19, 2012, www.nbcchicago.com/news/local/mental-health-protest-heads-to-rahms-house/1957018.

104. Aaron Cynic, “Protesters Stage Sit-In of Woodlawn Mental Health Clinic,” *Chicagoist*, Apr. 13, 2012, chicagoist.com/2012/04/13/protesters_stage_sit-in_of_woodlawn.php.

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.”¹⁰⁵

After the clinics closed, city hall’s work grew more challenging, as weak points in Chicago’s mental health services drew scrutiny. The number of patients using public clinics dropped from 2,798 in 2012 to 998 in 2014; only 366 went to the new private clinics, while 1,434 (51 percent) left the system entirely. Reporter Kari Lydersen said that “the drop in number of psychiatrists in the system has been precipitous.”¹⁰⁶ Other journalists drew parallels between Emanuel’s arguments for clinic closings in 2012 and his controversial 2013 plan to close schools on the South and West Sides, which generated massive resistance.¹⁰⁷

A major obstacle for activists in 2011–12 had been a lack of polling data to support their position. By 2015, a survey by Saint Anthony Hospital on the city’s West Side found that residents saw mental health treatment as the biggest health issue in their community.¹⁰⁸ A year later, residents demonstrated a willingness 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 on a ballot initiative that would increase property taxes to fund a new mental health

105. Song, “Anti-NATO Protesters Join Movement.”

106. Kari Lydersen, “Falling through the Cracks,” *Chicago Reporter*, Apr. 27, 2015, www.chicagoreporter.com/falling-through-the-cracks.

107. Joravsky, “Before the Schools.”

108. Arturo Carrillo and Caitlin L. O’Grady, “Residents List Mental Health Care as Top Need,” *Health Progress*, Jan.–Feb. 2018, www.chausa.org/publications/health-progress/article/january-february-2018/residents-list-mental-health-care-as-top-need.

center: 86 percent of voters backed the proposal.¹⁰⁹ Michael Snedeker, the coalition's head, seized on the results as evidence that 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."¹¹⁰ Jackie Ingram, a coalition organizer, said: "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."¹¹¹

Cook County leaders, freer than aldermen to speak their mind without mayoral reprisals, lent their status and support to arguments advanced by mental health activists. Tom Dart, the county's sheriff, noted that the county jail had become the country's largest mental health hospital. Reporter Mike Puccinelli said that Dart "wants you to be shocked by [a graphic video], because he says it proves there are people behind bars who should not be there. ... It's dangerous behavior that Sheriff Tom Dart says is common in a jail: 'This is every day. This isn't unique. ... The heart of it is that we are not a mental health facility. These people shouldn't be here.'"¹¹² Dart went on to blame lawmakers who cut programs for the rise in arrests of people with untreated mental illnesses.¹¹³ Dart repeated his criticisms in 2018, saying that the clinic

109. Paris Schultz, "West Side Residents Approve Higher Taxes for Mental Health," *WTTW Chicago Tonight*, Dec. 5, 2016, news.wttw.com/2016/12/05/west-side-residents-approve-higher-taxes-mental-health.

110. Ibid.

111. Ibid.

112. Mike Puccinelli, "Sheriff's Office Releases Shocking Video of Mentally Ill Inmates," *CBS2 Chicago*, Feb. 13, 2013, chicago.cbslocal.com/2013/02/13/sheriffs-office-releases-shocking-video-of-mentally-ill-inmates.

113. Ibid.

closures "absolutely did not help at all. ... Over the years, I've talked to numerous detainees, who personally told me it didn't help."¹¹⁴ Chuy Garcia, a Cook County commissioner, also criticized Emanuel's decision during the 2015 mayoral race: "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."¹¹⁵ Emanuel narrowly survived a runoff election against Garcia, and "many" respondents to a *New York Times* survey of Emanuel's mayorship "identified the closings as one of the reasons why they didn't vote for Mr. Emanuel" in 2015.¹¹⁶

Public Support Leads to Few Changes; Closings Become Entrenched

Once clinic closings took effect, reversing them became a more daunting challenge. Even as activists and the press produced hard evidence that the public was sympathetic to their position, Emanuel's changes to the mental health system had become entrenched as the new status quo.

At least two aldermen who had voiced concern about Emanuel's cuts in 2011 now criticized efforts to reopen or replace clinics.¹¹⁷ A reporter quoted Alderman Walter Burnett of the 27th Ward, who echoed the mayor's argument in his criticism of the West Side ballot initiative:

114. Kim Janssen, "Emanuel's Mental Health Clinic Closures Curiously Absent from Kennedy Forum," *Chicago Tribune*, Jan. 16, 2018, www.chicagotribune.com/news/ct-met-rahm-mental-health-0117-chicago-inc-20180116-story.html.

115. Rachel White, "Chuy Garcia 'Committed' to Reopen Public Mental Health Clinics (Chicago)," video, Mar. 5, 2015, www.youtube.com/watch?v=g60bYrJzoB0.

116. "Chicago under Rahm Emanuel: Readers Respond," *New York Times*, Mar. 3, 2015, www.nytimes.com/interactive/2015/03/03/us/chicago-under-rahm-emanuel-readers-respond.html.

117. Muñoz et al., Letter to Mayor Rahm Emanuel.

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. . . . Some of those organizations that are already in place need more funding."¹¹⁸

Burnett was joined by Alderman Willie Cochran of the 20th Ward. Cochran had tried to put clinics on the city council agenda in 2011, but he was hostile to an effort STOP called the Healing Village in 2018, which was "an imaginative place-based organizing venue at 61st Street and Greenwood Avenue in Woodlawn" that offered art therapy, a garden, and gathering spaces for survivors of gun violence.¹¹⁹ Amika Tendaji of STOP said that the Healing Village's goal was to "challenge what mental health could be, looking at community building as an aspect of healing." Cochran "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 . . . put a cease-construction order on the lot and told organizers that a bulldozer would be coming." STOP held activities through the summer of 2018, but the Healing Village closed that fall.

Opposition from providers also faltered as Emanuel's reforms produced their own constituencies, such as the nonprofit providers who

118. Schultz, "West Side Residents Approve Higher Taxes."

119. All quotes in this paragraph are from Dani Adams, "Democratizing Mental Health," *Chicago South Side Weekly*, Feb. 4, 2020, southsideweekly.com/mental-health-advocates-put-public-services-back-on-table.

promised "that they stood ready to serve more patients."¹²⁰ Private providers opposed any effort to roll back Emanuel's changes; they had expanded, held city contracts, and stood to lose funding and patients if public clinics reopened.¹²¹ In 2019, they argued their case in a *Chicago Sun-Times* op-ed that mirrored Emanuel's arguments years earlier: "Mayor-elect Lori Lightfoot ran for office on a pledge to improve mental health care 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 demonstrate that public opinion was on the side of activists. A 2019 poll found that 69 percent of Chicagoans "would be willing to pay higher taxes to get quality mental health services across the city."¹²³ Yet this public support has produced little policy change. The city council created a task force in 2019 to examine the possibility of reopening mental health clinics, with forty-eight aldermen voting in favor of the resolution.¹²⁴ Advocates characterized the task force as an

120. Curtis Black, "It's Time to Reopen Chicago's Closed Mental Health Clinics," *Chicago Reporter*, May 9, 2019, www.chicagoreporter.com/its-time-to-reopen-chicagos-closed-mental-health-clinics.

121. Joel Johnson and Sheryl Potts, "Why Lori Lightfoot Should Not Reopen Six Mental Health Clinics," *Chicago Sun-Times*, Apr. 29, 2019, chicago.suntimes.com/2019/4/29/18619801/why-lori-lightfoot-should-not-reopen-six-mental-health-clinics.

122. Ibid.

123. Normington, Petts & Associates, "Mayoral Runoff Election Poll," *WTTW Chicago*, Mar. 18–20, 2019, news.wttw.com/elections/voters-guide/2019/mayoral-runoff-election-poll.

124. Daley, "What Happened to the Mental Health Task Force?"; Office of the City Clerk, "R2018-1398 Resolution," Jan. 23, 2019, chicago.legistar.com.

exercise in public relations. Judy King, one of several community representatives on the task force, recalled that “as a body, the task force didn’t accomplish anything. . . . The individuals initially invited to the task force . . . met as a group once on May 16, 2019. The public was excluded. Two of us objected. It was the only meeting.”¹²⁵ King added that a final public meeting in June “was not an official hearing of the task force. We never voted on it.”¹²⁶ Leticia Villarreal Sosa, a professor of social work who moderated the June meeting, drafted a report based on testimony from participants.¹²⁷ She admits that “unfortunately, as far as I know at this point, the [Chicago Department of Public Health] has not used . . . the report to inform any of their decisions.”¹²⁸ Villarreal Sosa gave aldermen copies of the report, but to date it has not generated any policy changes.¹²⁹ Allison Arwady, the city’s newly appointed commissioner of public health, promised to revive the task force in 2020.¹³⁰ Those plans were halted by the COVID-19 pandemic.¹³¹

125. Ibid.

126. Ibid.

127. Leticia Villarreal Sosa, *June 13, 2019 Public Hearing on the Public Mental Health Service Expansion Resolution: Results and Recommendations. Final Report* (Chicago: Public Mental Health Clinic Service Expansion Task Force, Sept. 2019), [4ca87a51-067b-4891-87b6-3e8f9d9cdfa.filesusr.com/ugd/a93a18_5b9b7c56a82e4b03b22ddfaed030ed70.pdf](https://files.usr.com/ugd/a93a18_5b9b7c56a82e4b03b22ddfaed030ed70.pdf).

128. Daley, “What Happened to the Mental Health Task Force?”

129. Ibid.

130. Ibid.

131. Kim Brooks, “Allison Arwady Has a Plan,” *Chicago Magazine*, Mar. 16, 2021, www.chicagomag.com/chicago-magazine/april-2021/allison-arwady-has-a-plan.

Conclusions and Implications

The terms of debates over Chicago’s public mental health clinics have shifted since 2011. In 2011, Rahm Emanuel, using all the power and prestige of his office, claimed a mandate from his recent election and asked the city council to trust that voters would accept clinic closings. Emanuel framed budget cuts as a matter of efficiency, took pains to avoid high-profile confrontations, and sought to carry out his proposed changes as swiftly as possible. While the mayor had the ability to raise the issue’s profile overnight and declined to do so on tactical grounds, activists felt they had a winning case but could not generate the level of attention they needed. Their message was persuasive, but they lacked the means to bring it before the public and had few ways to convince aldermen that voters backed their view. This mismatch in power and resources reduced the clinic battle to a series of minor skirmishes with time on the mayor’s side. Activists scored minor wins every day but couldn’t stop the train that Emanuel had set in motion. In 2012, six of the city’s twelve public clinics closed.

Once clinics were shuttered, activists faced a tougher challenge. They had more time to make their case and to generate evidence that the public stood with them, but reversing standing policy was a heavier lift and some former allies began to move on. It is too early to say that activists failed. They’re still fighting, and future elections may change their fortunes. But in the past decade, activists have encountered new obstacles and the new status quo may be difficult to change. The future of Chicago’s defunct clinics may be out of activists’ hands.

Some lessons can be drawn from Chicago’s experience and applied to local politics in other settings. First, there is reason to believe that local officials enjoy heightened “mandate” effects. Just as presidents point to election victories as evidence of support for their policies, Emanuel cast

his 2011 victory as the public's endorsement of changes in his budget.¹³² Emanuel's success suggests that local officials can invoke mandates with the same effectiveness as federal officials. If anything, mandates may work better locally than nationally: presidential mandate claims can be evaluated critically in the polling-rich environment of federal politics, while election results are one of the few data points available to gauge public opinion at the local level. Thus, local political actors may be more likely to put stock in electoral mandates than federal legislators.

A second, related insight is that local officials may suffer from a lack of personnel and institutional expertise. Professional opposition parties and interest groups exist at the state or national level to oppose presidential or gubernatorial agendas. These actors supply legislators with information and expertise above and beyond their staff's capacity. Legislatures in Washington, and in some state capitols, also have access to independent research offices. Legislators in need of policy expertise have no shortage of options. Such external support is rarer at the local level, and policy expertise tends to be housed in city agencies. These agencies, in turn, answer to local executives above all. Legislators seeking independent analysis may find their options may find few options. Thus, local legislators with limited personnel and little access to independent analysis may give mayors more latitude and place more stock in the judgments of city agencies than their state or federal counterparts. Legislators who wish to assert their independence from a local executive could benefit from independent sources of policy expertise and reliable methods to gauge public sentiment. Given the funding constraints that local governments face and the limitations of existing public input processes, these are challenging problems in a local context.

Finally, these findings point to several avenues of inquiry that may yield useful answers. Additional studies are needed to shed light on

132. Julia R. Azari, "Institutional Change and the Presidential Mandate," *Social Science History* 37, no. 4 (2013): 484, www.jstor.org/stable/24573940.

similarities and differences between the public and private advocacy process, on the ways in which political actors interpret each other's actions, and on the conditions under which mayors can be forced to reverse policies. Further research that supplements my analysis with newly available data may provide more detailed answers to the questions raised in this work or raise new ones. As subsequent examinations complement, supplement, and correct the rough draft of history laid out in this thesis, Chicagoans may finally have a complete account of the months that saw their clinics shuttered for good. ○

Appendix 1: Overview of Data Sources used in Qualitative Data Collection and Analysis

City Council Actions and Proceedings

SOURCES	ASPECTS OF INTEREST
• Recordings (city clerk website)	• Budget hearings
• Aldermanic communications (ward websites)	• Aldermen's reactions to and framing of mayoral actions

Mayoral Messaging and Framing

SOURCES	ASPECTS OF INTEREST
• Annual budget address video/transcripts (city and city clerk websites)	• Themes/framing, key quotes, audience/council reactions
• Mayoral events (<i>Tribune</i> , <i>Sun-Times</i> , CBS, NBC, ABC videos)	• Themes/framing, quotes, audience reactions/interaction
• Mayoral press releases/other press communications (city website)	• Themes/framing, quotes, links to subsequent press coverage
• Public health departmental reports (city website)	• Framing/presentation of clinics in context of agency work

Activist Messaging

SOURCES	ASPECTS OF INTEREST
• Groups' websites (Internet Archive and social media presence)	• Themes/framing, visuals, highlighted press coverage, reaction to official decisions
• Video of demonstrations (STOP YouTube account)	• Points of emphasis at activist-driven event; interactions with city officials
• Mental Health Movement publications (websites/Internet Archive)	• Themes/framing, patient-centered messaging
• Community/activist group events (attended in person)	• Notes on recent messaging patterns/trends
• Activist media availabilities (CBS, NBC, ABC websites and social media)	• Activists' major themes, narratives, and messaging frameworks

Contemporary Accounts of Political Processes

SOURCES	ASPECTS OF INTEREST
• Keyword searches of <i>Tribune</i> , <i>Sun-Times</i> , CBS, NBC, ABC websites; searches of press archives, including local weeklies and national outlets	• Context, interpretation, links between different actors' actions/framing, facts checking, reporting independent of groups' messaging, etc.

Subjective Interpretation of Key Actors' Actions and Messaging

SOURCES	ASPECTS OF INTEREST
• Interviews with staff and elected officials	• Recordings/transcripts of themes, interpretation, and quotes; notes/informal conversations of themes and interpretation, but not quotes

Appendix 2: Interview Protocol¹³³

- ❑ What was your position in 2011?
- ❑ What did your day-to-day work look like?
- ❑ What did your interactions with [the Chicago City Council, Mayor Emanuel, Mayor Emanuel's staff, activists, or advocacy/interest groups] look like?
- ❑ What about interactions with the general public?
- ❑ [For city council members] What factors do you consider when deciding how to vote on an issue?
- ❑ How [do or did] you go about figuring out how the public [in your ward or in the city] [feels or felt] about different issues?
- ❑ What's the role of people outside your office/organization in that process?
- ❑ [For city council members] What are some situations where you might vote in a way that doesn't align with your constituents' preferences?
- ❑ Before 2011, what kind of experience did you have with mental health policy?

133. My BA thesis research was approved by a University of Chicago Institutional Review Board under the study title, "Shaping the Electoral Connection: Understanding and Mediating Chicagoans' Preferences on Mental Health Clinic Closings" (IRB19-1865). The board approved these general interview questions and the possibility that I might ask follow-up questions in response to subjects' answers. The principal investigator was Sorcha Brophy, who was then an assistant instructional professor at the university's Harris School of Public Policy. I have omitted the IRB consent protocol and contact information that I shared with the subjects.

- ❑ What was your first reaction to Mayor Emanuel's plan?
- ❑ What sort of reaction did you see from the public [in your ward or in the city]?
- ❑ Behind the scenes, what were you seeing and hearing from [the city council, Mayor Emanuel, Mayor Emanuel's staff, activists, or advocacy/interest groups]?
- ❑ How did you go about deciding how to [respond or vote]?
- ❑ How did you go about explaining that decision to [subject's constituency]?
- ❑ What did you see other groups doing to change the public's thinking?
- ❑ At one point, groups opposed to the closings said they'd found twenty-eight aldermen willing to vote against them. How did the closings end up getting approved?
- ❑ The outcome was mostly in line with what Mayor Emanuel had proposed months ago. Why do you think this debate turned out so well for him?
- ❑ How did the public react at first to six clinics closing in 2012 and another closing in 2013? Did you see that change over time?
- ❑ Did your own thinking about the clinic closings change with time? Why?
- ❑ What did you or the people you worked with do to shape the public's reaction and thinking about this issue?
- ❑ What did you see other groups doing to shape the public's thinking?
- ❑ What did these dynamics look like with the 2015 mayoral election coming up?
- ❑ What sorts of changes did you see after Mayor Emanuel's reelection?
- ❑ Did you see any changes in the public's thinking during Emanuel's second term? Why do you think that was?

- ❑ What about the city council's thinking? Why do you think that was?
- ❑ What were groups outside the city council doing to shape how this played out?
- ❑ What do you think were the biggest factors in the city council's decision in 2019 to reexamine the clinic closings?
- ❑ How do people you talk to view the closings now?
- ❑ Did the change from Mayor Emanuel to Mayor Lightfoot have an impact?
- ❑ What do your interactions with [the city council, Mayor Lightfoot, Mayor Lightfoot's staff, activists, or advocacy/interest groups] look like these days?
- ❑ [If relevant] How are you approaching this new debate about mental health funding? Has your approach changed since 2011?
- ❑ As this new debate about the mental health clinics gets underway, what are you most excited about?

Appendix 3: Mentions of Honesty in Connection with Rahm Emanuel's First Budget

Favorable Mentions

Calls 2012 budget honest (city council address)	2011	Rahm Emanuel
Calls the budget honest (newspaper quote)	2011	Alderman Joe Moore (mayoral ally)
Report on the city council vote	2011	<i>Chicago Tribune</i> (the city's conservative newspaper)
Honesty as a framing device for unpopular decisions (interview)	2020, recalling 2011	Former aldermanic staffer

Unfavorable Mentions

Protests during budget fight (video)	2011	STOP
Website	2011	STOP
Protest at a Milwaukee fundraiser (video)	2012	Michael McIntee, activist, posting on behalf of a coalition of activist groups
Protest at a Chicago fundraiser (video)	2015	STOP video

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