

**Frame Analysis of Public Debate Surrounding the Closure of the
Jacksonville Developmental Center**

BY

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THESIS

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RMP

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LIST OF ABBREVIATIONS

ADA	Americans with Disabilities Act
AFSCME	American Federation of State, County, and Municipal Employees
CIL	Center for Independent Living
CILA	Community Integrated Living Arrangement
COGFA	Illinois Commission on Government Forecasting and Accountability
DHS	Illinois Department of Human Services
DSP	Direct Support Professional
HFSRB	Illinois Health Facilities and Services Review Board
ICF/MR	Intermediate Care Facilities/Mental Retardation
ICF/DD	Intermediate Care Facilities for Persons with Developmental Disabilities
I/DD	intellectual/developmental disabilities
IDEA	Individuals with Disabilities Education Act, formerly known as the Education of All Handicapped Children Act
IDPH	Illinois Department of Public Health
IL	Independent Living
ILC	Independent Living Center
JDC	Jacksonville Developmental Center
MFP	Money Follows the Person
NFI	New Freedom Initiative
PUNS	Prioritization of Urgency of Need for Services
SABE	Self Advocates Becoming Empowered
SODC	State-Operated Developmental Center

SUMMARY

In November of 2012, the last residents of the Jacksonville Developmental Center (JDC) left the facility, a historic step forward for the State of Illinois in the evolution of long-term supports and services for persons with intellectual and developmental disabilities. The debate surrounding the closure of JDC revealed a deeply conflicted public consciousness in regards to deinstitutionalization. For decades, disability theorists have challenged antiquated frames of disability, such as the Medical Model, with new frames. But frame analysis as a research methodology has been underutilized in its applications for disability policy. In this study, frame analysis was used in a textual coding of 146 documents in the public record: testimony from public hearings before the Commission on Government Forecasting and Accountability regarding the closure of JDC, and newspaper articles which covered the JDC closure debate from the *Chicago Tribune* and the *Jacksonville Journal Courier*. The analysis demonstrates the different frames that dominated opposing sides of the JDC closure debate, the different frames that dominated the public testimony in contrast to the media pieces, and the different frames that dominated distinct stakeholder groups. Seven State-Operated Developmental Centers still stand in the State of Illinois and a great deal of public debate remains to be waged over deinstitutionalization. It is the intent of this study to inform future debate.

I. INTRODUCTION

A. Institutionalization and Segregation

In the spring of 1846, the famous New England reformer Dorothea Dix (1802-1887) was crisscrossing the state of Illinois by buggy, visiting jails and almshouses and witnessing at least 300 cases of the deplorable conditions in which people with mental illness were suffering. In the Morgan County poorhouse she found “a violent insane man... confined in a shallow cellar, 12 feet square, with a trap door, under the smoke house, and who was without clothing and straw for his bed and was in a very filthy condition” (King, 1886, as cited in Norbury, 1999, p. 19). Dix lobbied the Illinois Legislature for months. On March 1, 1847, Governor Augustus Chafin French signed the Dix-Constable Bill into law, securing public funding for the Illinois State Hospital for the Insane, eventually to be renamed the Jacksonville Developmental Center (JDC) (Norbury, 1999). Dix believed that mental illness could be cured through “moral treatment”: strict schedules and regular routines; programmed activities such as crafts and gardening; close medical supervision by a physician; and the prescription of sedatives, tonics, and therapies (Norbury, 1999). Her dedicated advocacy for the moral treatment method was rooted in Renaissance and Enlightenment thinking that had transformed society’s understanding not only of mental illness but also of disability in general through the lens of scientific inquiry. Illness and disability were no longer believed to have supernatural causes, but rather resulted from specific pathologies and biological etiologies which, through systematic study, could be cured (Braddock & Parish, 2001).

The first institution constructed specifically for the residential care and education of people with intellectual disabilities opened in 1855. In the 19th century, the United States was beset by social, economic and cultural factors that fueled the growth of institutions for people with mental illness and intellectual disabilities (Braddock & Parish, 2001). Industrialization and an explosion in immigration transformed the country’s demographics as the U.S. became more urban and diverse. Westward expansion forced the U.S. to confront the problem of how to take the deeply conflicted elements of U.S.

society, in terms of cultural background, religious difference, political persuasion, and socio-economic status, and not only settle the country but create communities that would endure (Doyle, 1983). The developing nation also endured major recessions after the Civil War, and again in the 1870s and 1890s. For the first time in its history, there was an impetus for finding institutional solutions to social problems (Braddock & Parish, 2001). An unfortunate development in U.S. intellectual history during this same period was social Darwinism and the eugenics movement, which contributed to the cultural construction of disability as deviance and popular pressure to segregate people with disabilities from the rest of society. Also supporting the growth of institutions was the ascendancy of a professional class of physicians, educators and caretakers, and the medicalization of disability, which reduced the understanding of disability to a list of symptoms, behaviors and other aspects of impairment. By the early 20th century, negative attitudes toward disability did not abate, the number of institutions continued to grow, and all vestiges of the moral treatment for people with mental illness and residential education for people with intellectual disabilities had dissolved into purely custodial care (Braddock & Parish, 2001).

It is doubtful that Dix could have envisioned the ultimate result of her reforms, the degradation of moral treatment centers for cure into warehouses for the segregation, stigmatization, and lifelong sentencing of people with mental illness. By 1952, JDC's resident population had peaked at 3,616. Although JDC ranked as the fifth largest psychiatric hospital in Illinois, its numbers were well below those of facilities at Mantino, the largest in the state at 8,000, and Elgin, the second largest at 6,000 (Velek, 1982, p.11). Indeed, the population of people committed to public psychiatric institutions in the United States reached a staggering 559,000 by 1955 while the census of people with intellectual disabilities residing in public facilities peaked at 194,650 in 1967 (Braddock & Parish, 2001, p. 45). Tragically, institutionalization became a system of control and containment, inflicting systemic abuses on people with disabilities for decades: forced sterilization and marriage restrictions, electroshock

“therapy” and psychosurgery, unauthorized medical experimentation, and a general disregard for the personhood of residents. Ironically, the institutionalization of people with disabilities also forged group identities through which individual voices of dissent grew into a political movement that would eventually advocate the shuttering of those same institutions (Braddock & Parish, 2001).

As early as 1868, Elizabeth Packard penned *The Prisoners’ Hidden Life, or Insane Asylums Unveiled*, an account of her three years as a resident at the Jacksonville Insane Asylum (as JDC was popularly known at the time), from June 18, 1860 until June 18, 1863 (Carlisle, 2010). She had been involuntarily committed by her husband. At the time, commitment procedures in Illinois allowed for a man to commit his wife with nothing more than certificates from two physicians stating her insanity and the agreement of the medical superintendent of the asylum. Packard’s account of her tortures was so popular that successive editions were released in 1869 and 1870, and she was able to support herself with the income from its publication (Carlisle, 2010). An early proponent of community-based services for people with mental illness, she concluded *The Prisoner’s Hidden Life* with a call to her readers to establish an Anti-Insane Asylum Society and to pledge never to commit friend or family to an asylum, but instead to care for them in their home. Packard (1868) wrote, “It takes a long time to revolutionize such popular institutions, sustained by the State’s power” (p. 140). Still, it is remarkable that more than a century later, the closure of JDC is controversial, that the right of people with disabilities to live in their own communities remains a question for debate.

Packard was not alone in her advocacy on behalf of individuals unjustly committed to psychiatric institutions. In 1908, Clifford Beers published *A Mind that Found Itself*, his own autobiographical account of surviving a two-year institutionalization for mental illness which consisted of constant abuse. Again, this narrative found a popular audience, going through five editions and reprints between 1908 and 1921. Beers also became an advocate for humane care for people with mental illness, founding the National Committee for Mental Hygiene in 1909 (Mental Health America, 2008). Nearly 40 years later,

Mary Jane Ward documented the brutalities she endured in a mental hospital in her semi-autobiographical story, *The Snake Pit*. Published in 1946, it was chosen for the Random House book-of-the-month club and made into a 1948 Hollywood movie of the same name starring Olivia de Havilland, who was nominated for Best Actress (Mary Jane Ward, n.d.). In 1946, only 24 states offered community-based mental health programs as an alternative to institutionalization. By 1957, every state in the country did (Felix, 1957, as cited in Braddock & Parish, 2001, p. 44). In 1962, Ken Kesey's *One Flew over the Cuckoo's Nest* exploded onto the national consciousness. Based on his direct observations of the operations of a mental health facility in Menlo Park, California, while working the graveyard shift there as an orderly, the novel is a critique of institutional mental wards as sites of oppression. The 1975 film adaptation by the same name is one of only three in the history of film to win all five major Academy Awards (*One Flew over*, n.d.).

The success of *One Flew over the Cuckoo's Nest* came in the wake of one of the most sensational exposes of the decade, a 28-minute video aired on WABC-TV in New York recorded by correspondent Geraldo Rivera: *Willowbrook: The Last Disgrace*. Willowbrook State School was a State-Operated Developmental Center (SODC) for individuals with intellectual disabilities situated on Staten Island in New York Harbor. Built in 1941 to house 3,000, its population peaked at 6,500 in 1964 ("Human Warehouse," 1972). On January 10, 1972, Rivera entered Willowbrook with a camera operator and a stolen key he had acquired from Dr. Michael Wilkins, a doctor recently fired from the institution for his attempts to organize the parents of Willowbrook residents in order to demand better conditions ("Human Warehouse," 1972). Voice-over for video footage of the Children's Ward follows (Note that in the 1970s the term "mental retardation" was used to describe intellectual disability):

There was one attendant for perhaps 50 severely and profoundly retarded children. Lying on the floor, naked and smeared with their own feces, they were making a pitiful sound, a kind of mournful wail that it is impossible for me to forget. This is what it looked like; this is what it sounded like but how can I tell you about the way it smelled? It smelled of filth, it smelled of disease, and it smelled of death. (Rivera, 1972, *Willowbrook*)

Rivera's investigative report earned him a Peabody award and inspired John Lennon to perform two "One to One" benefit concerts in Madison Square Garden to raise money for children with intellectual disabilities (*Live in New*, n.d.). The horrific conditions and questionable medical practices revealed in *The Last Disgrace* left no doubt in the public mind as to the urgency of dismantling institutions like Willowbrook.

B. Deinstitutionalization and Integration

In the 1970's the movement for disability rights gained great momentum in the United States, advancing the long, slow process of deinstitutionalization. Critical battles were won both in Congress and in federal courts. The passage in 1971 of the Intermediate Care Facilities/Mental Retardation (ICF/MR) program as part of Title XIX (Medicaid) of the Social Security Act reimbursed states for 50 to 78 percent of the costs of institutional care on the condition that states meet federal standards of treatment and space. Overcrowding at institutions was chronic and nearly universal. The federal government's ICF/MR law powerfully incentivized serving residents in alternative settings (Braddock & Parish, 2001). Also in 1971, Judge Frank M. Johnson handed down a landmark ruling in the Alabama case of *Wyatt v. Stickney*, finding that people with intellectual disabilities who had been admitted to Alabama's institutions had a constitutional right to habilitation as opposed to confinement. His decision was based on a similar ruling from 1966 in the case of *Rouse v. Cameron*, which had established the constitutional right to treatment for people with mental illness confined in mental institutions. Judge Johnson's decision unleashed a flood of federal class action lawsuits related to inadequate living conditions for people with intellectual disabilities in institutions across the country (Braddock & Parish, 2001).

In 1962, two students had successfully sued two state universities for admission: James Meredith, the first African American student to attend the University of Mississippi; and Ed Roberts, the first student with quadriplegia to attend the University of California Berkeley (Fleischer & Zames, 2001).

Due to the inaccessibility of student housing, Roberts and other Berkeley students with quadriplegia who followed him in subsequent years were forced to live on the third floor of Cowell Hospital. By 1972, they had organized themselves as the “Rolling Quads,” moved out of the hospital, and founded a Center for Independent Living (CIL) that agitated not only for a barrier-free campus, wheelchair repair, accessible housing, and personal attendants, but also required at least 51% of the CIL staff and board members to be people with disabilities. The Berkeley CIL inspired the establishment of Independent Living Centers (ILCs) throughout the country, similarly focused on self-determination for people with disabilities and their integration in society through equal access to health care, housing, public accommodations, communication, transportation, education, and employment. The idea promoted by the Independent Living (IL) movement, that people with disabilities of any severity had the right to participate in all those daily activities easily accessible to the non-disabled population, was revolutionary, and a pivotal force in the national discourse regarding deinstitutionalization (Fleischer & Zames, 2001).

In 1975, Congress passed the Education of All Handicapped Children Act (now known as IDEA), which for the first time in U.S. history guaranteed the right of children and youth with disabilities the right to a free and appropriate public education. The first generation of children and their parents to benefit from this legislation weren’t satisfied with merely educational reforms. They pushed the battle for inclusion beyond the walls of the classroom and into the wider community (Braddock & Parish, 2001). On April 5, 1977, 120 people with a diverse range of disabilities staged a sit-in at the San Francisco regional office of the Department of Health, Education, and Welfare, stunning U.S. television audiences (Fleischer & Zames, 2001). Twenty-five days later, almost half of them were still there. They finally emerged, having forced Secretary Joseph Califano to sign the Section 504 regulations to the Rehabilitation Act of 1973, which prohibited discrimination against people with disabilities by any entity that received federal financial assistance. Their action remains today the longest takeover of a federal

building in U.S. history, and sparked protests in cities across the country against public transportation systems that were completely inaccessible to people with disabilities (Fleischer & Zames, 2001). Yet a narrative of this and countless other heroic acts by people with disabilities who fought for their right to be fully integrated into society is missing today from our national consciousness. While James Meredith and Rosa Parks figure prominently in our collective memory of civil rights heroes, the names of Ed Roberts and Denise McQuade are unfamiliar.

The 1990's were bookended by two crucial events in the evolution of public policy intended to achieve the integration of people with disabilities: the passage of the Americans with Disabilities Act (ADA) in 1990 and the Supreme Court's ruling in the case of *Olmstead v. L.C.* in 1999. The cross-disability coalition that had joined forces to compel the signing of the section 504 regulations had forged a national, grass roots movement which proved vital to the ADA's success. In the Act's opening statement, Congress found that "historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem" (*U.S. Department of Justice*, 2009, para. 2). The ADA barred discrimination against people with disabilities in the areas of employment, public services, public accommodations and communication systems. Since passage of the ADA, people with disabilities have put its principles into action in a stream of courtroom battles against institutionalization. Founded in the same year that Congress passed the ADA, the work of Self Advocates Becoming Empowered (SABE) also bears heavily on public debate surrounding the closure of JDC. For over 20 years, SABE has dedicated its principal energies to the elimination of institutions and the full inclusion of people with developmental disabilities in their home communities throughout the U.S. (Self Advocates Becoming Empowered, 2013).

The *Olmstead* decision centered on Title II of the ADA, which specified that public entities should administer services, programs, and activities in the most integrated setting appropriate to the

needs of people with disabilities. The Supreme Court's majority opinion concluded that states are required to provide people with disabilities with community-based services rather than institutional services, given the following conditions: the agreement of treatment professionals, the approval of the individual, and when state resources can reasonably accommodate such services (*Olmstead v. L.C.*, 1999). For the plaintiffs, both of whom had diagnoses of intellectual disability and mental illness, the Supreme Court ruling meant winning their legal fight to leave the psychiatric unit at Georgia Regional Hospital in Atlanta, Georgia, and enter a community-based program (*Olmstead v. L. C.*, 1999). For Bob Kafka, organizer for ADAPT – a national organization dedicated to nonviolent direct action in support of the civil and human rights of people with disabilities, the decision was a long overdue step forward in the progress of civil rights legislation for people with disabilities: "*Olmstead* is our *Brown v. Topeka*... We want to live in our homes, not nursing homes" (Kafka, as cited in Johnson & East, 2000, p. 19). For residents of JDC, *Olmstead* produced ripple effects which eventually culminated in a stormy public debate regarding the closure of JDC.

On February 1, 2001, President Bush signed the New Freedom Initiative (NFI), a comprehensive program aimed at fulfilling the promise of the ADA: to achieve the full participation of people with disabilities in all areas of society (White House, 2007). In 2007, the Money Follows the Person (MFP) demonstration grant program was implemented as a cornerstone project of the NFI. MFP extended financial incentives through the Department of Health and Human Services to support states in enabling Medicaid recipients to live in their communities (White House, 2007). Under MFP, the federal government administers enhanced reimbursement for many costs associated with the transition of people with disabilities from institutional care to community-based care models, for 12 months following transition (Illinois Human Services Commission, 2012). The Affordable Care Act of 2010 passed into law during the administration of President Barack Obama extended and expanded MFP to include 45 of the 50 states and the District of Columbia and appropriated an additional \$2.25 billion dollars

through fiscal year 2020 (Centers for Medicare & Medicaid Services, 2012). By the beginning of the 21st century, the national stage was set to finally end the practice of segregating people with disabilities from the rest of society through institutionalization.

Between 1967, when 194,650 persons with intellectual/developmental disabilities (I/DD) were institutionalized in the United States, more than at any other time in its history, and 2011, the number of persons with I/DD cared for in large state facilities decreased by an average of 5% each year (Braddock, Hemp, Rizzolo, Tanis, Haffer, Lulinski-Norris, & Wu, 2013, p. 23). This exodus was particularly impressive during the period of 2009 to 2011, when the average census decline in large state facilities was 12%, ebbing to a low of 29,574 persons nationwide (Braddock et al., 2013, p. 23). As the numbers of persons with I/DD living in community-based residential settings have continued to rise, a great deal of research has been conducted to verify parental attitudes toward residential placement and the behavioral outcomes of deinstitutionalization.

In a review of 27 studies of parental attitudes on the deinstitutionalization of a family member conducted between 1974 and 1989, Sheryl A. Larson and K. Charlie Lakin (1991) found that an average of 91.1% of parents surveyed while their son/daughter was institutionalized indicated they were satisfied with their institutional placement and 74.2% reacted negatively to the option of deinstitutionalizing their son/daughter. Of parents surveyed after their son/daughter had moved to the community, an average of 88% reported satisfaction with the community setting and services for their son/daughter (Larson & Lakin, 1991, p. 28). In those studies which surveyed parents both while their son/daughter was institutionalized and after they had moved to the community, average satisfaction with both settings was high: 83.3% and 86.9%, respectively (Larson & Lakin, 1991, p. 28). Parental concerns about deinstitutionalization had a wide range: emotional stresses on their son/daughter and on the rest of the family, inadequacies and staffing problems in community-based programs, and feelings of insecurity regarding future funding sources for community residential services. Parental

reports of positive outcomes noted after their son/daughter transitioned to community-based residential settings included: increased happiness, more home-like environments, higher quality services, respectful and encouraging staff, and more enjoyable family visits. Larson and Lakin (1991) observed, “the clearest message in these studies is that the overwhelming majority of parents become satisfied with community settings once their son or daughter has moved from the institution, despite general predispositions to the contrary” (p. 37). Their conclusions are particularly relevant to the JDC closure debate: while the stability of federal funding sources is outside the direct control of state level professionals, policy makers, and advocacy groups, these same stakeholders have vast control over the implementation of programs to assist parents in developing positive attitudes toward deinstitutionalization and community-based living as early as possible, rather than waiting for those attitudes to develop independently later (Larson & Lakin, 1991).

Another body of research has explored behavioral outcomes of deinstitutionalization. Kim, Larson, and Lakin (1999) reviewed 38 published studies conducted between 1980 and 1999 which included over 2,600 subjects, and measured behavioral outcomes associated with the movement of persons with I/DD from public institutions to community residential settings. They found that during the time period under study, persons with I/DD consistently acquired benefits in the form of improvements in adaptive behaviors when they left institutions to live in small community homes. Moreover, studies from the 1990’s established that challenging behaviors also improved in the community context. Kim et al. (1999) suggested that possible explanations for the latter results included: innovations in behavioral supports available to persons in community settings, the accumulation of experience and consequent increased effectiveness of services for people with challenging behaviors in community settings, and the shift toward more personalized housing and more person-centered services, which perhaps resulted in reduced stimuli of challenging behaviors.

C. Deinstitutionalization in Illinois

In spite of this body of evidence, deinstitutionalization, and the return migration of people with disabilities back to their home communities, has progressed unevenly. The State of Illinois has lagged significantly behind in funding community-based services for persons with I/DD:

Across the nation a majority of states have been moving individuals with [intellectual] and developmental disabilities who reside in large state-operated residential facilities into integrated, community-based housing. States that have enacted such changes have also provided a contemporaneous shift of resources away from the institutions and into the community setting. While such change is occurring throughout the nation, Illinois continues to favor the state-operated system despite a large body of irrefutable evidence documenting that large congregate settings create an environment of care that marginalizes people with disabilities, inhibits integration within society, fosters dependence and creates a culture of abuse and neglect that victimizes our society's most vulnerable members. (Equip for Equality, 2008, p. 3)

By 2011, twelve states and the District of Columbia had ceased all funding of SODCs for 16 residents or more (Braddock et al., 2013, p. 24). By contrast, the number of daily residents in SODCs for 16 residents or more in Illinois for fiscal year 2011 averaged over 2,000 (Braddock et al., 2013, p. 24). Only New Jersey and Texas served more people with I/DD in state institutions. Furthermore, for fiscal year 2011, nationwide 77% of the persons with I/DD living in out-of-home residential settings lived in one to six person settings (Braddock et al., 2013, p. 18). For the same time period, in Illinois, only 42% of the persons with I/DD living in out-of-home residential settings lived in one to six person settings (Braddock et al., 2013, p. 18). Only Mississippi devoted less of its service delivery system to smaller residential settings serving six or fewer people (Braddock et al., 2013, p. 18).

Susan Parish (2002) investigated the political culture of Illinois for clues as to why deinstitutionalization has progressed so slowly in this state. Parish (2002) found that in 1969, a revision to the Illinois Constitution conferred home rule powers on municipalities, providing them with the legal mechanism to block the placement of group homes for persons with disabilities within their boundaries. The issue was raised again in 1976 when the municipalities' lobby successfully defeated legislation to prohibit restrictive zoning. People with disabilities remained unprotected from discriminatory zoning in

Illinois until the passage of the federal Fair Housing Amendments in 1988 (Parish, 2002). More generally, Parish (2002) contended that Illinois' campaign finance laws, which allow for unlimited contributions, coupled with a systematized hierarchy in which legislative staff report to Democratic and Republican party leadership as opposed to individual legislators, lead to an inequitable political environment. Parish (2002) argued that the result is a political structure where power is consolidated in the hands of the party leadership, independent voices in the legislature are inhibited, major contributors to Illinois campaigns are rewarded, and the political participation of people lacking significant financial resources is suppressed.

Parish (2002) determined that institutions are an integral part of Illinois' political culture. According to her findings, the American Federation of State, County, and Municipal Employees (AFSCME), the largest public services employees union in the country (American Federation of State, County and Municipal Employees, AFL-CIO, 2013), exerted great influence on Illinois politicians to preserve the jobs of its institutional employees from the 1970s onward. Moreover, Parish (2002) asserted, the tradition of political patronage in Illinois, whereby jobs were awarded to people who demonstrated party loyalty and service, was culminated under the governorship of James Thompson (1977-1991). Illinois legislators who had SODCs in their districts often influenced staffing decisions at those facilities according to job applicants' political associations, until the practice was prohibited by the Supreme Court's ruling in the case of *Rutan v. Republican Party of Illinois*, issued in October, 1989 (Parish, 2002). This type of political landscape tended to reinforce the status quo:

There is little incentive in Illinois for the elected leadership to seek innovation or to make major changes because the status quo, whereby nursing home and private ICF/MR operators contribute campaign funds, tends to be supported. The legislative powers are less likely to experiment in this system, and this has contributed to the service system in Illinois still being one of the most institutional in the country. (Parish, 2002, p. 422)

Between 1990 and 2000, one of the time periods Parish (2002) examined in her investigation of institutional services in Illinois, the rate of population decline in SODCs in the U.S. was 44% (p. 448). For the same time period, the rate of population decline in SODCs in Illinois was 28% (p. 448).

During the 1990s, the Illinois General Assembly did pass a crucial piece of legislation to expand comprehensive and coordinated services and supports to persons with I/DD in local communities throughout the state. The legislation was aptly named the Community Services Act, and in its statement of purpose, made effective July 1, 1997, it echoed the spirit and intent of *Olmstead*:

It is declared to be the policy and intent of the Illinois General Assembly that the Department of Human Services assume leadership in facilitating the establishment of comprehensive and coordinated arrays of private and public services for persons with mental illness, persons with a developmental disability, and alcohol and drug dependent citizens residing in communities throughout the state...

The goals of the service system shall include but not be limited to the following: to strengthen the disabled individual's independence, self-esteem and ability to participate in and contribute to community life; to insure continuity of care for clients; to enable disabled persons to access needed services, commensurate with their individual wishes and needs, regardless of where they reside in the state; to prevent unnecessary institutionalization and the dislocation of individuals from their home communities; to provide a range of services so that persons can receive these services in settings which do not unnecessarily restrict their liberty; and to encourage clients to move among settings as their needs change. (Illinois General Assembly, 1997, sec. 1, para. 1-2)

A vitally important section of the Community Services Act as it relates to the slow process of deinstitutionalization in Illinois is section 4.4, entitled "Funding Reinvestment," made effective August 8, 2005 (Illinois General Assembly, 1997). Section 4.4 contains its own statement of purpose which explicitly references *Olmstead*, and affirms the State of Illinois' obligation under the Supreme Court's decision to maximize the level of funds available for services and supports whenever persons with mental health needs and developmental disabilities are transferred into another facility or a community-based setting (Illinois General Assembly, 1997). The Act is unequivocal in stipulating how funding originally allocated to operate an SODC must be reallocated in the event of that SODC's closure:

(d) Whenever any appropriation, or any portion of an appropriation, for any fiscal year relating to the funding of any State-operated facility operated by the Office of Developmental

Disabilities or any mental health facility operated by the Office of Mental Health is reduced because of any of the reasons set forth in the following items (1) through (3), to the extent that savings are realized from these items, those moneys must be directed toward providing other services and supports for persons with developmental disabilities or mental health needs:

- (1) The closing of any such State-operated facility for the developmentally disabled or mental health facility.
- (2) Reduction in the number of units or available beds in any such State-operated facility for the developmentally disabled or mental health facility.
- (3) Reduction in the number of staff employed in any such State-operated facility for the developmentally disabled or mental health facility. (Illinois General Assembly, 1997, sec. 4.4, para. 6)

Specific examples, enumerated in the Act, of how funds may be reallocated include: residence in a Community Integrated Living Arrangement (CILA), rehabilitation and support services, vocational or developmental training, employment or supported employment, and in-home family supports (Illinois General Assembly, 1997).

Between 1982 and 2012, Illinois did close five SODCs: Dixon Developmental Center in 1982, Bowen Developmental Center in 1982, Lincoln Developmental Center in 2002, Howe Developmental Center in 2010, and JDC in 2012. But there are important distinctions to be made regarding the closure of JDC, as compared to those closures which preceded it. The closures of Dixon and Bowen were motivated by the national recession, and did not result in the expansion of community-based residential services, but rather the shuffling of persons with mental illness and I/DD from one institutional facility to another (Parish, 2002). In the case of Lincoln, then Governor George Ryan ordered its closure in June of 2002, after years of investigations uncovered consistently horrific conditions at the facility (Equip for Equality, 2002). During the 1990s, the Illinois Department of Public Health (IDPH), the State Medicaid survey agency, cited Lincoln multiple times for failing to protect its residents and failing to provide appropriate treatment and programming. IDPH also recommended Lincoln for decertification multiple times (Equip for Equality, 2002). The case of Howe was even more severe, insofar as it was actually decertified by the IDPH and its Medicaid contract was terminated by the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services in April of 2007 (Sorensen, Rizzolo,

Lulinski-Norris, & Heller, 2012). Subsequently, Howe lost its Medicaid certification and the accompanying federal funding, resulting in a loss of \$26 million annually (Office of the Governor, 2009, as cited in Sorensen et al., 2012). In December of 2007, Howe was subject to investigation by the U.S. Department of Justice, pursuant to the Civil Rights of Institutionalized Persons Act, and was found to be deficient in several areas of its provision of services and supports to residents (Sorensen et al., 2012). Governor Pat Quinn announced Howe's closure on August 29, 2009 (Sorensen et al., 2012). Again, the closures of Lincoln and Howe did not greatly advance the deinstitutionalization process in Illinois, as the majority of former residents were transferred to other SODCs (as shown in Figures 1 & 2).

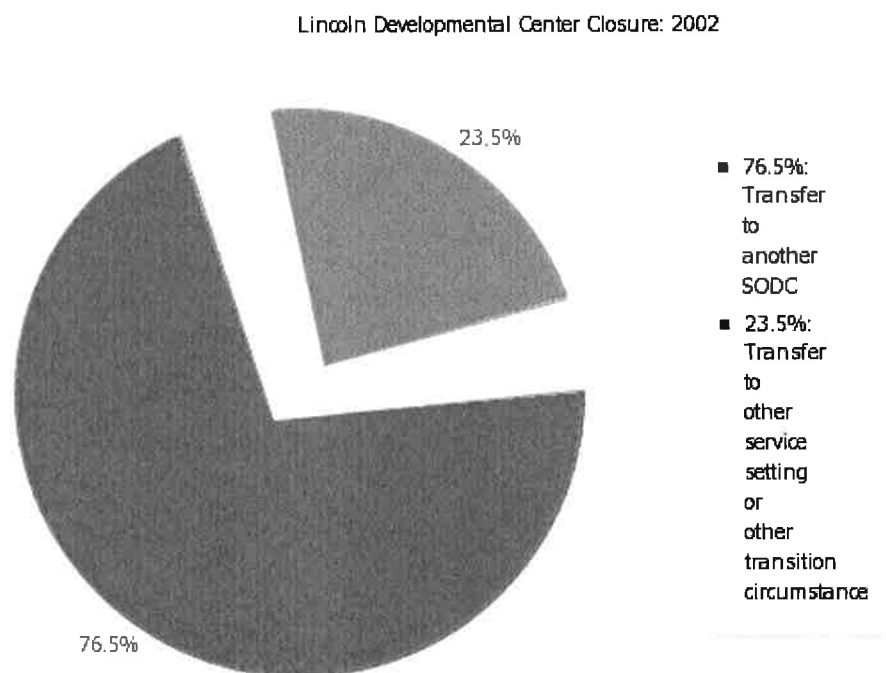


Figure 1. Transfer settings for former residents of Lincoln Developmental Center (Lulinski-Norris, Rizzolo & Heller, 2010, p. 61).

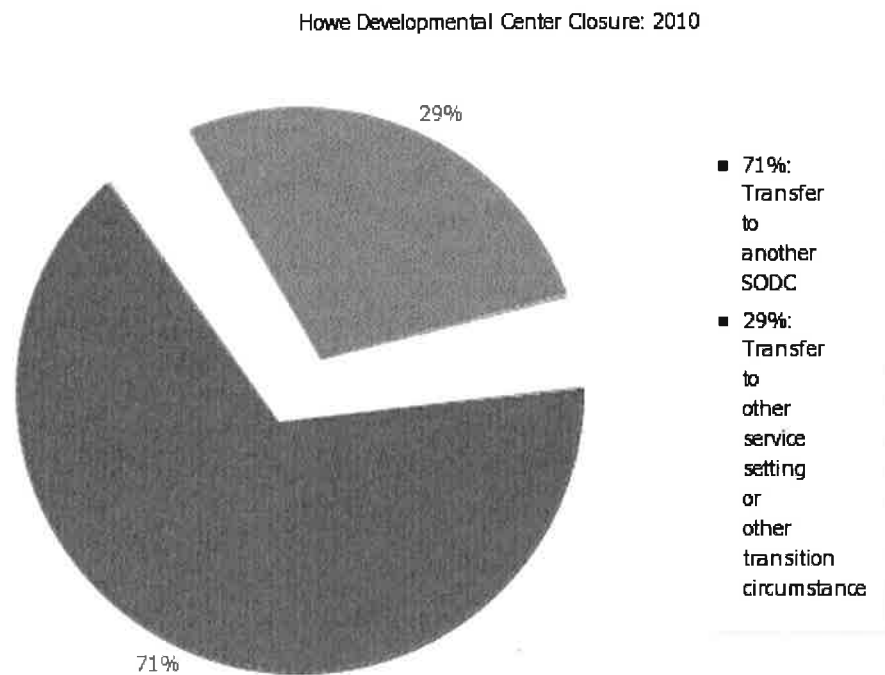


Figure 2. Transfer settings for former residents of Howe Developmental Center (Sorensen et al, 2012, p. 40).

The last 17 residents of JDC left the facility on November 27, 2012 (Reynolds, 2012). What was remarkable about the closure of JDC was the destination of these residents. The closure of JDC is the first SODC closure in Illinois' history to result in the majority of former residents transferring to community-based residential service settings (as shown in Figure 3). If this unprecedented achievement is to be replicated with future SODC closures in the State of Illinois, a close examination of the interests that drove it is essential. A clear sense of the legal, political, economic and social currents that are beginning to erode an intransigent State institutional system is critical to furthering the process of deinstitutionalization in Illinois. The *Ligas Consent Decree*, the Rebalancing Initiative, the Great Recession, and the decay of union strength all conspired to alter the landscape of long-term, residential

services and supports for persons with I/DD in the State of Illinois. On June 15, 2011, U.S. District Court Judge James Holderman signed the *Ligas Consent Decree*, mandating that within six years the State of Illinois transition 3,000 people living in private Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) to community settings (Illinois Human Services Commission, 2012). The decree concluded a court battle initiated in 2005 by Stanley Ligas, a gentleman with Down syndrome who had sued the State of Illinois for denying his requests to move him from his residence at Sheltered Village, a 96-bed ICF/DD in Woodstock, Illinois, to a smaller group home (Black, 2011). On the tails of Judge Holderman's decision on September 8, 2011, the Secretary and General Counsel of the Illinois Department of Human Services (DHS) notified the Illinois Commission on Government Forecasting and Accountability (COGFA) of the proposed closure of JDC (Illinois Department of Human Services, 2011). Then, in November of 2011, Governor Quinn unveiled his Rebalancing Initiative, a plan to reduce the number of residents living in SODCs by at least 600 by the end of fiscal year 2014, a plan that authorized DHS to close up to four I/DD facilities and at least two State psychiatric hospitals during that time period (Office of Governor Pat Quinn, 2011).

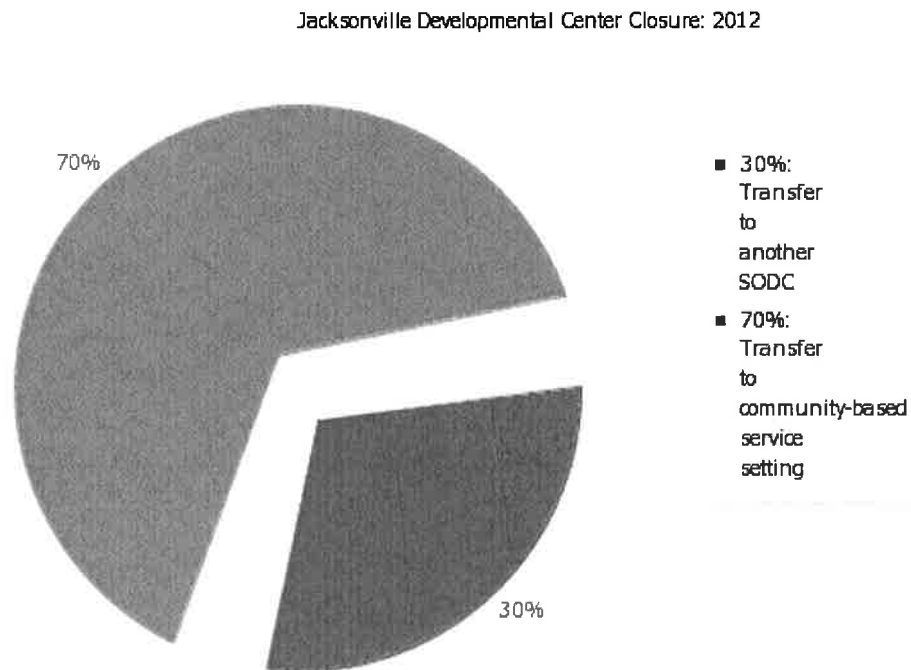


Figure 3. Transfer settings for former residents of Jacksonville Developmental Center (Casey, 2013).

Certainly, Illinois' Rebalancing Initiative is the result of decades of activism by people from Elizabeth Packard to Stanley Ligas, federal legal mandates based on the ADA and the *Olmstead* consent decrees, and a slowly evolving popular consciousness of the human rights of people with disabilities. It is also important to recognize Governor Quinn's unwavering commitment to make long-term, residential services and supports available to people with disabilities in their home communities. However, the aftermath of the Great Recession (2007-2009) provided an essential impetus to the State of Illinois to begin to take seriously the task of closing costly State-operated facilities (Illinois Human Services Commission, 2012). Furthermore, the scapegoating of State employee unions for Illinois' financial crisis by Governor Quinn's administration met with wide popular support. The days when AFSCME held sway

in Illinois politics, fiercely protecting the interests of institutional staff, are well documented by Parish (2002). Those days are gone, and reflect a national debilitation of public and private sector unions in the U.S. For decades, union membership has declined in Illinois and throughout the country. From 2011 to 2012, the time period which spans the Rebalancing Initiative and the closure of JDC, the percentage of wage and salary workers who held membership in a union in the U.S. fell from 11.8% to 11.3% (Bureau of Labor Statistics, 2013a). During the same period in Illinois, the same percentage decreased from 16.2% to 14.6% (Bureau of Labor Statistics, 2013b). Similar statistics for 1983, the first year for which comparable union data are available, stand in sharp contrast: while the union membership rate for the U.S. was 20.1% (Bureau of Labor Statistics, 2013a), the union membership rate for Illinois, then governed by James Thompson, who consolidated his power in part by trading in political influence with AFSCME (Parish, 2002), was 24.2% (U.S. Department of Labor, Bureau of Labor Statistics and Bureau of National Affairs, as cited in Reinhold, 2000).

Research in the determinants of State utilization of public institutions for persons with I/DD demonstrate that, in the year 2000, political culture accounted for the majority of variance among states in the utilization of state-operated institutions for persons with I/DD (Rizzolo, Heller, & Braddock, 2005). The State of Illinois provides a case study in how the transformation of a State's political culture impacts the practice of housing persons with I/DD in SODCs as opposed to community-based residential settings. As the force wielded by AFSCME in Illinois government, once a defining characteristic of Illinois' political culture (Parish, 2002), has weakened, SODC staff have lost their job protection. Seeking solutions to Illinois' financial crisis, Governor Quinn exploited the waning political strength of the State employee unions and brought the once formidable AFSCME to its knees: promoting legislation to limit union membership; allowing State of Illinois jobs to be contracted out to private, out-of-state companies; reneging on union wage and benefit contracts; forcing union workers to take pay cuts; and laying off

hundreds of State employees by closing State facilities –beyond the scope of the Rebalancing Initiative, these closures included facilities operated by agencies other than DHS (Yeagle, 2012).

Henry Bayer, executive director of AFSCME Council 31, portrays this as a critical time for the union. The political climate has soured toward unions, which Bayer says are portrayed by anti-union interests as ‘fat cats’ living on the public dole, and AFSCME now faces ‘unprecedented’ challenges to both its members and its influence. (Yeagle, 2012, para. 5)

In contrast to the closures of Dixon, Bowen, Lincoln and Howe, the closure of JDC and the transfer of the majority of its former residents to community-based residential service settings occurred in the wake of a perfect storm of events and circumstances that continue to drive the current momentum of deinstitutionalization in Illinois. The combined power of Stanley Ligas’ legal victory, Governor Quinn’s advocacy in support of the civil rights of people with disabilities, the financial fallout from the Great Recession, and Governor Quinn’s assault on the entrenched power of AFSCME has blown the status quo in the State of Illinois off course.

Public debate regarding the closure of JDC revealed a community of persons with I/DD, their families, institutional staff, advocates, politicians, and citizens who are still deeply conflicted over the issue, and media coverage was quite extensive. The current study uses frame analysis as a methodological lens in order to reveal how the issues related to long-term services and supports for persons with I/DD were framed distinctively in a comparison of: statements that supported the closure of JDC with those that opposed it, public testimony presented before COGFA between October 2011 and March 2012 with newspaper articles published during an overlapping period, and statements of the various stakeholders who participated in the debate. There is a rich body of work applying frame analysis to politics, media studies, and representations of marginalized populations. A principal occupation of disability theorists is the critique of dominant cultural frames of disability. It is the intent of this study to expand the relatively scarce research which employs frame analysis in the area of disability policy. It is also an essential purpose of this study to inform and guide public discourse

surrounding future SODC closures in the State of Illinois, as efforts at deinstitutionalization move forward.

II. REVIEW OF RELATED LITERATURE

A. Historical Beginnings of Frame Analysis

Generally acknowledged as the pioneer of research in frame analysis, Erving Goffman (1986) explored how frames organize human experience, specifically, how one's subjective interpretation of the frames of a given situation guide individual action in that situation. He conceptualized framing as an innate property of all social processes:

...frameworks are not merely a matter of mind but correspond in some sense to the way in which an aspect of the activity itself is organized –especially activity directly involving social agents. Organizational premises are involved, and these are something cognition somehow arrives at, not something cognition creates or generates. Given their understanding of what it is that is going on, individuals fit their actions to this understanding and ordinarily find that the ongoing world supports this fitting. These organizational premises –sustained both in the mind and in activity –I call the frame of the activity. (Goffman, 1986, p. 247)

Goffman (1986) emphasized the complexity inherent in the evolutionary process which characterizes the development of frames, stating, “Indeed, in countless ways and ceaselessly, social life takes up and freezes into itself the understandings we have of it” (p. 563). Goffman (1986) articulated, too, the dangers when society dedicates organizational machinery to assessing individual capacities and framing a person's life experience according to those assessments, categorizing the humanity of some as worthy of life in integrated community and the lives of others as requiring institutional segregation.

In light of the current study, it is particularly interesting that in the 1950s Goffman did field work in frame analysis at Saint Elizabeths Hospital in Washington, D.C. Saint Elizabeths, along with JDC, was one of 30 public asylums established in the mid 19th century as a result of Dorothea Dix's efforts to reform society's inhumane treatment of people with mental illness ("Big Hopes at," 1993). A century later, Goffman applied frame analysis to the social world of the institution's 7,000 residents in order to understand their experience of it. He found that segregation was a critical function of mental hospitals (Again, note that in the 1960s the term “mental retardation” was used to describe intellectual disability), “...one among a network of institutions designed to provide a residence for various categories of socially

troublesome people. These institutions include nursing homes, general hospitals, veterans' homes, jails, geriatrics clinics, homes for the mentally retarded, work farms, orphanages, and old-folks' homes" (Goffman, 1990, p. 354). Goffman (1990) observed that rehabilitative services were circumvented by their institutional setting, resulting in a relationship between hospital staff and residents he likened to the relationship between an officer and those who are enlisted under his command. Furthermore, Goffman (1990) recognized that an essential outcome of institutions is to uphold the self-concept of the professional staff employed there: "Inmates and lower staff levels are involved in a vast supportive action—an elaborate dramatized tribute- that has the effect, if not the purpose, of affirming that a medical-like service is in progress here and that the psychiatric staff is providing it" (p. 385). While Goffman's work in frame analysis has special relevance to the debate regarding deinstitutionalization, his development of frame analysis as a research methodology inspired its utilization in a wide range of fields, including psychology, sociology, political science, media studies, minority studies, and cognitive science. In aggregate, the research on frame analysis examines, on the one hand, how people perceive and understand reality through frames that they have acquired, and on the other hand, how people's perceptions and understanding can be manipulated through carefully crafted frames.

B. Frame Analysis in Politics and Media Studies

Todd Gitlin (2003) applied frame analysis to a reexamination of his own experiences with the media as president of Students for a Democratic Society (SDS), a national student activist movement in the U.S. at the forefront of the New Left, from 1963-1964. Gitlin (2003) explored the intersection of individual frames of experience, mass media frames and cultural frames in making meaning and effecting political change:

What makes the world beyond direct experience look natural is a media frame. Certainly we cannot take for granted that the world depicted is simply the world that exists. Many things exist. At each moment the world is rife with events. Even within a given event there is an infinity of noticeable details. Frames are principles of selections, emphasis and presentation composed of little tacit theories about what exists, what happens, and what matters. (p. 6)

Contesting the mirror metaphor for news reporting popular in the sixties, the idea that the news passively reflects the actual nature of the world, Gitlin (2003) compared news reporting to fun house mirrors that actively select and remake particular patterns. In selecting patterns from the world which have commercial value, news frames conform to bankable principles. Gitlin (2003) stated that "...news involves the novel event, not the underlying, enduring condition; the person, not the group; the visible conflict, not the deep consensus; the fact that 'advances the story,' not the one that explains or enlarges it" (p. 263). He observed that stereotypes are a practical framing technique for delivering news in short sound bites and limited print space. Applying frame analysis to the stories generated by major networks in the sixties about SDS and the New Left, he theorized that news coverage was a form of anti-democratic social management. Gitlin (2003) called on opposition movements to engage mass media, an ubiquitous social force in orchestrating the frames of everyday consciousness, "...to contest the prevailing definitions of things, the dominant frames. They must 'rectify names,' they must change the way people construe the world, they must penetrate and unmask what they see as the mystification sustained by the powers that be" (p. 283). Finally, it is important to note that Gitlin (2003) acknowledged the absence in his analysis of other forms of cultural production: entertainment television, music, best-selling fiction, film, and YouTube. Gitlin encouraged researchers, "Let popular culture have its analytic due: we live in it" (2003, p. 18). As will be discussed below, the representation of disability in popular culture informs many of the frames of the JDC closure debate.

Shanto Iyengar (1991) investigated how television news frames in the U.S. function as an opiate of the masses, diverting the public's attention from societal and government responsibility for the nation's economic and social ills. Iyengar (1991) recognized that while people in the U.S. possess scarce information about current issues, most of which are beyond the range of their personal experience, they typically express strong policy preferences. He defined framing and framing effects as follows:

Converging evidence from several behavioral sciences indicates that people are exquisitely sensitive to contextual cues when they make decisions, formulate judgments, or express

opinions. The manner in which a problem of choice is 'framed' is a contextual cue that may profoundly influence decision outcomes. At the most general level, the concept of framing refers to subtle alterations in the statement or presentation of judgment and choice problems, and the term 'framing effects' refers to changes in decision outcomes resulting from these alterations. (Iyengar, 1991, p. 11)

Iyengar (1991) further classified two frames for news stories: the "episodic" news frame, which depicts singular, concrete events illustrative of current issues, in the form of a case study or event-oriented report; and the "thematic" news frame, which depicts collective or general evidence related to current issues, in the form of a background or informational report. For example, in a series of laboratory experiments on the issue of poverty, Iyengar (1991) demonstrated that research subjects who viewed episodic reports were much more likely to attribute high national rates of poverty and unemployment to individual failings rather than to failed government policies. He concluded that the massive shift in U.S. public opinion during the 1980s toward less government intervention in areas of social welfare was attributable, in part, to frames in television news coverage which represented poverty and unemployment as concrete events in the lives of individuals whose personal failings had caused their suffering. Iyengar (1991) went so far as to describe episodic framing as a form of social control, in its diminished portrayal of the capacity of government as an agent of social or economic change. The consequences for democratic society are great:

Because television news generally fails to activate (and may indeed depress) societal attributions of responsibility,... it tends to obscure the connections between social problems and the actions or inactions of political leaders. By attenuating these connections, episodic framing impedes electoral accountability. (Iyengar, 1991, pp. 141-142)

An interesting dynamic in the JDC closure debate was the interplay between episodic and thematic framing.

George Lakoff, a cognitive linguist, and Mark Johnson, a philosopher, rejected the classic Western myth of objectivism: the idea that truth can be framed in absolute terms and that meaning is independent of human understanding. Lakoff and Johnson (2003) demonstrated that meaning and truth emerge precisely from how people understand the world through their interactions with the

world, and therefore are grounded in cultural conceptual systems. Furthermore, they presented a rich body of linguistic evidence that our conceptual systems are essentially metaphorical and that the metaphors which dominate one's conceptual system frame a person's thought and action in the world (Lakoff & Johnson, 2003). They warned that in spite of the vast diversity of human experience, cultures are dominated by metaphors which embody only a part of human experience:

...the idea that there is absolute objective truth is not only mistaken but socially and politically dangerous. As we have seen, truth is always relative to a conceptual system that is defined in large part by metaphor. Most of our metaphors have evolved in our culture over a long period, but many are imposed upon us by people in power –political leaders, religious leaders, business leaders, advertisers, the media, etc. In a culture where the myth of objectivism is very much alive and truth is always absolute truth, the people who get to impose their metaphors on the culture get to define what we consider to be true –absolutely and objectively true. (Lakoff & Johnson, 2003, pp. 159-160)

There are important implications here for the formulation of disability policy. When they state, “Meaning, therefore, is never *disembodied* or objective...” (Lakoff & Johnson, 2003, p. 197, emphasis added), they open up ample new territory for frame analysis in the context of the lived experience of disability. This analysis is essential to the work of reconstructing popular perceptions of disability and recrafting public policy accordingly.

Lakoff and Johnson (2003) also remarked on the absence of metaphors for meaningful existence in contemporary political ideology:

Political debate typically is concerned with issues of freedom and economics. But one can be both free and economically secure while leading a totally meaningless and empty existence. We see the metaphorical concepts of FREEDOM, EQUALITY, SAFETY, ECONOMIC INDEPENDENCE, POWER, etc., as being different ways of getting *indirectly* at issues of meaningful existence. They are all necessary aspects of an adequate discussion of the issue, but, to our knowledge, no political ideology addresses the main issue head-on. (p. 236, emphasis in original)

They illustrated the point with a classic metaphor for labor: labor is a resource. The conceptualization of labor as a raw material or commodity hides any characterization of the nature of labor. For all the statistics pressed into political parlance to describe labor, none distinguishes its meaningful from its dehumanizing variants (Lakoff & Johnson, 2003). A dollar earned in a dead end, minimum wage job with

no benefits in the service sector is the same as a dollar earned as a union safety inspector with full benefits in the U.S. Department of Transportation. Joseph Stiglitz, Amartya Sen and Jean-Paul Fitoussi (2009) echo Lakoff and Johnson's concern, recommending a shift in emphasis "*from measuring economic production to measuring people's well-being*" (p. 12, emphasis in original). Stiglitz et al. (2009) define well-being as a multi-dimensional concept, including: material living standards such as income, consumption, and wealth; health; education; personal activities, including work; political voice and governance; social connections and relationships; environment; and insecurity, in economic and physical terms. New economic metrics developed to capture these elements of well-being would go a long way toward quantifying aspects of the lived experience of disability which heretofore have escaped measurement. An important component of this study was to identify how the meaningful existence and well-being of former JDC residents was framed in the closure debate.

In later work, Lakoff (2002) sharpened his political focus, delving into the moral divide separating liberals and conservatives in the U.S. He identified a liberal idealization of Nurturant Parent morality, based on the exercise of empathy in a world of interdependent relationships, versus a conservative idealization of Strict Father morality, based on the exercise of moral authority in a world of competition and meritocracy. Lakoff (2002) asserted that it is impossible to separate family-based morality from politics, largely due to the metaphorical projection of family onto the nation. A person's morality is born from family values. These same family values determine a person's perspective on any given political question and frame every public debate in this country:

The debate is not a matter of objective, means-end rationality or cost-benefit analysis or effective public policy. It is not just a debate about the particular issue,... The debate is about the right form of morality, and that in turn comes down to the question of the right model of the family. The role of morality and the family is inescapable. (Lakoff, 2002, p. 169)

What we have here are major differences in moral worldview. They are not just differences of opinion about effective public administration. The differences are not about efficiency, or practicality, or economics,... They are ethical opinions about what makes good people and a good nation... There is no morally neutral concept of government. The question is which morality will be politically dominant. (Lakoff, 2002, p. 185)

Lakoff (2002) demonstrated that the history of progress in this country has been made possible through the political practice of Nurturant Parent morality: progress in protections from discrimination, progress in public safety programs, progress in equal opportunities for education and other forms of self-development, progress in health care, progress in humane working conditions, and progress in issues of access.

Lakoff (2002) concluded that only Nurturant Parent morality can continue to lead us forward toward a society in which the largest possible number of citizens can live, work and thrive together, productively and cooperatively. Conversely, Lakoff (2002) emphasized the dangers of Strict Father morality, as “It legitimates a certain class of existing power relations as being natural and therefore moral, and thus makes social movements like feminism appear unnatural and therefore counter to the moral order” (p. 82) and “...breeds a divisive culture of exclusion and blame. It appeals to the worst of human instincts, leading people to stereotype, demonize, and punish the Other –just for being the Other” (p. 383). People with disabilities can recognize their own, painful histories in Lakoff’s powerful analysis of destructive conservative morality.

The definitive conceptualization of frames was offered by Robert Entman (1993):

To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described. Typically frames diagnose, evaluate, and prescribe. (p. 52)

It is intriguing that the metaphor Entman chose is medical: suggesting, for example, a comparison of the media’s relationship to the public with that of the doctor to his or her patient (See discussion of the medical model in terms of framing the disability experience below). As Entman (1993) pointed out, media’s role as the physician of public opinion has resulted in a competition over control of media frames, where “the frame in a news text is really the imprint of power –it registers the identity of actors or interests that competed to dominate the text” (p. 55). However, Entman (1993) emphasized that framing processes occur in at least four different locations: the communicator, the text, the receiver,

and the culture. In other words, the act of reading a story in the paper is an interaction of frames: the frames that a journalist brings to the task of writing up a story, in the form of a personal belief system; the frames that emerge from the final version of the text that goes to print, which are to the satisfaction of the editor; the frames that the newspaper reader brings to the breakfast table with coffee, according to his or her life experience; and the cultural frames which inform all of the above – the journalist, the editor, and the reader. All of these frames intersect each other, and each person takes meaning from their intersection according to the frames which emerge as dominant (Entman 1993). It is the aim of the current study to explore these intersections in the context of the debate regarding the JDC closure.

S. Elizabeth Bird and Robert W. Dardenne (1988) challenged the idea that journalism is a purely objective, impartial, factual exercise. They studied the narrative dimension of news, a dimension which goes beyond the traditional journalistic functions of informing and explaining. In the narrative dimension of news, myths of contemporary culture are communicated through a symbolic system. Bird and Dardenne (1988) compared this symbolic system to a skeleton and the details of any particular news event to “the flesh of the new story” (p. 73). It is a story’s symbolic system that resonates with the news audience, and creates “the feeling that we have written or read the same stories over and over again” (Bird & Dardenne, 1988, pp. 72-73). Bird and Dardenne (1988) recognized that media is an integral part of culture, but also emphasized that media occupies a privileged status, stating, “It is in their [journalists’] power to place people and events into the existing categories of hero, villain, good and bad, and thus to invest their stories with the authority of mythological truth” (p. 80).

There are connections here to disability theory, specifically, the practice of narrative prosthesis, in which characters with disabilities are used in literature for the symbolic value of their atypical bodies and minds. How the media narrate the lived experience of disability has weighty effects on the shape of public debate regarding disability policy. Bird and Dardenne (1988) pointed out that journalist-storytellers are engaged in a constant rearticulation and reinterpretation of the myths of contemporary

culture (p. 72). In this capacity, their power to dispel those myths which reinforce the liminal status of people with disabilities is significant. Liminal status is the condition which results from being caught in the transition of U.S. society from one that segregated people with disabilities and actively denied them basic human and civil rights to one that fully embraces the humanity and citizenship of people with disabilities. Journalist-storytellers have a critical role to play in weaving new narratives about people with disabilities in the public consciousness. Bird and Dardenne proposed that “We might think how journalists could learn to create stories that can be processed by their readers, but that speak in other narrative voices. Journalists do tend to tell the same stories in similar ways; the telling of one story by nature excludes all the other stories that are never told” (1988, p. 83).

C. **Frame Analysis in Representations of Marginalized Populations**

Of special importance to the present study is scholarship dedicated to the analysis of frames applied to marginalized groups. Entman and Rojecki (2001) examined messages encrypted in representations of African Americans in news coverage, the movies, commercial advertisements and television. They provided compelling evidence that the images and words used to portray African Americans are often problematic and reinforce their liminal status, a condition which, for African Americans, results from being caught in the transition of U.S. society from one governed by overt, institutionalized racism in the age of Jim Crow to one that fully embraces African Americans as citizens and human beings. For example, in television news, they documented an absence of featured Black experts and the linking of images of Blacks with crime and violence. In commercials from prime-time television programming, they found racial casting indicative of a hierarchy of racial preference and subtle messages that Black skin is taboo. In popular film, they identified a predominance of stereotypical roles for Black actors.

Entman and Rojecki (2001) pointed to the vicious cycle that results from the public’s consumption of media stories which are reflective of a culture where Blacks and Whites have yet to

stand on equal footing, but also underscored media's ability to create new stories, observing that "the media operate both as barometer of cultural integration and as potential accelerator either to cohesion or to further cultural separation and political conflict" (p. 206). Media images of marginalized populations are critical in shaping public sentiments toward them. Entman and Rojecki (2001) warned that "Blacks' media images will be critical in determining the degree to which African Americans are imagined by White Americans (and even by themselves) to be part of the community" (p. 205). There are clear parallels between mediated images of African Americans and those of people with disabilities, in the reinforcement of their liminal status. In both cases, Entman and Rojecki's (2001) call for new media narratives is relevant:

We propose that journalists and even entertainment and advertising personnel use monitoring to take continuous stock of the cumulative effect their individual reports and programs might have on race relations... At the same time, they should seek to supply media narratives that provide a context allowing audiences to engage in more active interpretation and challenge of unthinking assumptions. (p. 223)

Judith Butler (2010), a post-structuralist philosopher, also recognized that the power of a frame lies within its particular combination of selections and omissions:

The frame does not simply exhibit reality, but actively participates in a strategy of containment, selectively producing and enforcing what will count as reality... Although framing cannot always contain what it seeks to make visible or readable, it remains structured by the aim of instrumentalizing certain versions of reality. This means that the frame is always throwing something away, always keeping something out, always de-realizing and de-legitimizing alternative versions of reality, discarded negatives of the official version. (p. xiii)

Media's role as an instrument of war during the U.S. war against Iraq was examined by Butler (2010). She concluded that the humanity of Iraqi populations who were targeted for destruction was actively excluded from media frames, diminishing the capacity of the U.S. media audience to grieve the loss of Iraqi life and bolstering support for the war. Butler (2010) recognized that frames are politically saturated and that they operate with great power on public perceptions of minority populations, pointing out that the very definition of humanity has slowly evolved throughout history to embrace groups of people who were once categorically denied inclusion. Butler (2010) wrote extensively on the

precariousness of all human life, that “There is no life without the conditions of life that variably sustain life, and those conditions are pervasively social, establishing not the discrete ontology of the person, but rather the interdependency of persons, involving reproducible and sustaining social relations” (p. 19). This idea is very much in harmony with the social model of disability. When certain populations in a society, for lack of social, political and economic networks of support, are exposed to poverty, violence and other degradations, Butler (2010) argued that it is essential to reframe policy with this conceptualization of the universal precariousness of all human life, and thus revitalize society’s commitment to support the flourishing of all of its members:

The body, in my view, is where we encounter a range of perspectives that may or may not be our own. How I am encountered, and how I am sustained, depends fundamentally on the social and political networks in which this body lives, how I am regarded and treated, and how that regard and treatment facilitates this life or fails to make it livable. (p. 53)

Butler brings quality of life issues for people with disabilities squarely into the frame.

D. **Frame Analysis in Disability Studies**

Frame analysis was deployed to great effect in the 1960s by disability theorists, who argued that people with disabilities had suffered under the medical model for decades. Gareth Williams (2001) explained, “The medical model that informs traditional approaches to disability takes the presumed biological reality of impairment as its fundamental starting point” (p. 125). According to this framing of the disability experience disability is a problem because it is outside the boundaries of what is normal. The problem of disability is situated in the individual body and the focus of intervention is purely medical, with an emphasis on professional diagnosis, rehabilitation, and cure, or failing those, care (Williams, 2001). The institutionalization of people with disabilities is a natural outgrowth of the medical model. Alternatively, disability theorists in the 1960s proposed the social model, a model that lit the disability rights movement on fire. The social model posits that the problem of disability stems from the systemic barriers, prejudice, and exclusionary practices of society. According to this framing, people are disabled by society and disability is situated entirely outside the body (Williams, 2001).

Williams (2001) asserted that both the medical model and the social model of disability are inadequate to frame the disability experience, because neither tells the whole story. He pointed out that more recent disability theory has attempted to describe disability as an interaction of the individual's embodied experience of his or her particular impairments with society's institutional discrimination. This is an interpretation of disability which is both personal and public, situated both inside and outside the body, where "the social reality of disability is one of considerable variation in the experience of impairment by large numbers of people who nonetheless share common conditions of exclusion, marginalization, and disadvantage" (Williams, 2001, p. 141). Williams (2001) also underscored the importance of the continuing evolution of disability theory, stating that "Disability is something –if it actually is anything at all– that is framed in a number of different ways with very different implications for our knowledge, policies, and practices" (p. 127). It is the purpose of the present study to detect the different frames of disability in evidence in the public debate over the closure of JDC.

David T. Mitchell (2002) explicated the cultural narratives that have been developed about people with disabilities, how pervasive those narratives are in literature, and how they reinforce the liminality of people with disabilities in society. The disabled body, he observed, possesses a symbolic surface that writers find irresistible in its power to tell a story. Tragically, the story tends not to challenge the social construction of disability itself:

The coinage of the phrase 'narrative prosthesis' argues that disability has been used throughout history as a crutch on which literary narratives lean for their representational power, disruptive potentiality, and social critique. Yet, at the same time, literature avoids designating disability itself as a source for derisive social myths that need to be interrogated. (Mitchell, 2002, p.17)

In stark contrast to other minority groups who encounter an absence of characters reflective of their experiences in the literature of the dominant culture, people with disabilities find an abundance of characters representing their experience. The problem is that their experience is falsely represented. Mitchell (2002) documented that "disabled peoples' social invisibility has occurred in the wake of their

perpetual circulation throughout literary history” (p. 19). Mitchell (2002) pointed to the political cartoon as a classic example of this phenomenon, where images of disabled bodies are pressed into service in order to caricature abstract ideas. Images of disability lend a visceral, visual power to political commentary –but rare are the instances when political commentary that utilizes images of disability actually touches on the lived experience of disability. The literary practice of narrative prosthesis was expertly adopted by the film industry from its inception and continues to be projected everyday in movie and home theaters (Snyder & Mitchell, 2010). Whether in literature or on the silver screen, narrative prosthesis is proof of the persistent, liminal status of people with disabilities, and demonstrates the impressive reach of this frame in the public mind.

Frame analysis was applied by Regina G. Lawrence (2004) in a study of public debate on the current obesity epidemic in the U.S. In terms very similar to Iyengar’s episodic versus thematic frames (1991), Lawrence determined that the U.S. public is divided by frames which are “individualizing” versus “systemic” (2004). Individualizing frames attribute the causes of obesity to personal responsibility, whereas systemic frames attribute the causes of obesity to the government, business, and broad social forces. Lawrence (2004) emphasized that frames are rarely pure, and she described frames as existing along a continuum of discourse, with public debate usually trending toward one end of the continuum or the other. When public debate trends toward systemic frames, there is more pressure on the government to create public policy solutions. Based on her findings, Lawrence (2004) identified that framing the obesity epidemic as the result of an unhealthy environment –due, for example, to the affordability and accessibility of fast food and the lack of public recreational areas– indeed pushed public debate along the continuum toward a discourse more weighted in systemic frames. Most importantly, Lawrence (2004) underscored that public debate is an ever shifting contest of frames:

Reframing is certainly not the only key to policy change, which also requires assembling a supportive political coalition and taking advantage of opportunities in the political environment. But reframing health risks and responsibilities is crucial to changing the opinion environment in which policy change will be considered. (p. 59)

Her conclusion has great relevance for the current study.

In one of the first major studies of education client groups in terms of their role in obtaining legislative victories and shaping policy, Tina Itkonen (2009) analyzed the effectiveness of parent and professional organizations in influencing national education policy during the Congressional hearings which preceded passage of IDEA in 1990 and its reauthorization in 1994. Itkonen (2009) predicted that three dimensions of how interest groups framed their policy positions would affect their success in enacting legislation: the core issue frame, in terms of civil rights, education, or politics; the policy narrative, with an emphasis on hope – implying confidence in legislators to continue passing effective policy, or on decline – implying worsening conditions and a degradation of faith in the legislative process; and the portrayal of students with disability from an educational, civil rights based, social, or psychological perspective. Two combinations won all of the items for which they testified: a civil rights frame, hope narrative, and educational portrayal of students with disability; and an educational frame, decline narrative, and educational portrayal of students with disability (Itkonen, 2009). Advocates working on deinstitutionalization policy share a key quality with special education interest groups, in that they both work in a bipartisan policy domain. Itkonen's (2009) conclusions, that "problem definition is critical in understanding legislative victories and losses in Congressional testimony" (p. 58), has powerful implications for the current study.

Mary Pat O'Malley (2008) explored the scarcely researched topic of how the portrayal of disability is affected by the way discourse is structured on radio. O'Malley (2008) first examined the frames of discourse on fifteen episodes of "Outside the Box," an Irish radio show about disability featured on Raidio Telefis Eireann (RTE). She established three main frames: the radio program frame, which foregrounds a management perspective on the selection of topics to be aired with audience preferences in mind; the presenter frame, which imbues the presenter, or host, with the power to introduce the program's topic according to a particular angle and specific lexical choices; and the

interview frame, which assigns to the presenter, or host, the power to choose guest experts, schedule their appearances on the radio show, and direct the question and answer sequence. O'Malley (2008) reported that the radio program frame demonstrated a marked focus on medical conditions, reinforcing the medical model of disability. The presenter frame emphasized the measurement of symptoms, diagnosis, and treatment. The interviewer frame revealed a strictly informational approach and a pattern in the order of guest experts: medical professionals first, followed by people with a diagnosis of the disability featured as the topic of the program. All three frames situated control of the program's treatment of disability in the hands of RTE management and the presenter, or host (O'Malley, 2008).

O'Malley (2008) observed a fascinating parallel between radio frames of discourse and the traditional doctor-patient relationship. She documented that "The interviewer controls the interview through the use of chains of question-answer sequences—a feature also found in doctor-patient interviews, classroom discourse and television interviews" (O'Malley, 2008, p. 25), echoing Entman's (1993) comparison of the media's relationship to the public with that of the doctor to his or her patient. O'Malley's (2008) investigation has great relevance to the present study, especially in her attention to the estrangement of people with disabilities from the media spotlight as experts on their own, lived experience of disability, which is due not only to the stereotypical words and images used to portray people with disability, but also, on perhaps a more profound level, to the actual structures of discourse that are standard media practice. O'Malley (2008) concluded, "Media talk has been criticized for its reductionist portrayal of disability and frame theory helps to explain how this happens *through talk itself*" (p. 21, emphasis added). O'Malley (2008) recognized the complexity of the work that needs to be done to bring people with disabilities into the conversation about the public policies which directly affect them.

Colin Barnes and Geof Mercer (2005) examined the relationship between orthodox sociological theories of work and the exclusion of people with disabilities from the workplace, along with its

attendant social segregation. They proposed new theories of work in the context of the lived experience of disability, and suggested that these new theories were vital to the social integration of people with disabilities. Barnes and Mercer (2005) took feminist work as their point of departure in critiquing the gendered separation of the public and private spheres. They drew parallels with the concentration of work generated in the private sphere when one lives with disability, from the additional time and effort required for self-care activities to the training and supervision of Direct Support Professionals (DSPs). Barnes and Mercer (2005) make a compelling case that until the work of living with disability reframes the meaning of work in the public mind, the social exclusion of people with disabilities will persist as a symptom of their limited access to productivity in the public sphere. An important element in Barnes and Mercer's (2005) analysis is the transformation of the public perception of people with disabilities from that of passive recipients of support services to that of active employers of the DSPs who work in the delivery of their support services. They also emphasize the multiplier effect of wages paid to DSPs, asserting, "disability and related benefits are not passive in the sense that they go straight into the recipients' pockets but they are circulated throughout the economy in terms of generating employment, goods, and services" (Barnes & Mercer, 2005, p. 538). While Barnes and Mercer's (2005) research focused on the British experience, their work has broad implications for issue framing in the JDC closure debate, particularly in terms of representations of persons with I/DD.

This review of the literature provides a window on the extensive use of frame analysis as a methodological lens for research in politics, media studies, and representations of marginalized populations, and also for work in the critique of dominant cultural frames of disability. However, with few exceptions, there is a gap in the literature regarding the applications of frame analysis in the area of disability policy. The questions that guide this study concern how issues related to deinstitutionalization are framed in public discourse. To pursue these questions, this researcher relied on elements of frame analysis established by previous work in politics, media studies, and representations of marginalized

populations. The current research was further informed by disability theory. A key purpose of this research is to strengthen connections between the practice of frame analysis and the analysis of public policy related to disability services and supports. Equally important is the intent of this study to conduct a close examination of the frames that intersected in the JDC closure debate, and point out possible ways to navigate the frames of SODC closure debates to come.

III. METHODS

A. Design

This is a qualitative study which examines the public debate that ensued following Governor Quinn's announcement of impending plans to close JDC. Hearings for public comment were held by COGFA on October 24, 2011, November 10, 2011, February 7, 2012, and March 7, 2012. An additional hearing for public comment was held by the Illinois Health Facilities and Services Review Board (HFSRB) on October 30, 2012. The media covered public debate extensively. All testimony from the COGFA hearings was examined in the current study. While transcripts of public comment were also published on the HFSRB website, these were not included in the research sample. In part, this decision was based on the fact that issue frames of the JDC closure debate were well established by the public testimony made available by COGFA. In fact, many of those who testified before COGFA also testified before HFSRB, and presented similar statements. Furthermore, media pieces represented in the research sample were outnumbered by the number of statements presented during the COGFA hearings. Including testimony from the HFSRB hearings would have resulted in a research sample heavily weighted with public statements and light on media pieces.

This study utilizes textual analysis of public comment presented at the COGFA hearings and media pieces with three principal objectives: to compare issue framing by opposing sides of the debate; to compare issue framing by each of the three sources – public testimony, *Chicago Tribune* articles, and *Jacksonville Journal Courier* articles; and to compare issue framing by the various stakeholders. Major stakeholders identified in the debate were: JDC residents, family members of JDC residents, JDC staff, Jacksonville community organizations and businesses, disability organizations, private citizens, politicians and policy makers, and journalists. It was predicted that distinctive frames would be emphasized by those who spoke for and against the closure of JDC, by each of the three sources, and by each of the various stakeholders. Another important aspect of the textual analysis was to determine

what recurring themes would dominate across the frames of the JDC closure debate, in order to gain a clearer picture of those ideas related to deinstitutionalization that are salient in the public consciousness, and also to get a pulse on those ideas related to deinstitutionalization that are contested and create tension in the public consciousness.

B. **Sample**

All public testimony presented at the COGFA hearings from October of 2011 through March of 2012 was scanned and posted on COGFA's website as a matter of public record. Statements of fewer than 45 words were excluded from the sample. Several presenters included attachments to their statements with further research or supporting evidence to back their testimony. These attached documents were also excluded. One submission, titled *Jacksonville Physical Plant*, presented a detailed list of maintenance issues without an introductory statement to clarify which side of the debate the statement supported, and therefore was excluded. One person actually submitted two statements, expressing two distinctive arguments. Each of these statements was counted independently for the sample. A letter reporting the deaths at Lincoln Developmental Center, dated November 14, 2003, signed by the Deputy Director of DHS, and missing any statement regarding the closure of JDC, was excluded. Eight statements regarding the closure of the Tinley Park Mental Health Center had been inadvertently added to the JDC testimony. These were also excluded. Five statements dedicated to criticism of the hearing process itself which did not address the themes of the closure debate were excluded. One statement constituted a formal complaint to COGFA regarding the transition process of a single JDC resident and was also excluded. Finally, a formal request for the emergency hiring of additional medical staff at JDC submitted by a DHS State Purchasing Officer on January 30, 2012, to the State of Illinois Office of the Auditor General was excluded. In total, 88 statements submitted as public testimony during the COGFA hearings were selected for the research sample.

Two newspapers were selected for analysis: the *Chicago Tribune* and the *Jacksonville Journal Courier*. While the circulation of Illinois' two largest dailies, the *Chicago Sun-Times* and the *Tribune*, is similar (Roeder, 2012), a search of the *Sun-Times* archival records on November 16, 2012 under the search term "Jacksonville Developmental Center" returned only four matches. In contrast, a search of the *Tribune* under the same search term returned 100 matches. Similarly, a search of the *Journal Courier* on the same date and under the same search term returned 87 matches. Established in 1830, the *Journal Courier* has an even longer history than JDC and is Jacksonville's principal daily, with a circulation of approximately 11,000 (*Journal-Courier*, n.d.). Due to the tremendous impact the closure of JDC had on the readership of the *Journal Courier*, the number of articles it published on the subject is to be expected. While Jacksonville lies over 200 miles southwest of Chicago, Chicagoans were certainly affected by the JDC closure. Not only did many of JDC's former residents transition to community-based services in the Chicago area, but also Chicagoans had witnessed the closure of the Howe Developmental Center on June 21, 2010, another SODC closure inspired by Governor Quinn's Rebalancing Initiative.

On November 25, 2012, newspaper articles written with the JDC closure debate as their subject matter were found using the *Chicago Tribune* search page and the search term, Jacksonville Developmental Center. Four of these articles were letters to the editor in response to an editorial published on September 30, 2011, entitled, *Moving to Community Care: State-Run Centers for Developmentally Disabled Finally on the Way Out*, an editorial which spoke directly and in detail to Governor Quinn's Rebalancing Initiative without specifically mentioning JDC. Entering the editorial's title as an additional search term on the *Tribune* search page turned up two additional articles: the editorial itself, and another article, *Who Speaks for the Disabled?*, which also responded in-depth to Governor Quinn's Rebalancing Initiative without any explicit mention of JDC. A few links to *TribLocal* Tinley Park pages turned up articles focused specifically on the closure of the Tinley Park Mental Health Center, mentioning JDC only as another example of a state-operated facility similarly slated for closure.

These articles were excluded from the sample. Also excluded were two announcements of the postponement of JDC's closure date, one notice to the public of the Illinois HFSRB hearing, and two announcements of the HFSRB vote to approve JDC's closure. None of these media pieces addressed the themes of the debate. In total, 24 *Tribune* articles were selected for the research sample.

On November 26, 2012, newspaper articles written with the JDC closure debate as their subject matter were found using the *Jacksonville Journal Courier* search page and the search term, Jacksonville Developmental Center. In one Associated Press article, two gentlemen were featured: one a JDC resident whose family stood against the closure of the facility, and the other a recipient of community-based living services whose family supported the closure of JDC. This article was coded and analyzed as two independent media pieces, each representing one side of the debate. Two articles which discussed Governor Quinn's political maneuvering in order to force the closure of JDC, including his use of the preliminary draft option, were excluded from the sample. The focus of these articles was a critique of the democratic process as it related to state facility closures, rather than the themes of the debate. One article which simply confirmed the JDC closure announcement and three notices of the COGFA public hearing process, none of which delved into the themes of the debate, were excluded. Four articles which focused on controversy regarding the transition process for JDC residents, including a report on the audit of Community Resources Associates, contracted by DHS to assist with the transition process, were also excluded. The interest of this researcher was public and media sentiment regarding the setting where long-term services and supports should be delivered to people with I/DD, in institutions or in their home communities, as opposed to public and media sentiment regarding proper protocols for the transition process. The subject of five articles found in the search was the accidental death of a JDC resident that occurred at JDC in October of 2012. Only two of these articles were included in the sample, as they made direct connections to issues surrounding JDC's closure which were absent in the other three. Two articles which discussed the problem of AFSCME employees formerly employed at JDC

“bumping” other AFSCME employees with less seniority employed at the Illinois School for the Visually Impaired were excluded. The focus of these articles was the possible violation of union rules regarding promotional placements. Also excluded were an article describing the accidental dumping of thousands of gallons of drinking water by JDC staff in February of 2012, an article covering Illinois College’s 19th Annual Service Blitz in August of 2012, which included a volunteer force of 400 students who made improvements to the JDC grounds, and finally, an article reporting on alleged ghost sightings at JDC by JDC staff in August of 2012. In total, 34 *Journal Courier* articles were selected for the research sample.

In sum, the research sample included 88 statements drawn from the public testimony heard by COGFA between October 24, 2011 and March 7, 2012 and 58 media pieces published by the *Chicago Tribune* and the *Jacksonville Journal Courier* between September 9, 2011 and November 13, 2012 for a total of 146 documents.

C. **Procedure**

1. **Frame identification**

Each of the 146 documents was treated as a separate unit of discourse. No visual content was considered for analysis. Initially, all documents in the research sample were coded manually for recurring themes. From these recurring themes, seven specific frames emerged. Textual illustrations from the coded documents of each of the seven frames are included in Table I.

a. **State Budget frame**

In the current recessionary climate, what is paramount is “the bottom line” and the implementation of cost cutting measures in order to shore up the State of Illinois’ precarious financial position. The closure debate is framed in terms of the business of running the State government, whose principal interest in today’s economy is making policy decisions which save the State money. JDC residents are represented as a financial burden on the State as long as they continue to receive care at JDC.

b. **Mixed Financial Interests frame**

What is good for the State budget is not necessarily good for local economies.

The closure debate is framed in terms of the interplay of the financial interests of the State of Illinois with those of Jacksonville and Morgan County. JDC residents are represented as caught in the contest between State and local financial interests.

c. **Jacksonville Economy frame**

The loss of JDC as a local institution will wreak havoc on the economy of Jacksonville and Morgan County. The closure debate is framed in terms of Jacksonville's economic interests in JDC through numeric projections of the financial devastation that will result from its closure: unemployment in the form of lost direct, indirect, and induced jobs; significant reduction in income, tax revenue, and consumer spending; "ripple effect" business closings; etc. JDC residents are represented as anchors of the local economy.

d. **Medical Model/Segregation frame**

JDC serves an essential mission to society: caring for the needs of individuals who are extremely medically fragile. Institutionalization in a separate facility is necessary for adequate care. The closure debate is framed in terms of preservation of the status quo for the sake of persons with serious disabilities and those interests that would preserve it, mainly: professionals who care for the institutionalized, and parents of the institutionalized. JDC residents are represented as the most vulnerable members of society, and defined by their disability, their diagnoses, and their deficits.

e. **Medical Model/Institutional Dependence frame**

JDC serves an essential mission to JDC residents. JDC is also irreplaceable to Jacksonville and Morgan County. The closure debate is framed in terms of negative consequences for JDC residents if they leave institutional life, negative consequences for JDC staff and the local and regional economies if the institution shuts down, and those interests that would maintain this twin

dependency. Again, JDC residents are represented as the most vulnerable members of society, and defined by their disability, their diagnoses, and their deficits. Furthermore, they are represented as dependent on their care providers at JDC, just as JDC staff and the local and regional economies are dependent on their institutionalization.

f. **Common Citizenship/Institutional Dependence frame**

An individual with I/DD is not reducible to a list of symptoms and a medical history. An individual with I/DD is a person, with the full range of complicated characteristics that make up a person: uniqueness, history, emotional landscapes, potential, likes and dislikes, strengths and flaws of character, dreams, and desires. The personhood of JDC residents is respected by JDC staff. However, JDC is home to JDC residents, and leaving JDC would cause them anguish. Also, community-based living programs are ill-equipped to provide JDC residents with adequate supports and services. The closure debate is framed in terms of the respectful human relationships that exist among residents and staff at JDC and their interests in preserving this social web. JDC residents are represented as human beings.

g. **Common Citizenship/New Society frame**

Institutionalization of individuals with I/DD is an archaic practice that violates the human rights of those who are institutionalized. Again, an individual with I/DD is a person, with the full range of complicated characteristics that make up a person: uniqueness, history, emotional landscapes, potential, likes and dislikes, strengths and flaws of character, dreams, and desires. The closure debate is framed in terms of progress and those interests that advocate the advancement of the rights of persons with I/DD. Again, JDC residents are represented as human beings.

TABLE I
TEXTUAL ILLUSTRATIONS OF FRAMES FROM JDC CLOSURE DEBATE

Frame	Textual Illustration from Coded Documents
State Budget	Gov. Pat Quinn had announced plans to close... the Jacksonville Developmental Center in Jacksonville,... He pinned the closures on the Legislature, saying the tightened purse-strings on this year's budget left him no choice ("Editorial: JDC Safe," 2011, para. 3-4).
Mixed Financial Interests	What we need to do is take this budget apart, line by line, and identify 100 percent of the waste, graft, corruption, malfeasance and mismanagement that exist in state government. We can identify it and eradicate it and use those savings to pay our vendors on time, to pay our debt and to keep open facilities such as JDC, facilities that do good things for the community (State of Illinois, 2011, p. 22).
Jacksonville Economy	Now, with the proposed closure of the Jacksonville Developmental Center, the loss of another 413 jobs, and its \$21 million payroll, the result will be catastrophic for our Region. The IDHS Economic Impact Study cites total employment loss numbers related to the closure of JDC at 591 which includes Direct, Indirect, and Induced jobs. And, total labor income lost from these same types of jobs at almost \$47 million . The closure of this facility will have a severely negative impact on our Region (emphasis in original) (State of Illinois, 2012, March 7, pp. 34-35).
Medical Model/ Segregation	You see, here is the cold, hard truth: 'For... many... high-needs individuals – an institution is best' (Choslovsky, 2012, para. 12).
Medical Model/ Institutional Dependence	Most certainly the closure of the Jacksonville Developmental Center will have a huge negative economic impact on the Jacksonville area... I also firmly believe that the majority of individuals who currently reside at JDC would be very difficult to be served in the community. Many of these people require 24 hour medical services. Others exhibit behavior that make residing in the community problematical (State of Illinois, 2011, pp. 56-58).
Common Citizenship/ Institutional Dependence	I want to save JDC for my friend who live with. They are very good friend to me. They are sad to for there home just like I am JDC (State of Illinois, 2012, March 7, p. 27).
Common Citizenship/ New Society	I applaud efforts to return citizens with disabilities to the community and to restore our inherent freedom and dignity. The provision of adequate funding for transition services and community supports along with the closure of state institutions such as the Jacksonville Developmental Center is a step that Illinoisans can be proud of. It is an act that serves to remind us that a better world is indeed possible for all of us, including our brothers and sisters with developmental disabilities (State of Illinois, 2012, February 7, p. 30).

2. Coding of recurring themes and variables

In order to conduct a close analysis of recurring themes and the aforementioned frames, QDA Miner software, version 4, was used. Twenty-eight recurring themes that had been identified in the manual coding phase were also coded in the software (as shown in Table IX). A guide used to make coding decisions which further explicates the meaning of each code is included in Appendix B. Documents were also coded in the software according to four variables: source, stakeholder, debate position, and frame. Sources included: public testimony, *Chicago Tribune* articles, and *Jacksonville Journal Courier* articles. Stakeholders included: JDC residents, family of JDC residents, JDC staff, Jacksonville community organizations or businesses, disability organizations, private citizens, politicians or policy makers, and journalists. Debate positions included: for closure, against closure, and neutral.

D. Assessment of Reliability

A particular debility of research in frame analysis has been the insufficient reporting of reliability (Matthes, 2009). For this study, QDA Miner software, version 4, was selected as a coding tool precisely because it features multi-user accounts that allow the same documents to be coded independently by different users and several options for computing inter-coder agreement. Reliability levels were formally assessed using a representative, 10% subset (n=15) of the full research sample (n=146). Random selection of the 10% subset was achieved employing the online random number generator service made available by the School of Computer Science and Statistics of Trinity College, Dublin (Haahr, 2012). A second coder was recruited to identify frames and code this randomly selected representative sample. This researcher facilitated a training session with the second coder, consisting of an explanation of the purpose of the study, detailed instructions as to the frame identification and coding process, and a tutorial in the use of QDA Miner software, version 4. An additional meeting was required to examine differences in the frame identification and coding of the 10% subset as compared

to the full research sample. No flaws were detected in the frame identification process. Flaws in the coding guidelines were identified and corrected. Contradictions in frame identification and coding decisions were discussed and resolved in the majority of cases. Each coder then executed revisions to their original frame identification and coding work.

Coders identified the same frame for 14 of the 15 documents in the 10% subset, yielding a 93.33% score on inter-coder reliability in the frame identification process. The agreement criterion utilized to assess inter-coder reliability in the coding process was code importance: for any given code, a comparison of the percentage of words in each document tagged as instances of that code. The objective was to determine the level of agreement between the coders on the relative importance of any given code in each document. Using code importance as the agreement criterion, each document was treated as a separate unit of analysis. If one coder assigned a specific code to a document four times while the other coder assigned that code to the same document only once, 0.25 was added to the total number of agreements and 0.75 was added to the total number of disagreements (as shown in Table II). The absence of any given code in a document was considered to be an agreement. Since the unit of analysis was the document and the numerical value for each code ranged between 0 and 1, each document was equally weighted in the assessment of agreement, no matter how many codes were found within it (Provalis Research, 2011). Scott's pi was chosen as the statistical measure of inter-coder reliability. Scott's pi does not assume that all codes have equal probability of being observed, considers that coder decisions are influenced by this information, and treats any difference between coders in the distribution as a source of disagreement (Scott, 1955, as cited in Provalis Research, 2011). Overall inter-coder reliability was calculated at 95.40% in the coding process (Inter-coder reliability for specific codes is included in Table II – note that not all codes appeared in the documents selected randomly for the 10% subset).

TABLE II
CODE IMPORTANCE UTILIZING SCOTT'S PI STATISTICAL ADJUSTMENT

Code	Agree Absent	Agree Present	Disagree	Percent	Scott's Pi
Access to choice	13	2.0	0.0	100.00%	1.000
Care	7	7.8	0.2	98.70%	0.973
Community-based living illustrations/outcomes	8	5.1	1.9	87.60%	0.742
Cost comparison of SODCs versus community-based living	14	1.0	0.0	100.00%	1.000
Danger to public safety posed by community- based living	14	0.8	0.2	98.90%	0.903
Dignity... Equality...	12	3.0	0.0	100.00%	1.000
Freedom... Liberty					
Fear of transition to community-based living	14	1.0	0.0	100.00%	1.000
Impact on Jacksonville and Morgan County	11	3.9	0.1	99.40%	0.986
Medical/deficit/capacity descriptions of persons with I/DD	7	4.5	3.5	76.50%	0.516
MFP/ person-centered planning	9	3.4	2.6	83.00%	0.606
Needs	8	7.0	0.0	100.00%	1.000
<i>Olmstead</i> Supreme Court decision	14	0.8	0.2	99.00%	0.911
Parental/guardian choice	14	1.0	0.0	100.00%	1.000
Potentiality of persons with I/DD	11	4.0	0.0	100.00%	1.000
Progress toward equal rights for persons with I/DD	12	2.0	1.0	93.30%	0.760
Quality of Life	14	1.0	0.0	100.00%	1.000
Quotations of persons with I/DD	12	2.6	0.4	97.30%	0.912
Reinvestment	12	2.3	0.7	95.20%	0.835
Rights	11	4.0	0.0	100.00%	1.000
State budget issues	6	4.9	4.1	73.00%	0.457
Supports & Services	6	8.2	0.8	94.80%	0.894
The "R" word	14	1.0	0.0	100.00%	1.000
Vulnerability of persons with I/DD	10	4.5	0.5	96.80%	0.927
Total	253	76.0	16.0	95.40%	0.874

IV. RESULTS

A. Frequency of Frames by Debate Position, Source and Stakeholder

As predicted, distinctive frames did emerge from those who spoke for and against the closure of JDC (as shown in Table III). Also, as predicted, different frames were emphasized in each of the three sources: public testimony, *Chicago Tribune* articles, and *Jacksonville Journal Courier* articles (as shown in Table V). Finally, as predicted, different frames were emphasized by each of the stakeholder groups (as shown in Table VII). Spreadsheets of all four variables ascertained for each of the 146 documents in the research sample are included in Appendices C, D and E. In the interest of telescoping the results, a secondary analysis of the frequency of frames was conducted by collapsing the seven debate frames into three. Sample documents identified by the State Budget, Mixed Financial Interests and Jacksonville Economy frames were identified by the more general Financial frame. Sample documents identified by the Medical Model/Segregation and Medical Model/Institutional Dependence frames were identified by the more general Medical frame. Sample documents identified by the Common Citizenship/Institutional Dependence and Common Citizenship/New Society frames were identified by the more general Citizenship frame. In the secondary analysis, the results are denser in terms of the emphasis on different frames: by opposing sides of the debate (as shown in Table IV), in each of the three sources (as shown in Table VI), and by each of the stakeholder groups (as shown in Table VIII).

Overwhelmingly, those who spoke in favor of the closure of JDC made their arguments in relation to the Common Citizenship/New Society frame (97.50%). Passionate statements were made, urging all stakeholders to recognize the unique opportunities provided by the current historical moment in Illinois and the inexorable march of progress toward human rights for persons with disabilities in this nation:

Given the fiscal crisis facing the state of Illinois it is foolish to waste taxpayer dollars on an ineffective and biased system... To provide a much higher quality of life and grant an individual the freedom to live in the community and save more than \$25 million is an opportunity we must embrace... We must close these institutions and reinvest resources in a service delivery system

that embraces choice and treats all individuals as valued members of society. (emphasis in original) (State of Illinois, 2011, p. 4)

From a pure civil rights standpoint, JDC should have closed long ago... It is time for Illinois to get real about inclusion and remove itself from its segregationist veil. (State of Illinois, 2012, February 7, p. 49)

Again, overwhelmingly, those who spoke against the closure of JDC made their arguments in relation to the Medical Model/Segregation frame (67.61%). These statements demonstrate a view of persons with I/DD that is exclusively medical, and the position that institutions are the proper place for persons with I/DD. Some of these statements go so far as to say that many individuals with I/DD are somehow not fit for community-based living:

In Illinois, 75.8% of developmental center residents have severe or profound intellectual disabilities, with 64.9% having two or more additional disabling conditions such as cerebral palsy, blindness, hearing impairments, seizure disorders, psychiatric disorders, etc. A significant number of residents cannot communicate 'basic desires verbally' (55.2%) and cannot 'understand simple verbal requests' (29.5%). Many developmental center residents also need assistance walking (27.5%), transferring (27.3%), eating (44%), dressing (39.3%) or toileting (53.3%). (State of Illinois, 2012, February 7, p. 10)

Our son could not function in a community based home. (State of Illinois, 2011, p. 46)

Each year, during an annual review to discuss the nature of care of my brother, a portion of the meeting is devoted to developing goals for him. Here is what the case management team hopes to help [him] accomplish in 2012: '[He] will learn to place his sippy cup on a cafeteria tray when he is done eating.' Does this sound [like] a person capable of living independently? (State of Illinois, 2012, March 7, p. 68)

Newspaper articles written from a neutral perspective contained the most even distribution of frames. However, one frame did dominate among those newspaper journalists who provided impartial coverage of public debate regarding the closure of JDC: State Budget (31.43%). This finding may indicate that from a media standpoint, the most relatable frame for the general public was one that involved their financial relationship with the State of Illinois, as taxpayers:

Gov. Pat Quinn took his first steps toward mass layoffs and state facility closings Thursday, budget cutting moves... The Democratic governor warned that unless lawmakers approve more money, he'll send pink slips to more than 1,900 workers... The budget the General Assembly sent him is at least \$313 million short of running state government for a full year, he said... By

putting services to some of the state's most vulnerable citizens on the chopping block, Quinn may be waiting to see if lawmakers flinch first. (Garcia & Long, 2011, para. 1-2, 5)

Democratic Gov. Pat Quinn will deliver a bad-news budget Wednesday,... The problem is the same as it's been for years at the Capitol – there's not enough money coming in while costs are rising... In addition to already-planned closures of Tinley Park Mental Health Center and Jacksonville Developmental Center, Quinn will call for closure of the Singer Mental Health Center in Rockford and Murray Developmental Center in Centralia in spring 2013... 'Every year we say this is the toughest budget, and I would say it again this year,' said Jack Lavin, Quinn's chief of staff. 'This is the toughest budget we've ever faced.' (Long & Garcia, 2012, para. 1, 3, 9, 28)

TABLE III
FREQUENCY OF FRAMES BY DEBATE POSITION (TOTAL COUNT & PERCENTAGE BY ROW)

Debate Frame	State Budget (n=14)	Mixed Financial Interests (n=11)	Jacksonville Economy (n=3)	Medical Model/ Segregation (n=54)	Medical Model/ Institutional Dependence (n=10)	Common Citizenship/ Institutional Dependence (n=7)	Common Citizenship/ New Society (n=47)
For Closure (n=40)	1 2.50%	---	---	---	---	---	39 97.50%
Against Closure (n=71)	2 2.82%	3 4.23%	2 2.82%	48 67.61%	9 12.68%	7 9.86%	---
Neutral (n=35)	11 31.43%	8 22.86%	1 2.86%	6 17.14%	1 2.86%	---	8 22.86%

In the secondary analysis of the frequency of frames by debate position, those who favored the closure of JDC overwhelmingly formulated their arguments in relation to the Citizenship frame (97.50%). Those who opposed the closure of JDC overwhelmingly formulated their arguments in relation to the Medical frame (80.28%). Those journalists who maintained an impartial position in the debate

demonstrated a sharp framing preference in the secondary analysis that was not revealed in the first analysis. The majority of neutral media pieces were written in relation to the Financial frame (57.14%) in an effort, as suggested above, to connect the JDC closure debate to the concerns of Illinois taxpayers.

TABLE IV
FREQUENCY OF FRAMES BY DEBATE POSITION (TOTAL COUNT & PERCENTAGE BY ROW),
SECONDARY ANALYSIS

Debate Position	Debate Frame	Financial (n=28)	Medical (n=64)	Citizenship (n=54)
For Closure (n=40)		1 2.50%	---	39 97.50%
Against Closure (n=71)		7 9.86%	57 80.28%	7 9.86%
Neutral (n=35)		20 57.14%	7 20.00%	8 22.86%

Public testimony from the COGFA hearings was polarized between two frames: Medical Model/Segregation (45.45%) and Common Citizenship/New Society (30.68%). Another significant number presented arguments in relation to the Medical Model/Institutional Dependence frame (10.23%) and the Common Citizenship/Institutional Dependence frame (6.82%). All of those who presented arguments in relation to the Medical Model/Segregation, Medical Model/Institutional Dependence, and Common Citizenship/Institutional Dependence frames opposed the closure of JDC. So public testimony included in the research sample was heavily weighted against closure (60 against – 68.18%, 28 in favor – 31.82%). The dominant frame in *Chicago Tribune* articles was Common Citizenship/New Society

(50.00%). This frame is consistent with the fact that the *Tribune* editorial board supported the closure of JDC:

Illinois' treatment of the developmentally disabled lags way behind the times. Other states have proved convincingly that in most cases, institutionalizing people in big government-run facilities hurts everyone concerned and wastes money. Community-based organizations offer small neighborhood group homes and other varied options for care and generally provide better results at a much lower cost... Let's make a swift, smooth transition that provides residents with new homes that offer superior living arrangements and opportunities for personal growth. It's time. ("Moving to community," 2011, para. 4, 13)

Another important frame in the *Tribune* articles was State Budget (25.00%), reflective of the media emphasis on making the JDC closure debate relatable to the average Illinois taxpayer. The dominant frame in *Jacksonville Journal Courier* articles was Medical Model/Segregation (29.41%). Again, this frame is consistent with the fact that the *Journal Courier* took an editorial stand against the closure of JDC, a logical decision considering the economic importance of JDC to its readership:

In his last speech, politician Hubert H. Humphrey defined the moral test of government. It is, he said, 'how the government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life; the sick, the needy and the handicapped.' ...The handicapped, some of the most vulnerable of Illinoisans, find themselves being ripped from what they know as home for the promise of something better and, the important part, cheaper... In its mad dash to remain fiscally inept, the state has targeted some of the most helpless of its citizens, like a bully demanding lunch money from the smallest and weakest children on the playground. ("Editorial: State's treatment," 2012, para. 1-2, 7, 12)

Interestingly, the Common Citizenship/New Society frame also made a strong showing in the *Journal Courier* articles (23.53%). One of these articles was a commentary written by Kevin Casey, the Director of the Division of Developmental Disabilities for DHS. Another was an Associated Press article, described in the Materials section above, which was coded and analyzed as two independent media pieces due to its equal treatment of voices on opposing sides of the debate. The other six were neutral pieces written by four different *Journal Courier* staff writers, all of whom foregrounded their articles with language of progress and the potentiality of persons with I/DD, quoted from representatives of the Quinn administration, DHS, and The Arc of Illinois, regarding the governor's Rebalancing Initiative:

The department has said community-based care could be offered for substantially less money than keeping the 329-bed facility open and a community setting would allow residents with disabilities 'to lead more active, dynamic lives.' [quotation of DHS spokeswoman Januari Smith Trader]... 'We remain committed in moving forward to rebalance the system in the state of Illinois by increasing community care options and improving the quality of life for persons with developmental disabilities,' Trader said. (Nagle, 2012, para. 4, 9)

The Mixed Financial Interests frame was most significant in the *Journal Courier* articles (20.59%), surely resonating with local stakeholders who wrestled throughout the closure debate with State level proponents of budget cuts. The State Budget frame also figured importantly in the *Journal Courier* articles (17.65%). It is important to note, however, that of these six articles, three reported on a budget deal which was struck on November 28, 2011, temporarily preventing the closure of JDC. A fourth reported on a maneuver by State lawmakers which occurred on May 30, 2012, to get a \$26 million line item in the State budget to operate JDC in the hopes of preserving the institution against Governor Quinn's Rebalancing Initiative.

TABLE V
FREQUENCY OF FRAMES BY SOURCE (TOTAL COUNT & PERCENTAGE BY ROW)

Source	Debate Frame State Budget (n=14)	Mixed Financial Interests (n=11)	Jacksonville Economy (n=3)	Medical Model/ Segregation (n=54)	Medical Model/ Institutional Dependence (n=10)	Common Citizenship/ Institutional Dependence (n=7)	Common Citizenship/ New Society (n=47)
Public Testimony (n=88)	2 2.27%	2 2.27%	2 2.27%	40 45.45%	9 10.23%	6 6.82%	27 30.68%
<i>Chicago Tribune</i> (n=24)	6 25.00%	2 8.33%	---	4 16.67%	---	---	12 50.00%
<i>Jacksonville Journal Courier</i> (n=34)	6 17.65%	7 20.59%	1 2.94%	10 29.41%	1 2.94%	1 2.94%	8 23.53%

In the secondary analysis of the frequency of frames by source, statements presented as public testimony were divided almost entirely between the Medical frame (55.68%) and the Citizenship frame (37.50%). Half of the *Chicago Tribune* articles were written in relation to the Citizenship frame (50.00%), indicative of their editorial board's backing of the closure of JDC, while a third of the *Tribune* articles were written in relation to the Financial frame (33.33%). Not evident in the first analysis, a distinct emphasis on the Financial frame (41.18%) was observed in the *Jacksonville Journal Courier* articles, illustrative of the high financial stakes involved in the closure of JDC for the local population. Another significant number of *Journal Courier* articles were written in relation to the Medical frame (32.35%), demonstrating the character of the enduring historical relationship of the community of Jacksonville with JDC residents.

TABLE VI
FREQUENCY OF FRAMES BY SOURCE (TOTAL COUNT & PERCENTAGE BY ROW),
SECONDARY ANALYSIS

Source	Debate Frame	Financial (n=28)	Medical (n=64)	Citizenship (n=54)
Public Testimony (n=88)		6 6.82%	49 55.68%	33 37.50%
<i>Chicago Tribune</i> (n=24)		8 33.33%	4 16.67%	12 50.00%
<i>Jacksonville Journal Courier</i> (n=34)		14 41.18%	11 32.35%	9 26.47%

The public testimony of two JDC residents who spoke during the COGFA hearings was included in the research sample. Both spoke against closure in relation to the Common Citizenship/Institutional Dependence frame (100.00%). Both statements revealed persons with I/DD fully aware of their own value and the power of their own opinions. Both made poignant statements. One expressed sadness over the potential loss of the circle of friendships she had developed with other residents at JDC. The other explained one of the reasons that JDC residents felt ambivalent about the transition to CBL:

There is a couple reasons why people don't want to go out in the community and all and some parent prefer the son or daughter to stay so please make the right decision. (State of Illinois, 2012, February 7, p. 41)

Lending evidence to the truth of the above statement, family members of JDC residents overwhelmingly made their arguments in relation to the Medical Model/Segregation frame (86.96%). JDC staff were nearly evenly divided between three frames: Medical Model/Segregation (40.00%), Medical Model/Institutional Dependence (30.00%), and Common Citizenship/Institutional Dependence (30.00%). What unites these frames is the urgency of preserving segregated, institutional life for persons with I/DD. All JDC staff were opposed to the closure:

JDC needs to stay open because we provide critical service to the Developmentally Disabled and their family/guardian in downstate Illinois. Violent people will jeopardize public safety and overstress legal, judicial system. On behalf of 197 people at JDC, this is their home; vote yes to keep JDC open. (State of Illinois, 2011, p. 71) [Medical Model/Segregation frame]

There are some who cannot live in a community setting without becoming a danger to themselves and others... there are some individuals who cannot handle the relative freedom of a community setting... The closure of the Center will affect the community as a whole in a far greater measure than the individuals and staff from the center. (State of Illinois, 2011, p. 76) [Medical Model/Institutional Dependence frame]

In order for community providers to be able to successfully support the majority of the persons served who remain at JDC, the state will need to allocate more money for additional trained staff to provide the behavioral supports needed. In addition, psychiatric services will need to be expanded and local psychiatric units will need to be trained to treat persons with DD/MI diagnoses... Ideally, all persons with Developmental Disabilities should live in their own home in the community. Realistically, the community is not ready to receive them. (State of Illinois, 2011, p. 109) [Common Citizenship/Institutional Dependence frame]

Three Jacksonville community organizations and businesses presented testimony during the COGFA hearings. Two made statements in relation to the Jacksonville Economy frame (66.67%), the strongest representation of this frame among all stakeholders:

The JDC houses the Sophie Leschin Auditorium... Over 6,000 patrons come every year to enjoy our productions... And with them they bring much needed revenue and tax dollars by their use of restaurants, gas stations, hotels, and more... close the JDC and you close down the theatre, and that would be a major loss to the cultural greatness of our community. (State of Illinois, 2011, p. 53)

One made a statement in relation to the Medical Model/Institutional Dependence frame (33.33%):

These people with disabilities will still need skilled staff to care for them. JDC provides that excellent care now. We need to prevent disrupting the lives of the residents and ensure their continued physical and emotional care... The state's estimated \$47 million impact on the county would be devastating. This is a time when we need the jobs and economic stability that JDC provides for our area. (State of Illinois, 2011, p. 2)

The vast majority of disability organizations made arguments in relation to the Common Citizenship/New Society frame (77.78%):

At last we have a governor who recognizes that Illinois needs to catch up with almost all other states in getting rid of their old, costly and outmoded system of warehousing individuals with disabilities. By now we should have learned from the civil rights movement that segregation and isolation is not in the best interests of any citizen – with or without disabilities. (Moss, 2012, para. 1)

For the most part, private citizens were divided between the Medical Model/Segregation frame (48.28%) and the Common Citizenship/New Society frame (41.38%). These frames perhaps represent the most impassioned, polarized sides of the debate, so it follows that those among the general public who would feel moved to participate in public discourse regarding the closure of JDC would connect to one of these two frames:

Most of the people at JDC are not ready for community placement... There are doctors, nurses, trained direct care staff, a psychiatrist, as well as many other staff on duty 24 hours a day or as needed... [community placement] could not provide the services that are provided to the people who live at JDC, as they are provided now... the medical care is superb... (State of Illinois, 2012, March 7, p. 80) [Medical Model/Segregation]

It was recommended that I live in an institution. I want to live in the community like everyone else. I have also been segregated as a child and felt so isolated. I didn't get to visit/see friends.

I now live in the community with family and friends. I love my life. (State of Illinois, 2012, March 7, p. 45) [Common Citizenship/New Society]

Five politicians, all representing Jacksonville and Morgan County, spoke against the closure of JDC during the COGFA hearings. Two made their arguments in relation to the Mixed Financial Interests frame (33.33%), one to the Medical Model/Segregation frame (16.67%), and two to the Medical Model/Institutional Dependence frame (33.33%):

I question the estimated savings projection if this important facility were to close. Residents would still require care covered by the State of Illinois, and critical support staff would need to be trained and paid... I encourage Governor Quinn to find other ways to handle budgetary shortfalls in the State of Illinois than disproportionately cutting essential services to those who cannot provide for themselves... As of August, Morgan County's unemployment rate was almost 9%. The Jacksonville area has already been affected by severe job loss. Hemorrhaging an additional 420 jobs could bring serious acceleration to the unraveling of their downstate rural economy. (State of Illinois, 2011, p. 44) [Mixed Financial Interests]

Some [individuals] have such complicated health problems that they require 24-hour care... JDC has a health clinic and a dental clinic. Where are these individuals going to receive care when they are in the group home?... There are also the more aggressive and violent individuals. The staff at SODCs are trained to handle these types of situations and work with them. (State of Illinois, 2011, p. 26) [Medical Model/Segregation]

Whereas; JDC is the home for 196 residents with developmental disabilities and they are a part of our community;... Whereas; moving residents from JDC can be an especially traumatic experience for the developmentally disabled; Whereas; closing JDC will take 420 staff from Jacksonville, with many likely to lose their jobs; Whereas; the impact of this closing on Morgan County has been estimated to be over \$47 million at a time when we need more jobs and economic development. (State of Illinois, 2011, p. 61) [Medical Model/ Institutional Dependence]

After the decision to close JDC was finalized one policy maker, representing the DHS Division of Developmental Disabilities, submitted a piece to the *Jacksonville Journal Courier* in the frame of Common Citizenship/New Society (16.67%). In the research sample, it was the only commentary published by the *Journal Courier* in support of the closure of JDC:

14 other reform-minded states have already moved forward to close institutions and invest in community care which numerous studies show provide a higher quality of life for our citizens with disabilities. Illinois was lagging behind. Fortunately for all citizens, that time is now behind us... Gov. Quinn and the Illinois Department of Human Services are taking a historic step forward in the Rebalancing Initiative that will increase community care options for people with

developmental disabilities and mental illness and reduce the number of out-dated institutions in the state. (Casey, 2012, para. 2-4, 6)

Journalists demonstrated the greatest range of frames in their treatment of the JDC closure debate, employing all but one of the seven. The two frames that dominated media pieces penned by journalists were Common Citizenship/New Society (28.26%) and State Budget (26.09%):

Instead of relying on large state-run institutions that house hundreds of people, Quinn's administration wants to focus on smaller, more individualized settings. The idea is to allow people with developmental disabilities to live more independently with the help of caretakers, whether that be in small group homes or an apartment down the street... 'This is a state that has been comfortable with the status quo for a long, long time,' said Michael Gelder, Quinn's senior health care policy adviser. 'It's time for change. It's not easy, there are a lot of forces at work, but the governor is concerned about providing the best care for people with intellectual challenges... This is not a jobs program.' (Garcia, 2012, October 9, pp. 1-2) [Common Citizenship/New Society]

Quinn's plan, which... called for more than 1,900 layoffs, offered few details about what would happen to those served by the facilities... [An alternative] plan would still shutter two mental health centers and up to four developmental centers by the end of fiscal year 2014... money for the transition would come from shifting funds around in the state budget to take advantage of federal matching funds, which would free up more funding. (Rueff, 2011, para. 3, 6, 9) [State Budget]

Also important in newspaper articles contributed by journalists were the Medical Model/Segregation frame (21.74%) and the Mixed Financial Interests frame (19.57%):

It's that sliver of hope for a reprieve that has parents and guardians of residents writing letters against closing JDC to go to community-integrated living arrangements. 'The group home does not work for [my son]. He needs a structured environment,' one mother wrote. The aunt of a 23-year resident of JDC writes that the alternatives are not acceptable and she fears will lead to her nephew into being manipulated and abused. A couple worries they won't be able to get their mentally retarded son into another developmental center... (Bauer, 2012, para. 5-8) [Medical Model/Segregation]

At the request of the Commission on Government Forecasting and Accountability, a draft budget was provided by the Department of Human Services outlining how much it would save in the coming years with some facility closures... The three-year budget impact draft indicates the state could save \$12.8 million annually by closing the Jacksonville Developmental Center,... On July 1, 90 staff members would be laid off. The remaining 287 employees would be laid off on Oct. 31 and the facility would close. Power plant staff would remain in place for a full year before those employees would be laid off at the end of June 2013. (Bozarth, 2012, March 9, para. 1-2, 11-12) [Mixed Financial Interests]

TABLE VII
FREQUENCY OF FRAMES BY STAKEHOLDER (TOTAL COUNT & PERCENTAGE BY ROW)

Stakeholder	Debate Frame State Budget (n=14)	Mixed Financial Interests (n=11)	Jacksonville Economy (n=3)	Medical Model/ Segregation (n=54)	Medical Model/ Institutional Dependence (n=10)	Common Citizenship/ Institutional Dependence (n=7)	Common Citizenship/ New Society (n=47)
JDC resident (n=2)	---	---	---	---	---	2 100.00%	---
Family of JDC resident (n=23)	---	---	---	20 86.96%	1 4.35%	2 8.70%	---
JDC staff (n=10)	---	---	---	4 40.00%	3 30.00%	3 30.00%	---
Jacksonville community organization or business (n=3)	---	---	2 66.67%	---	1 33.33%	---	---
Disability organization (n=27)	1 3.70%	---	---	5 18.52%	---	---	21 77.78%
Private citizen (n=29)	1 3.45%	---	---	14 48.28%	2 6.90%	---	12 41.38%
Politician or policy maker (n=6)	---	2 33.33%	---	1 16.67%	2 33.33%	---	1 16.67%
Journalist (n=46)	12 26.09%	9 19.57%	1 2.17%	10 21.74%	1 2.17%	---	13 28.26%

In the secondary analysis of the frequency of frames by stakeholder, both JDC residents who presented testimony at the COGFA hearings related their arguments to the Citizenship frame (100.00%).

Family members of JDC residents overwhelmingly related their arguments to the Medical frame

(91.30%). In the secondary analysis, a clear majority emerged among JDC staff that was not apparent in the first analysis. Most JDC staff, in keeping with their professional commitment to preserve an institutional residential setting for persons with I/DD, related their arguments to the Medical frame (70.00%). By contrast, most Jacksonville community organizations and businesses related their arguments to the Financial frame (66.67%). The Citizenship frame predominated among disability organizations (77.78%). The strength of the Medical frame among private citizens (55.17%), and politicians or policy makers (50.00%), was more marked in the secondary analysis than in the first. The strength of the Financial frame among journalists (47.83%) was also accentuated in the secondary analysis as compared to the first. These particular findings from the secondary analysis perhaps indicate both the ignorance of the general public regarding a civil rights perspective on policy that affects persons with I/DD and the reluctance of the mass media to dispel it.

TABLE VIII
PERCENTAGE OF FRAMES BY STAKEHOLDER (TOTAL COUNT & PERCENTAGE BY ROW),
SECONDARY ANALYSIS

Stakeholder	Debate Frame	Financial (n=28)	Medical (n=64)	Citizenship (n=54)
JDC resident (n=2)	---	---	---	2 100.00%
Family of JDC resident (n=23)	---	---	21 91.30%	2 8.70%
JDC staff (n=10)	---	---	7 70.00%	3 30.00%
Jacksonville community organization or business (n=3)		2 66.67%	1 33.33%	---
Disability organization (n=27)		1 3.70%	5 18.52%	21 77.78%
Private citizen (n=29)		1 3.45%	16 55.17%	12 41.38%
Politician or policy maker (n=6)		2 33.33%	3 50.00%	1 16.67%
Journalist (n=46)		22 47.83%	11 23.91%	13 28.26%

B. Frequency and Occurrence of Themes across Frames

An important aspect of the textual analysis was to determine what recurring themes would dominate across the frames of the JDC closure debate in order to gain a clearer picture of those ideas related to deinstitutionalization that are salient in the public consciousness, and also to get a pulse on

those ideas related to deinstitutionalization that are contested and create tension in the public consciousness. The occurrence of coded themes across the frames of the JDC closure debate is listed in descending order according to the percentage of documents in which each theme was identified at least once in Table IX. The dominance of themes within each of the seven frames, expressed as a percentage of the documents in which the theme occurs, was also ascertained from the research sample (as shown in Appendices F & G). The dominance of themes within the three more general frames utilized in the secondary analysis described above was also ascertained (as shown in Appendix H). Furthermore, the dominance of themes within each of the three positions in the JDC closure debate –for, against, and neutral– were verified and compared (as shown in Appendix I).

State budget issues were most dominant, occurring in 71.20% of all documents, and figured in the top five themes identified at least once in documents from every frame of the debate. Also dominant among recurring themes of the debate: an emphasis on care for persons with I/DD, medical/deficit/capacity descriptions of persons with I/DD, an emphasis on the needs of persons with I/DD, and an emphasis on supports and services for persons with I/DD. The care theme occurred in 61.00% of all documents, and figured in the top five themes identified at least once in documents from six of the seven frames of the debate. The medical/deficit/capacity descriptions of persons with I/DD theme occurred in 52.70% of the documents, and figured in the top five themes identified at least once in documents from four of the seven frames of the debate. The needs theme occurred in 50.00% of all documents, and figured in the top five themes identified at least once in documents from four of the seven frames of the debate. The supports and services theme occurred in 47.90% of the documents, but figured in the top five themes identified at least once in documents from only three of the seven frames of the debate.

TABLE IX
FREQUENCY AND OCCURRENCE OF THEMES ACROSS FRAMES

Recurring Theme	Total Count	Percentage of Total Count	Number of Documents in which Theme Occurs	Percentage of Documents in which Theme Occurs
State budget issues	458	18.30%	104	71.20%
Care	319	12.80%	89	61.00%
Medical/deficit/capacity descriptions of persons with I/DD	352	14.10%	77	52.70%
Needs	159	6.40%	73	50.00%
Supports & Services	274	11.00%	70	47.90%
Cost comparison of SODCs versus community-based living	96	3.80%	45	30.80%
Vulnerability of persons with I/DD	74	3.00%	44	30.10%
Progress toward equal rights for persons with I/DD	124	5.00%	40	27.40%
Community-based living illustrations/outcomes	159	6.40%	39	26.70%
Potentiality of persons with I/DD	56	2.20%	34	23.30%
Impact on Jacksonville and Morgan County	98	3.90%	30	20.50%
Danger to public safety posed by community-based living	47	1.90%	26	17.80%
MFP/person-centered planning	34	1.40%	23	15.80%
Quality of Life	29	1.20%	20	13.70%
Access to choice	37	1.50%	18	12.30%
Dignity... Equality... Freedom... Liberty	26	1.00%	16	11.00%
Fear of transition to community-based living	19	0.80%	16	11.00%
Rights	24	1.00%	15	10.30%
Quotations of persons with I/DD	14	0.60%	14	9.60%
Reinvestment	14	0.60%	12	8.20%
Religious references	18	0.70%	11	7.50%
DSP wages (non-State employees)	15	0.60%	10	6.80%
The "R" word	11	0.40%	9	6.20%
<i>Olmstead</i> Supreme Court decision	15	0.60%	8	5.50%
Parental/ guardian choice	13	0.50%	6	4.10%
Negative depiction of advocates	10	0.40%	4	2.70%
Prioritization of Urgency of Need for Services (PUNS)	4	0.20%	2	1.40%
Community Services Act	2	0.10%	2	1.40%

The primacy of the State budget theme in the JDC closure debate, which occurred in 71.20% of all documents, is understandable in the context of the current national recession and the struggling State of Illinois' efforts at economic recovery. Nearly absent from the themes of the debate is the Community Services Act, the Public Act passed by the Illinois General Assembly which mandates the reallocation of every dollar saved by the closure of JDC toward services and supports for persons with I/DD in new service settings (Illinois General Assembly, 1997). The Community Services Act theme occurred in only two documents. Even the more general reinvestment theme, which urged the same reallocation of funding without explicit reference to the Community Services Act, occurred in only 8.20% of all documents. The MFP/person-centered planning theme occurred in 15.80% of all documents. However, generally the significance of respecting the choices of persons with I/DD in determining their service setting was foregrounded, while the economic significance of federal dollars aiding the recovery of local communities across the State of Illinois was not clearly explicated:

I believe the governor's Rebalancing Active Community Care Transition plan does put the resident's choices and needs at the forefront by using a person-centered planning approach and developing community capacity. (State of Illinois, 2012, February 7, p. 23)

Similarly, the potential of capturing new federal dollars to help fuel Illinois' economic recovery by expanding services and supports to the large population of Illinoisans with I/DD who currently receive none, a population represented by the State of Illinois' burgeoning Prioritization of Urgency of Need for Services (PUNS) database, was scarcely mentioned. The PUNS theme occurred in only two documents. A few eloquent statements were made regarding the tension between the idea of closing JDC to save the State of Illinois money and the idea of reinvesting critical economic resources in the expansion of services and supports for all Illinoisans with I/DD:

[My daughter] needs daily support in all areas of life's activities. She wants to keep her life and find support in community based living. Unfortunately, she remains on the PUNS list waiting for services. As long as there are institutions open in Illinois, we as tax payers are supporting a self-feeding, antiquated, inadequate, broken system... a system that prohibits other individuals, like my daughter, from receiving the necessary and less costly supports needed for living in the community. (State of Illinois, 2011, p. 73)

I urge you to close JDC in 2012, and to reinvest future years' savings in community supports for these citizens. I believe the quality of life of the current residents of this facility will be much-enhanced with this reinvestment. That must be our ultimate benchmark for success in this transition, not merely saving general revenue funds. Reiterating, the key here is not in the closing of this institution per se. The key is in the reinvestment of all savings from this and other closures (like Mabley, then perhaps Choate in future years) in funding many more group homes, community integrated living arrangements, and other such smaller residential settings and services. (State of Illinois, 2011, p. 67)

An emphasis on care for persons with I/DD, a theme which appeared in 61.00% of all documents, generally connotes a traditional concept of the State's role in the lives of persons with I/DD consistent with institutionalization. An emphasis on the delivery of supports and services to persons with I/DD, a theme which appeared in 47.90% of all documents, generally connotes a progressive concept of the State's role in the lives of persons with I/DD consistent with deinstitutionalization and the development of local community capacity. In the JDC closure debate, the care theme occurred in 71.80% of those documents which presented statements against the closure of JDC, in 65.70% of those which took a neutral position, and in 37.50% of those which presented statements in favor of its closure. Conversely, the supports and services theme occurred in 75.00% of those documents which presented statements in favor of the closure of JDC, in 48.60% of those which took a neutral position, and in 32.40% of those which presented statements against its closure. These results demonstrate an essential tension among ideas regarding the State's role in the lives of Illinoisans with I/DD:

[My brother] is developmentally disabled and deserves to be cared for by professionally trained medical personnel... Decisions regarding the care of these residents should not be made based on dollars and cents. The developmentally disabled are one of the most vulnerable of the vulnerable, as they have no voice of their own... If the state closes the Jacksonville Developmental Center and the other remaining facilities as planned, there will be no place for [my brother] to safely live, nor will he receive required medical care. (State of Illinois, 2011, pp. 65-66)

The question before us is, 'What is the right way to provide services for people with disabilities today?' The answer is very different from what it was when JDC was built. Service delivery has changed just as other industries have changed. We need to make strong policy decisions that reflect today's needs. (State of Illinois, 2011, p. 49)

Medical/deficit/capacity descriptions of persons with I/DD appeared as a theme in 52.70% of all documents. The medical/deficit/capacity description of persons with I/DD theme occurred in 70.40% of those documents which presented statements against the closure of JDC, in 37.50% of those which presented statements in favor of its closure, and in 34.30% of those which took a neutral position. Representing persons with I/DD primarily in terms of diagnoses, medical history, and capacity rather than in terms of character traits and personal portraits is consistent with a traditional concept of care and an approving view of institutionalization:

For my brother, I fear a great behavior change. He has been at JDC for 35 years. He can't speak, is not capable of expressing himself except with his behavior. He is also completely incapable of his own personal hygiene. Imagine a baby crying all the time. Is it hungry? Has wet pants? Has pain in some way? Feels sick? You don't know what to do to help. Now imagine a 51 year old in the same situation. You can't have a conversation with him because he can't speak. The amount of care the staff has provided for him at Jacksonville will never be replaceable at these group homes. (State of Illinois, 2012, March 7, p. 87)

The juxtaposition of the inability to speak and the authority of other stakeholders to speak for JDC residents is a dramatic feature of the results in this study. Direct quotations of persons with I/DD appeared in only 9.60% of all documents. Notably, direct quotations of person with I/DD occurred in 20.00% of those documents which presented statements in favor of the closure of JDC, in 5.70% of those which took a neutral position, and in 5.60% of those which presented statements against its closure. This theme included both entire documents presented by people who self-identified as individuals with disabilities and references to interviews with persons with I/DD embedded in the documents:

My dream was to live on my own in the community, and it came true. I want everybody who dreams of living on their own in community to have their dreams come true. We can all work together to make dreams come true. (State of Illinois, 2011, p. 75)

[Director of the DHS Division of Developmental Disabilities Kevin Casey] said in talking to residents at JDC, many approached him asking that the center not be closed. 'But when you start asking them questions about that, you get into a different conversation,' Casey said. 'One of the things that impressed me when I talked to those folks was that once you start offering them a variety of opportunities, they get interested in those opportunities. That doesn't mean they dislike the staff at Jacksonville, that doesn't mean they dislike their life in Jacksonville. It just means when they get offered a variety of choices they want to discuss them.' (Bozarth, 2012, March 8, para. 14-15)

It is a remarkable result of this textual analysis that the vast majority of conversation in the JDC closure debate is *about* persons with I/DD, *without* the participation of persons with I/DD. The absence of the voices of persons with I/DD creates a tension that permeates this debate.

Congruent with the dominance of the care theme and medical/deficit/capacity descriptions of persons with I/DD in the JDC closure debate was the dominance of the needs theme, which appeared in 50.00% of all documents. The needs theme occurred in 60.60% of those documents which presented statements against the closure of JDC, in 45.00% of those which presented statements in favor of its closure, and in 34.29% of those which took a neutral position:

It is certainly not true that high-needs individuals with severe medical and/or behavioral challenges, like those currently served in the SODCs, can be appropriately, adequately and safely served in the community... Closures will both disrupt and risk the lives of the most fragile people with developmental disabilities,... As their families and guardians, we implore you to seriously weigh these consequences. (State of Illinois, 2011, pp. 29-30)

In marked contrast was the scarcity of assertions regarding the rights of persons with I/DD to live in their home communities. The rights theme appeared in only 10.30% of all documents. The rights theme occurred in 25.00% of those documents which presented statements in favor of the closure of JDC, in 7.00% of those which presented statements against its closure, and in none of those which took a neutral position:

... the preservation of state jobs cannot trump the right of individuals with disabilities to live in the community. We cannot use individuals with disabilities as economic commodities to maintain state employment. (State of Illinois, 2011, p. 50)

The JDC closure debate mirrors the national consciousness in this regard. Representations of persons with disabilities in terms of their need for professional medical care and for the charity of benevolent organizations, public or private, predominate. Memories of civil rights actions, organized and executed by persons with disabilities in this country in their fight against segregation and marginalization, are faint. A fundamental tension woven through the JDC closure debate is the lack of understanding of this historical moment for persons with I/DD: individuals with disabilities are the last legally segregated

population in this country. The only path that makes possible the full extension of constitutional rights to individuals with disabilities is to end of the practice of institutionalization.

Two themes in particular flesh out conflicting representations of persons with I/DD in the public consciousness: the vulnerability of persons with I/DD, a theme which appeared in 30.10% of all documents; and the potentiality of persons with I/DD, a theme which appeared in 23.30% of all documents. In the JDC closure debate, the vulnerability theme occurred in 43.70% of those documents which presented statements against the closure of JDC, in 25.71% of those which took a neutral position, and in 10.00% of those which presented statements in favor of its closure. Descriptions of the vulnerability of persons with I/DD were particularly evocative and visceral:

Why is it that everyone thinks that in order to save money is attack those who cannot fight back for themselves? (State of Illinois, 2011, p. 7)

[My brother] can't possibly take care of himself and is at the mercy of the state!!! (State of Illinois, 2011, p. 97)

[My son] would be easy prey for an unscrupulous person to do him harm & abuse & rape him... Please... Do not close JDC & take my son's life & home away! (State of Illinois, 2012, March 7, p. 6)

They do not deserve to be moved around like pieces on a chessboard! How the Governor can feel in his heart of hearts that this move would benefit God's most special people is beyond me and all the other families. (emphasis in original) (State of Illinois, 2012, March 7, p. 9)

I wonder if Governor Quinn and our polititions could look God in the eye and say they were unnecessary rubbish and so we tossed them in the cutters for the police and others to look after. Those people in JDC are there for care, protection and health reasons. (State of Illinois, 2012, March 7, p. 84)

Politics,... is a game of power and the governor in this case was king. Unfortunately, the pawns will be the ones left to fend for themselves. ("Commentary: Battle for," 2012, para. 10-11)

By contrast, descriptions of the potentiality of persons with I/DD were quite quotidian. They occurred in 32.50% of those documents which presented statements in favor of the closure of JDC, in 22.50% of those which presented statements against its closure, and in 14.30% of those which took a neutral position:

...these are true stories, about real living, breathing, feeling people; (emphasis in original) (State of Illinois, 2011, p. 52)

About half of those currently living in a community setting came from an institution or nursing home. They are proud, happy and productive members of their communities and proof that it can be done. (State of Illinois, 2012, February 7, p. 26)

As a voter and a person with a disability I have contacted via email the 11 members of [COGFA] to express that the Jacksonville Developmental Center should be closed. (State of Illinois, 2012, March 7, p. 74)

My brother has cerebral palsy, developmental delays, cognitive disabilities, gross and fine motor disabilities and growth disabilities. This is not all my brother is... [He is] more than just his disability. (State of Illinois, March 7, p. 83)

I come from all walks of life and I am as varied as reflects the rest of my culture, race and surroundings... I am human... I am more than data in a computer or a disability. (Lashbrook, 2012, para. 1, 13, 15)

Tension swirling in the public consciousness related to ideas about the vulnerability and potentiality of persons with I/DD was evident in the documents examined here.

V. DISCUSSION

A. Conclusions

Frames of public debate regarding the closure of JDC revealed elements of frame analysis from previous media studies. There are reflections here of Iyengar's (1991) episodic versus thematic frames. Many stakeholders spoke on a personal level about the impact of the closure of JDC on their lives. Journalists included personal interviews in their pieces for both the *Chicago Tribune* and the *Jacksonville Journal Courier*. A statement focused on the economic havoc that the closure of JDC would wreak on a laid off staff member or on Main Street businesses in Jacksonville, or on the emotional strain that a loved one residing at JDC would suffer in transitioning to a new service setting, was episodic in emphasis. These statements told the story as a singular event that illustrated the impending crisis of a town, or a family, in western Illinois. In contrast, many other stakeholders, including journalists, spoke to the strength or weakness of the practice of institutionalization in terms of public policy. These statements had a thematic emphasis, in the form of facts related to institutionalized discrimination against persons with I/DD and the work of deinstitutionalization as a civil rights project at the national level. There are also reflections here of Lawrence's (2004) individualizing versus systemic frames. Many stakeholders problematized disability and situated the problem of disability in the body of the person with the disability. These statements were individualizing in emphasis. On the contrary, many other stakeholders problematized the lack of access that persons with disabilities have to opportunities which society makes available to the non-disabled. These statements had a systemic emphasis.

Frames of the JDC closure debate further demonstrated Lawrence's (2004) observation that frames are rarely pure, and that they rather form a continuum of discourse. Yet the various interests that contested for control of the frames of this public debate cleave to distinct representations of persons with I/DD. The State Budget, Mixed Financial Interests and Jacksonville Economy frames emphasize representations of persons with I/DD that relate to their economic significance, ranging from

line items on a State budget proposal to anchors of the local economy. The Medical Model/Segregation and Medical Model/Institutional Dependence frames emphasize representations of persons with I/DD as people defined not only by their economic significance, but also by their diagnoses, impairments, and capacities. In these frames, JDC is a haven to people whose lives are determined by their medical histories. The Common Citizenship/Institutional Dependence and Common Citizenship/New Society frames emphasize representations of persons with I/DD as people defined not only by their economic significance, their diagnoses, impairments, and capacities, but also as fellow Americans with full citizenship and all of its accompanying constitutional privileges. In these frames, living in one's home community is simply a human right.

As predicted, in the texts included in the research sample, different frames dominated according to the debate position argued in the document, the source of the document, and the stakeholder group that authored the document. The results of this study bear out Entman's (1993) recognition that frames mirror the interests of those who wrestle for control of an argument. Nearly all of those who contended for the closure of JDC framed the issues of the debate in relation to the Common Citizenship/New Society frame (97.50%), and the national struggle to honor the humanity and civil rights of persons with I/DD. Of those who asserted the continuing value of JDC as an institution, the vast majority framed the issues of the debate in relation to the Medical Model/Segregation frame (67.61%), and the importance of caring for people defined principally by their diagnoses. Those journalists who reported on the debate from a neutral perspective employed the greatest balance of frames. In the first analysis, they viewed the debate primarily in relation to the State Budget frame (31.43%), perhaps in an attempt to make the debate relatable to the average Illinois taxpayer. This preference was much more pronounced in the secondary analysis, where a clear majority of neutral media pieces were written in relation to the more general Financial frame (57.14%). In the documents presented as public testimony during the COGFA hearings, the Medical Model/Segregation and Common Citizenship/New Society frames

emerged as the most dominant (45.45% & 30.68%, respectively), conveying the interests of the most opposing forces in the debate. The Common Citizenship/New Society frame carried the greatest weight in the *Chicago Tribune* articles (50.00%), echoing that newspaper's editorial decision to publicly support the closure of JDC. In the first analysis of the *Jacksonville Journal Courier* articles, the Medical Model/Segregation frame was the most significant (29.41%), an extension of that newspaper's editorial stand against the closure of JDC. In the secondary analysis, however, the most dominant frame that emerged in *Journal Courier* articles was the more general Financial frame (41.18%). Both the Medical Model/Segregation and the more general Financial frames surely validated the interests of the local readership.

Both JDC residents who participated in the public debate spoke against its closure, and related their arguments to the Common Citizenship/Institutional Dependence frame (100%). Strong emotional attachment to relationships formed at JDC was palpable in one statement and sensitivity to parental sentiment against closure in the other. Family members of JDC residents overwhelmingly related their arguments to the Medical Model/Segregation frame (86.96%). Their negative reactions to the option of deinstitutionalization was a demonstration of their interest in protecting institutional settings for their medically fragile loved ones, and conformed to patterns of parental attitudes described in Larson and Lakin's (1991) research. In the first analysis, JDC staff related their arguments against closure to three frames: Medical Model/Segregation (40.00%), Medical Model/Institutional Dependence (30.00%), and Common Citizenship/Institutional Dependence (30.00%). The common thread that connected these frames was an interest in the preservation of JDC which was tied to essentially medical representations of persons with I/DD, predictions of dire consequences for the Jacksonville community, perceptions of inadequate services in community-based residential settings, or some combination of these. In the secondary analysis, JDC staff aligned themselves closer to the families of JDC, relating the majority of their arguments against closure to the more general Medical frame (70.00%). Jacksonville community

organizations and businesses related their interest in keeping JDC open to the Jacksonville Economy frame (66.67%) and the Medical Model/Institutional Dependence frame (33.33%).

Disability organizations predominantly favored the closure of JDC, and made their arguments in relation to the Common Citizenship/New Society frame (77.78%). In the first analysis, the polarization of private citizens' statements between the Medical Model/Segregation frame (48.28%) and the Common Citizenship/New Society frame (41.38%) imitated a similar polarization of frames in the public testimony, again conveying the most passionate interests for and against the closure of JDC. The gulf between these opposing positions widened in the secondary analysis, which found a greater emphasis among private citizens on the more general Medical frame (55.17%). In the first analysis, politicians representing Jacksonville and Morgan County spoke against closure in relation to three frames: Mixed Financial Interests (33.33%), Medical Model/Institutional Dependence (33.33%), and Medical Model/Segregation (16.67%). One policy maker, representing the DHS Division of Developmental Disabilities, wrote a commentary for the *Jacksonville Journal Courier* affirming the great step forward taken by the State of Illinois with the closure of JDC. He related his arguments to the Common Citizenship/New Society frame (16.67%). In the secondary analysis, the sway held by the more general Medical frame over politicians and policy makers was also more marked (50.00%). Finally, in the first analysis, journalists employed the greatest balance of frames, chiefly the following four: Common Citizenship/New Society (28.26%), State Budget (26.09%), Medical Model/Segregation (21.74%), and Mixed Financial Interests (19.57%). In the secondary analysis, a clearer focus on the more general Financial frame (47.83%) emerged from these media pieces, which hooked the interest of readership by spotlighting the economic ramifications of the JDC closure.

The results of this study in relation to the measurement of recurring themes that dominated across the frames of the JDC closure debate also helped clarify tensions in the public consciousness regarding deinstitutionalization. These tensions accent particular aspects of the representations of

persons with disability that dominate the public consciousness. Again, study results contain elements of frame analysis from previous studies. The primacy of State budget issues, occurring in 71.20% of all documents, is indicative of the pall cast by the current national recession over most public debate in this country. The fact that the United States ranked as the seventh wealthiest country in the world according to the International Monetary Fund World Economic Outlook Database for 2012 (Pasquali & Aridas, 2013) seems to have little import in discussions of social service programs – even those, such as the subject of this study, which command federal dollars. The most pointed reference in the debate to the strategy of capturing federal dollars in order to rejuvenate social service programming in the State of Illinois made no mention of its application to serving persons with I/DD in community-based residential settings. The statement cited below was included in a *Jacksonville Journal Courier* article that dealt with the closure of JDC as a symptom of the State of Illinois' broader financial woes:

The plan also tinkers with the budget to bring in more federal money,... This is done by putting \$140 million into a special hospital fund that qualifies for federal Medicaid matching. Then the state's money is used for its original purpose and the new money from Washington goes to substance-abuse programs, community mental health, funerals for the poor and more –services that were hit particularly hard. (Wills, 2011, para. 26-27)

There was also a lack of representation of persons with I/DD as “job creators,” one of the most circulated buzz words in mainstream public discourse regarding the U.S. economy since the onset of the Great Recession. For all of the representations of JDC residents as financial burdens to the State of Illinois, on the one hand, and economic anchors to the community of Jacksonville, on the other hand, representations of JDC residents as fuel for the economic recovery of suffering communities throughout the State of Illinois were only obliquely considered in this debate. An explication consonant with that of Barnes and Mercer's (2005) of the capacity of persons with I/DD to employ a variety of support professionals in their home communities, and the multiplier effect of wages paid to those support professionals for said communities, was absent.

A slow evolution in thinking regarding the role of the State of Illinois in the lives of persons with disabilities was evident in the results. References to a care role appeared in 61.00% of all documents, while references to a supports and services provision role appeared in 47.90% of all documents. This wrangling in the public consciousness with the role that the State should play in the lives of Illinoisans with disabilities was further exhibited in contradictory representations of persons with I/DD. Medical/deficit/capacity descriptions of persons with I/DD occurred in 52.70% of all documents. In public debate regarding the closure of JDC, these abundant representations of persons with I/DD in terms of their medical histories, diagnostic classifications, and capacities were juxtaposed with the scarce participation of persons with I/DD. Quotations of individuals with disability, whether autobiographical or obtained through personal interviews, were contained in only 9.60% of all documents. It is notable that eleven of these fourteen documents came from the public testimony presented before COGFA (12.50% of public testimony). Only one was published in the *Chicago Tribune* (4.20% of all articles) and two in the *Jacksonville Journal Courier* (5.90% of all articles). The social invisibility of individuals with disabilities in newspaper reporting on public debate regarding the closure of JDC mirrors a generalized invisibility of individuals with disabilities in television media. In television series produced for the 2011-2012 season, less than one percent of series regulars on broadcast networks were depicted as living with a disability (Gay and Lesbian Alliance Against Defamation, 2011, p. 16). This invisibility in print and television media contrasts starkly with statistics on the presence of individuals with disabilities in the general population:

While people with disabilities are largely absent from the primetime television scene, they are very present in the American Scene. In 2010, the American Community Survey conducted by the U.S. Census Bureau found that 12 percent (36.4 million people) of U.S. non-institutionalized citizens report living with an apparent disability. The inclusion of people with non-apparent, ADA-covered disabilities, such as cancer or HIV, greatly increase this census number. Yet, even the original figure is nowhere nearly reflected by the broadcast networks. ("Study Reveals Continued," 2011, para. 5)

The fact that institutionalized citizens are also excluded from the 12 percent Census figure cited above is particularly ironic in relation to this study. The prevalence of medical/deficit/capacity descriptions of

persons with I/DD in public debate regarding the closure of JDC, in combination with their absence as authorities on their own experience in newspaper articles that covered the debate, is further evidence of the doctor-patient relationship which seems to inhere in the framing of discourse regarding the destinies of individuals with disabilities (O'Malley, 2008).

Indeed, public discourse continues to frame policy questions that affect individuals with disabilities in terms of their needs rather than their rights. There is a wrestling in the public mind with the idea that persons with I/DD are more than line items on a State budget, more than medical files in a doctor's caseload. The idea that persons with I/DD are people to whom the full range of constitutional rights and privileges are due is an idea that U.S. society continues to struggle with, far beyond the documents examined here in the JDC closure debate. President Obama reinforced this tension in his second inaugural address, mentioning disability only once. In cautioning the nation against prioritizing concerns over the deficit above the need for social services, President Obama (2013) invoked the familiar and powerful image of disability as a personal burden: "...we remember the lessons of our past, when twilight years were spent in poverty and parents of a child with a disability had nowhere to turn" (para. 13). In his stirring tribute to those people who have bravely fought to defend the constitutional rights of all, President Obama (2013) neglected the history of the Disability Rights movement: "...the most evident of truths –that all of us are created equal– is the star that guides us still; just as it guided our forebears through Seneca Falls, and Selma, and Stonewall" (para. 20). In spite of its alliterative power, President Obama remained silent on the San Francisco section 504 sit-in, silent on the contributions of persons with disabilities to the progress of civil rights for all in the history of this country, silent on the right of persons with I/DD to finally live an integrated life in their home communities.

Another significant tension in public discourse regarding deinstitutionalization demonstrated by the results of this study was the representation of the vulnerability of persons with I/DD, which figured

in 30.10% of all documents, versus representations of their potentiality, which figured in 23.30% of all documents. Vulnerability was expressed in terms of defenselessness, innocence, fragility, voicelessness, helplessness, etc. In public debate regarding the closure of JDC, vulnerability was a condition assigned exclusively to persons with I/DD, another symptom in their long lists of symptoms. JDC staff, for example, was not explicitly described as vulnerable, nor were the citizens of Jacksonville and Morgan County. In the face of layoffs that threatened family, local, and regional economies, representations of stakeholders affected by the closure of JDC were painted with outrage and righteous indignation, potency and agency. Vivid descriptions of vulnerability uniquely afflicted representations of persons with I/DD. In a country where rugged individualism dominates cultural narratives of normalcy and prototypical citizenry, the idea that every American is equally vulnerable, regardless of whether or not they have a disability, is foreign not only to this debate, but to public discourse in general. Vulnerability is a condition projected onto specific minority populations, persons with I/DD being perhaps the most prominent among them.

Public debate regarding deinstitutionalization in the State of Illinois has a long course yet to run. Seven SODCs are still in operation: the Warren G. Murray Developmental Center in Centralia, scheduled to close November 30, 2013 (Commission on Government Forecasting and Accountability, 2012); Choate Developmental and Mental Health Center in Anna; Ludeman Developmental Center in Park Forest; Fox Developmental Center in Dwight; Mabley Developmental Center in Dixon; Kiley Developmental Center in Waukegan; and Shapiro Developmental Center in Kankakee (Illinois Department of Human Services, 2010). It is the intent of this study to inform public debates to come. Governor Quinn has stood firm in his commitment to the Rebalancing Initiative. Illinois' financial crisis continues to loom large on the horizon and the current national recession shows no sign of abatement. Economic pressures to move forward with a massive curtailment of the State of Illinois' employee workforce, in large measure through the mechanism of deinstitutionalization, persist. Previous research (Larson & Lakin, 1991) and

the findings here show us that the majority of family members of Murray residents and of the other remaining SODCs in Illinois will oppose further closures. Yet research in behavioral outcomes for persons with I/DD who move from public institutions to community-based residential settings demonstrate consistent improvements in adaptive behaviors and reductions in challenging behaviors (Kim et al., 1999). Furthermore, it has been documented that once the transition from institutional life to life in the community is complete, parental attitudes toward community settings for their sons and daughters are overwhelmingly feelings of satisfaction (Larson & Lakin, 1991). The essential question that remains is how to frame future debate in the State of Illinois in order to generate strong support for deinstitutionalization in public discourse –support rooted not in the temporary circumstance of financial crisis, but in a cultivated, lasting consciousness of the humanity and corresponding constitutional rights of persons with I/DD.

B. Recommendations for Framing Future Public Debates in the State of Illinois

Different actors have distinct roles to play in the unfolding drama of deinstitutionalization in the State of Illinois. Based on findings from the current study, the following strategies are recommended to guide the future agendas of these various actors:

1. Advocates and activists

Advocates and activists must increase the participation of two essential populations in future SODC closure debates: family members of former JDC residents who initially opposed closure, who have since come out on the other side of the transition process expressing satisfaction with the services their loved one is receiving in a community-based residential setting; and former JDC residents themselves. While the research demonstrates amply the dramatic change in parental attitudes toward deinstitutionalization (Larson & Lakin, 1991), of 146 documents included in the research sample examined here, only five referenced this phenomenon. Only one, a *Chicago Tribune* article, included an interview with a parent who testified to experiencing personally this transformation in attitude:

When [name omitted] learned Gov. Pat Quinn wanted to close a state center for the developmentally disabled outside Springfield, she was terrified about what would happen to her son. The family had spent years struggling to find care for [her son], whose autism and other disabilities meant he was prone to lashing out, sometimes violently. The 24-year-old ended up at the Jacksonville Developmental Center, where staff put him on a strict behavior-modification plan, and [she] said her son seemed happy, sociable and at peace. Four months after the state moved [him] to a small group home in LaGrange, [she] said her fears have subsided. Not only is her son still doing well, he has his own room... 'It's a godsend... He calls me all the time and says 'Mommy, I love my new home.' (Garcia, 2012, October 9, p. 1)

Advocates can cite the same studies cited here regarding the benefits of community-based residential services all day long, but in public discourse research simply does not have the power of a parent who is willing to tell the story of how she changed her mind, a parent who can quote her own son's testimony that life on the outside of the institution is good. The voices of this woman and her son have the potential to reshape the frames of future debate.

Public hearings are perhaps the most democratic process available to all stakeholders in SODC closure debates. They present a unique opportunity for all those fighting for deinstitutionalization to inspire professional storytellers in the media with new representations of persons with I/DD. Persons with I/DD are not reducible to medical histories, nor is vulnerability the all-defining characteristic that distinguishes persons with I/DD from the non-disabled population. Furthermore, persons with I/DD have every right to participate in public discourse regarding their own futures. One of the great ironies to emerge from the JDC closure debate was the common conviction that deinstitutionalization is a crime against those who cannot speak for themselves coupled with the fact that, in order to protect JDC residents from this crime, many stepped forward to speak for them:

Unlike my brother, I can express to you how important what keeping JDC open means to him. If he could speak, these would be his words. (State of Illinois, 2012, March 7, p. 73)

Composing in the public mind real representations of persons with I/DD to replace the traditional stereotypes that currently dominate public discourse surrounding deinstitutionalization is the most critical work in reshaping the prevailing frames of future closure debates. It behooves advocates and activists to deeply involve former JDC residents who are now enjoying a fully integrated life in their

home communities, and their converted parents, in the public hearings and media campaigns to come as deinstitutionalization moves forward in the State of Illinois.

2. Mass media professionals

Professionals in print and visual media need to craft new stories based on authentic disability experience. One serious implication of this work is a commitment to diversify their own ranks through the hiring of journalists with disabilities. Previous studies in frame analysis have documented that stereotypes deliver the news (Gitlin, 2003) and that media images of marginalized populations shape public sentiments toward them (Entman & Rojecki, 2001). It has been further documented that journalists have the power to create new narratives that contest traditional stereotypes (Bird & Dardenne, 1988) and that the media can operate as an accelerator of cultural cohesion, a force to speed the transition of a minority population from liminal status to valued membership in society (Entman & Rojecki, 2001). Perhaps the most direct route to challenging stereotypical representations of persons with I/DD is to recognize the authority of persons with I/DD regarding their own experience.

Professional storytellers in the media have an enormous responsibility to increase the participation of persons with I/DD in the narratives they weave. In the current study, quotations of individuals with disability, whether autobiographical or obtained through personal interviews, were contained in only one of 34 *Chicago Tribune* articles and in only two of 24 *Jacksonville Journal Courier* articles. It is this dearth of the voices of people with disabilities in the stories reported by mass media that allows traditional stereotypes about them to persist.

The invisibility of people with disabilities in news stories is also illuminated on television screens, by their absence among television broadcasters. The career of Karen Meyer exemplifies this absence precisely through its uniqueness. Ms. Meyer is an award-winning broadcast reporter for WLS-TV, Chicago's ABC News affiliate. She is the only deaf broadcast reporter in any large television market in the United States (Crowder, 2011), appearing on the ABC 7 Sunday Morning News and on ABC 7 News

each Thursday at 11:30 a.m. (ABC Inc., WLS-TV/DT Chicago, IL, 2013). Yet her role on the air reinforces the segregation of disability news from mainstream news. Ms. Meyer is a feature reporter, and one of the only reporters in the country dedicated to covering “Disability Issues” (ABC Inc., WLS-TV/DT Chicago, IL, 2013). Certainly, she brings an authentic disability perspective to her segments, including several related to the JDC closure, but her segments are advertised by ABC 7 as “pertaining [exclusively] to people with disabilities” (ABC Inc., WLS-TV/DT Chicago, IL, 2013, para. 1). When the major broadcast networks employ the Ms. Meyers of this country to anchor the nightly news for the largest television markets and to narrate each evening’s top stories, stories that pertain to *all* U.S. citizens, with an authentic disability perspective, the disability experience will finally become a visible, integral part of television news frames.

3. **Policy makers**

Policy makers, in many ways, are also storytellers. They craft stories about the reasons for current crises in society and weave paths, through policy proposals, out of these crises. It is a delicate craft. Good policy requires expansive knowledge of a given crisis and deep insight into the lives of those who will be directly impacted. Successful policy has dramatically different requirements: popular support, political power, or some combination of both. Governor Quinn’s Rebalancing Initiative is a rare example of good and successful policy. While it tells the true story of the segregation of persons with I/DD and navigates the way toward their full integration in society, its subtext is the financial burden of caring for persons with I/DD, particularly in this time of economic crisis. One crucial element of this story that remains untold is the capacity of persons with I/DD to attract federal dollars to their home communities, based on their decisions regarding the services and supports that they desire and require. This capacity is written into both federal law (Centers for Medicare & Medicaid Services, 2012) and State law (Illinois General Assembly, 1997). Representations of persons with I/DD as financial burdens on the State threaten to distort public discourse, particularly in the aftermath of the Great

Recession, regarding the true purpose and intent of the Rebalancing Initiative. Persons with I/DD are not economic commodities. Persons with I/DD are individuals with the ordinary capacity to live in their home communities with appropriate services and supports, and the exceptional capacity to create jobs in their home communities related to the delivery of those services and supports (Barnes & Mercer, 2005). It is this framing of budgetary issues that has the potential to reshape public discourse. The Rebalancing Initiative is a story that will be retold as policy makers narrate future SODC closures in the State of Illinois. While the closures of facilities like JDC are enticing cost saving measures to members of the Illinois General Assembly, it is essential that public perspectives on the economics of deinstitutionalization be retrofitted with a new conceptualization of the capacity of persons with I/DD to create jobs in their home communities for the professionals they hire to deliver their services and supports. Policy makers have the responsibility to tell this new story.

4. **Gubernatorial administrations**

In 2014, the State of Illinois will hold gubernatorial elections. By then, it is possible that the Warren G. Murray Developmental Center in Centralia may have been closed under the Rebalancing Initiative (Commission on Government Forecasting and Accountability, 2012). It is possible that Governor Quinn may run for re-election, win, and continue the work of deinstitutionalization that he initiated with the Rebalancing Initiative. It is also possible that new leadership will occupy the Office of the Governor. The fate of the Rebalancing Initiative is uncertain. The waning political power of AFSCME and the now popular scapegoating of State of Illinois employees for the State's financial crisis do give the Rebalancing Initiative a fighting chance, regardless of who is elected. But even if JDC is the last SODC to close its doors in the State of Illinois for many years, current and future gubernatorial administrations have to accept responsibility for the Rebalancing Initiative. At the very least, they are responsible for the oversight of the quality of community-based residential service and support systems for former residents of JDC and, potentially, Murray.

One theme in the JDC closure debate, raised by 11.30% of those who argued against closure, is the inferior pay of DSPs not employed by the State:

Cost savings are often directly related to staffing costs. Moving from \$15 an hour in a state facility to \$9.50 in a community setting does save money but results in high turnover jobs that do not attract many qualified candidates, plus constant change for the people living there. (emphasis in original) (State of Illinois, 2011, p. 63)

There is agreement on this point by stakeholders, such as The Arc of Illinois, who vociferously supported the closure of JDC:

Stable, caring, competent, creative, adequately compensated, and qualified DSPs are essential to providing safe and effective supports and services for our constituents... DSPs must receive wages and benefits sufficient to attract and retain the workforce to fully support people living in the community. (The Arc of Illinois, 2008, para. 2-3)

While State of Illinois funding to community developmental disability agencies has increased 9.5% over the last 10 fiscal years, the Consumer Price Index has increased 23% over the same period, forcing community agencies to cover the cost of delivering services and supports to persons with I/DD by keeping DSP wages low (The Care Campaign, 2013). Governor Quinn framed the Rebalancing Initiative in terms of simultaneously “improving the quality of life for people with developmental disabilities” (Quinn, 2012, as cited in Garcia, 2012, January 19, para. 5) and alleviating the budget woes of the State of Illinois (Garcia & Long, 2011). But these policy objectives dangerously conflict. Current and future gubernatorial administrations of the State of Illinois are faced with framing the Rebalancing Initiative in terms of improving the quality of life for persons with I/DD through greater, not reduced, fiscal effort for community-based services and supports.

5. Researchers

There is a rich body of work in disability theory in the explication and critique of culturally dominant frames of disability (Mitchell, 2002; Snyder & Mitchell, 2010; Williams, 2001). There is a vast amount of research in the application of frame analysis to politics, media studies, and representations of marginalized populations (Bird & Dardenne, 1988; Butler, 2009; Entman, 1993;

Entman & Rojecki, 2001; Gitlin, 2003; Iyengar, 1991; Lakoff, 2002; Lakoff & Johnson, 2003). One purpose of the current research is to expand the relatively scarce research which employs frame analysis in the area of disability policy (Itkonen, 2009; Lawrence, 2004). The intersections of disability theory and frame analysis have tremendous potential to reshape public policy in this country, even beyond the debate surrounding SODC closures. Researchers from Disability Studies have a responsibility to reach out to other academic disciplines and explore these intersections. Researchers from other academic disciplines have a responsibility to recognize the power of disability theory to enhance applications of frame analysis.

Goffman (1986) asserted that frames are organic, that they are in a constant state of evolution. Another essential purpose of this research is to inform and guide public discourse surrounding future SODC closures in the State of Illinois, as efforts at deinstitutionalization move forward and the frames that determine public sentiment toward deinstitutionalization continue to evolve. One limitation of this study is that it only involves the closure of JDC. Comparing a similar body of data from public debate surrounding the closures of Howe, JDC, and potentially Murray, for example, would yield stronger results. These comparisons could also further illuminate how state and national political, economic, and social events power the engine of deinstitutionalization in the State of Illinois. Another limitation of the current study is the exclusion of visual content from all documents in the research sample. A coded analysis of this visual discourse would greatly enhance the robustness of the current findings, in addition to a coded analysis of how the lived experience of disability is framed by other contemporary cultural institutions engaged in visual media: television, movies, advertising, and social media pieces. Gitlin's (2003) acknowledgment of the importance of popular culture is critical to a more complete understanding of the constantly evolving, intersecting frames that guide public discourse.

The work of crafting new cultural frames of disability cannot be limited to academic research, but has to occur on a personal level, within the public consciousness. It is arduous work, and the

implications are significant. We cannot change representations of persons with I/DD without changing representations of the non-disabled. Individuals with disability are not categorically vulnerable, just as individuals without disability are not categorically invincible. As Lakoff and Johnson (2003) emphasized, political ideology in the U.S. lacks metaphors for meaningful existence. Future SODC closure debates present an opportunity to urge elected representatives to create public policy that supports the meaningful existence of every person in this country. Butler (2009) argued that policy must be informed by recognition of the precariousness of all human life, and that the fundamental work of government is not to balance the budget, but to support the potential of all its members to flourish. Disability, ultimately, is about a common condition that afflicts all of us: humanity. Public policy that affects persons with disability is public policy that affects us all. Our decision to support or oppose it should be determined by its capacity to nurture our collective humanity. We are, all of us, vulnerable in this great experiment called life. It is only in the act of acknowledging our mutual interdependence that we will discover our shared strength:

Illinois needs to transition to a more community-based system of supports for people with disabilities... This will increase the strength and diversity of communities across the state... (State of Illinois, 2012, March 7, p. 82)

APPENDICES

APPENDIX A

UNIVERSITY OF ILLINOIS AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Determination Notice Research Activity Does Not Involve "Human Subjects"

March 22, 2013

Rachel Marie Pearson, MS
Disability and Human Development
1640 W Roosevelt Rd, DHSP Room 245
M/C 626
Chicago, IL 60612
Phone: (630) 830-8140

**RE: Research Protocol # 2013-0285
"Frame Analysis of Public Debate Surrounding the Closure of the Jacksonville
Developmental Center"**

Sponsor: None

Dear Ms. Pearson:

The above proposal was reviewed on March 22, 2013 by OPRS staff/members of IRB #2. From the information you have provided, the proposal does not appear to involve "human subjects" as defined in 45 CFR 46.102(f).

The specific definition of human subject under 45 CFR 46.102(f) is:

Human subject means a living individual about whom an investigator (whether professional or student) conducting research obtains

- (1) data through intervention or interaction with the individual, or
- (2) identifiable private information.

Intervention includes both physical procedures by which data are gathered (for example, venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes. *Interaction* includes communication or interpersonal contact between investigator and subject. *Private information* includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator or associated with the information) in order for obtaining the information to constitute research involving human subjects.

APPENDIX A (continued)

2013-0285

Page 2 of 2

March 22, 2013

All the documents associated with this proposal will be kept on file in the OPRS and a copy of this letter is being provided to your Department Head for the department's research files.

If you have any questions or need further help, please contact the OPRS office at (312) 996-1711 or me at (312) 355-2908. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,



Charles W. Hoehne
Assistant Director
Office for the Protection of Research Subjects

cc: Tamar Heller, Disability and Human Development, M/C 626
Mary Kay Rizzolo,

APPENDIX B
FRAME ANALYSIS OF JDC CLOSURE DEBATE: CODING GUIDELINES

Code (Theme)	Code (Theme) in Key Word	Code (Theme) in Phrase	Example	Counter Example
Access to choice	X		Choices made by persons with I/DD: choice, choose (Use context to decide) (May be double coded as Parental/guardian choice)	
Care	X		Emphasis on care of persons with I/DD: care, carer, caregiver, health care, take care of, caring, cared for	References to care unrelated to persons with I/DD
Community-based living Illustrations/ outcomes		X	Illustrations/outcomes of community-based living: doing my own laundry, having staff to support employment, going out to dinner with friends, having a higher quality of life, increased adaptive behavior skills, activities (CBL examples included in statements by those who support CBL and in neutral media pieces –The purpose here is to document the richness of positive examples of CBL provided in the documents)	-CBL illustrations/outcomes included in statements by those against the JDC closure -Lists of examples of a specific outcome (increased adaptive behavior skills such as...)
Community Services Act	X		Sometimes erroneously referred to as the “Community Reinvestment Act”: Illinois law that mandates reinvestment of funding saved from SODC closure in disability services & supports for persons with I/DD	
Cost comparison of SODCS versus community-based living		X	-\$ amount comparisons of providing care in SODC vs. providing services to persons with I/DD in community -Statement asserting or negating that one or the other is cheaper (Always double coded as State budget Issues)	

Note. Excluded from coding: titles and headings, extensive (multi-paragraph) citations, and text describing the closing of Illinois prison facilities or of the Tinley Park Mental Health Center.

APPENDIX B (continued)

Code (Theme)	Code (Theme) in Key Word	Code (Theme) in Phrase	Example	Counter Example
Danger to public safety posed by community-based living		X	Explicit or implicit references to the danger to public safety posed by the presence of persons with I/DD in CBL settings: violence, aggression, destruction of property potentially perpetrated by persons with I/DD	Self-Injurious Behavior, potential harm to self (May not be double coded with medical/deficit/capacity descriptions of persons with I/DD)
Dignity... Equality... Freedom... Liberty	X		References to constitutional rights & privileges of persons with I/DD (Each word is coded independently as representative of this category. All four words do not necessarily co-occur.)	
DSP wages (non-State employees)		X	JDC staff is paid higher wages due to their status as state employees. DSPs working in CBL settings are paid low wages.	
Fear of transition to community-based living		X	Explicit references to fear felt by stakeholders regarding negative consequences of transition process and CBL services: afraid of, scared, frightened, terrified	Implicit references to fear, general concerns about transition to CBL
Impact on Jacksonville and Morgan County		X	Negative economic impacts: layoffs of JDC staff, ripple effects for local businesses, financial burdens (such as maintaining vacated JDC campus)	
Medical/deficit/capacity descriptions of persons with I/DD	X	X	Descriptions of persons with I/DD in terms of: diagnosis, medical characteristics of a diagnosis, capacity or ability to perform specific skills, degrees & types of impairment or disability, degrees & types of behaviors, degrees & types of needs, functional	-“developmental disability” (general reference to population of JDC residents) -“cognitive or mental or

APPENDIX B (continued)

Code (Theme)	Code (Theme) in Key Word	Code (Theme) in Phrase	Example	Counter Example
			levels "wheelchair-bound"	intellectual impairment or disability or retardation" (general reference to population of JDC residents) -Lists of examples of a particular category of skills or behaviors (adaptive behaviors such as...) -"uses a wheelchair for mobility"
MFP/person- centered planning	X	X	Money Follows the Person, Person Centered Plans In public debate, stakeholders did not necessarily use these terms with precision. Alternative phrasings included: funding following the person into the community, individualized planning, etc.	Individual Habilitation Plans
Needs	X		Emphasis on the needs of persons with I/DD: need, needs, needed, neediness	References to needs unrelated to persons with I/DD
Negative depiction of advocates		X	Portrayals of advocates in a negative light	
<i>Olmstead</i> Supreme Court decision		X	The Supreme Court case which established the right of persons with disabilities to live in community settings (Each quoted passage should be coded once)	

APPENDIX B (continued)

Code (Theme)	Code (Theme) in Key Word	Code (Theme) in Phrase	Example	Counter Example
Parental/guardian choice	X		Choices made by parents/guardians: choice, choose (Use context to decide) (May be double coded as access to choice)	
Potentiality of persons with I/DD	X	X	Specific descriptions of persons with I/DD in terms of their personhood: citizen, voter, consumer, human being, more than just a disability	"our most vulnerable citizens"
Progress toward equal rights for persons with I/DD		X	Contextualizing the JDC closure debate in terms of progress, explicitly or implicitly: comparisons of Illinois' CBL services with other states, historic steps, taking steps forward, outmoded system of care, archaic practice of institutionalization, now is the time to deinstitutionalize, tearing down the status quo	Outmoded physical plant of JDC
Prioritization of Urgency of Need for Services (PUNS)	X		Prioritization of Urgency of Need for Services: a statewide database that records information about persons with I/DD in Illinois who are potentially in need of services	
Quality of life	X		Emphasis on the quality of life of persons with I/DD	
Quotations of persons with I/DD		X	-An entire statement submitted by someone who self-identifies as a person with a disability -Reference to an in-person interview with a person with I/DD embedded in a document (may be in quotes or may be a paraphrase)	People speaking for (on behalf of) persons with I/DD (adopting their voice)
Reinvestment		X	Reallocating all funding saved through JDC closure to services & supports for persons with I/DD	

APPENDIX B (continued)

Code (Theme)	Code (Theme) in Key Word	Code (Theme) in Phrase	Example (Always double coded as State Budget Issues)	Counter Example
Religious references		X	Indicating a sense of religiosity about care for persons with I/DD: God, prayer, Biblical passages, salvation, sacred duty	-faith -Act of God (In both of these cases, the primary definition of the word has no religious connotation.)
Rights	X		Emphasis on the rights of persons with I/DD	References to the rights of union workers or anybody else
State budget issues		X	Issues related to the State of Illinois budget: general references to Illinois' financial crisis, saving the state money, payment problems, mention of SODC closures related to budgetary terms like fiscal year, layoffs at the state level, JDC closure as it relates to taxpayers	Specific examples of Illinois' financial crisis unrelated to the JDC closure debate: state employee pension problems, mention of SODC closures with no reference to state budget, other institutional closures (prison closings, mental health center closings)
Supports and services	X		Emphasis on supports and services for persons with I/DD: support, supports, services, support services, supported (Each word is coded independently as representative of this category. Both words do not necessarily co-occur.)	References to supports and services unrelated to persons with I/DD

APPENDIX B (continued)

Code (Theme)	Code (Theme) in Key Word	Code (Theme) in Phrase	Example	Counter Example
The "R" word	X		Retardation (May be double coded with "profoundly mentally retarded" as Medical/deficit/capacity descriptions of persons with I/DD)	When included in the title of a document or organization or formerly acceptable term such as ICF/MR or QMR
Vulnerability of persons with I/DD		X	Specific descriptions of persons with I/DD in terms of their vulnerability: helplessness, potential victimization, citizenship qualified by a reference to vulnerability	(May not be double coded with medical/deficit/ capacity descriptions of persons with I/DD)

APPENDIX C

PUBLIC TESTIMONY DOCUMENTS PRESENTED FOR AND AGAINST JDC CLOSURE

Doc #	Stakeholder	Position	Frame
1	Jacksonville community organization or business	Against	Medical Model/Institutional Dependence
2	Disability organization	For	Common Citizenship/New Society
3	Family of JDC resident	Against	Common Citizenship/Institutional Dependence
4	Disability organization	For	Common Citizenship/New Society
5	Politician or policy maker	Against	Mixed Financial Interests
6	Politician or policy maker	Against	Medical Model/Segregation
7	Disability organization	Against	Medical Model/Segregation
8	Disability organization	For	Common Citizenship/New Society
9	Politician or policy maker	Against	Mixed Financial Interests
10	Family of JDC resident	Against	Medical Model/Segregation
11	Disability organization	For	Common Citizenship/New Society
12	Disability organization	For	Common Citizenship/New Society
13	Private citizen	For	Common Citizenship/New Society
14	Family of JDC resident	Against	Medical Model/Segregation
15	JDC staff	Against	Common Citizenship/Institutional Dependence
16	Politician or policy maker	Against	Medical Model/Institutional Dependence
17	Politician or policy maker	Against	Medical Model/Institutional Dependence
18	Disability organization	Against	Medical Model/Segregation
19	Private citizen	Against	Medical Model/Segregation
20	Family of JDC resident	Against	Medical Model/Segregation
21	Private citizen	For	Common Citizenship/New Society
22	Private citizen	Against	Medical Model/Segregation
23	JDC staff	Against	Medical Model/Segregation
24	Private citizen	Against	Medical Model/Segregation
25	JDC staff	Against	Medical Model/Segregation
26	JDC staff	Against	Medical Model/Segregation
27	Private citizen	For	Common Citizenship/New Society
28	Private citizen	For	Common Citizenship/New Society
29	JDC staff	Against	Medical Model/Institutional Dependence
30	JDC staff	Against	Medical Model/Institutional Dependence
31	Disability organization	For	Common Citizenship/New Society
32	Family of JDC resident	Against	Medical Model/Segregation
33	JDC staff	Against	Medical Model/Institutional Dependence
34	Family of JDC resident	Against	Medical Model/Segregation
35	Private citizen	For	Common Citizenship/New Society
36	Private citizen	Against	Medical Model/Segregation
37	JDC staff	Against	Common Citizenship/Institutional Dependence
38	Private citizen	Against	Medical Model/Segregation
39	Disability organization	Against	Medical Model/Segregation
40	Family of JDC resident	Against	Medical Model/Segregation
41	Disability organization	For	Common Citizenship/New Society

APPENDIX C (continued)

Doc #	Stakeholder	Position	Frame
42	Disability organization	For	Common Citizenship/New Society
43	Disability organization	For	Common Citizenship/New Society
44	Private citizen	For	Common Citizenship/New Society
45	Disability organization	For	Common Citizenship/New Society
46	Disability organization	For	Common Citizenship/New Society
47	Disability organization	For	Common Citizenship/New Society
48	JDC resident	Against	Common Citizenship/Institutional Dependence
49	Family of JDC resident	Against	Medical Model/Segregation
50	Disability organization	For	Common Citizenship/New Society
51	Family of JDC resident	Against	Medical Model/Segregation
52	Family of JDC resident	Against	Medical Model/Segregation
53	Family of JDC resident	Against	Medical Model/Segregation
54	Family of JDC resident	Against	Medical Model/Segregation
55	Family of JDC resident	Against	Medical Model/Segregation
56	JDC resident	Against	Common Citizenship/Institutional Dependence
57	Disability organization	Against	Medical Model/Segregation
58	Family of JDC resident	Against	Medical Model/Segregation
59	Jacksonville community organization or business	Against	Jacksonville Economy
60	Disability organization	Against	Medical Model/Segregation
61	Family of JDC resident	Against	Medical Model/Segregation
62	Private citizen	For	Common Citizenship/New Society
63	Private citizen	For	Common Citizenship/New Society
64	JDC staff	Against	Medical Model/Segregation
65	Private citizen	Against	Medical Model/Institutional Dependence
66	Disability organization	Against	State Budget
67	Family of JDC resident	Against	Medical Model/Institutional Dependence
68	Private citizen	Against	Medical Model/Segregation
69	Family of JDC resident	Against	Medical Model/Segregation
70	Disability organization	For	Common Citizenship/New Society
71	Family of JDC resident	Against	Common Citizenship/Institutional Dependence
72	Private citizen	Against	Medical Model/Segregation
73	Private citizen	Against	Medical Model/Institutional Dependence
74	Family of JDC resident	Against	Medical Model/Segregation
75	Disability organization	For	Common Citizenship/New Society
76	Private citizen	Against	Medical Model/Segregation
77	Disability organization	For	Common Citizenship/New Society
78	Private citizen	For	State Budget
79	Private citizen	For	Common Citizenship/New Society
80	Private citizen	For	Common Citizenship/New Society
81	Private citizen	For	Common Citizenship/New Society
82	Family of JDC resident	Against	Medical Model/Segregation
83	Family of JDC resident	Against	Medical Model/Segregation
84	Private citizen	Against	Medical Model/Segregation

APPENDIX C (continued)

Doc #	Stakeholder	Position	Frame
85	Jacksonville community organization or business	Against	Jacksonville Economy
86	Family of JDC resident	Against	Medical Model/Segregation
87	Private citizen	Against	Medical Model/Segregation
88	Private Citizen	Against	Medical Model/Segregation

APPENDIX D
CHICAGO TRIBUNE DOCUMENTS

Doc #	Stakeholder	Position on Closure	Frame
89	Journalist	Neutral	State Budget
90	Journalist	For	Common Citizenship/New Society
91	Disability organization	For	Common Citizenship/New Society
92	Disability organization	For	Common Citizenship/New Society
93	Private citizen	Against	Medical Model/Segregation
94	Private citizen	For	Common Citizenship/New Society
95	Disability organization	For	Common Citizenship/New Society
96	Journalist	Neutral	State Budget
97	Journalist	Neutral	State Budget
98	Journalist	Neutral	State Budget
99	Journalist	Neutral	State Budget
100	Journalist	Neutral	Mixed Financial Interests
101	Journalist	Neutral	Mixed Financial Interests
102	Journalist	Neutral	Common Citizenship/New Society
103	Disability organization	For	Common Citizenship/New Society
104	Journalist	For	Common Citizenship/New Society
105	Journalist	Neutral	State Budget
106	Journalist	Neutral	Medical Model/Segregation
107	Family of JDC resident	Against	Medical Model/Segregation
108	Private citizen	Against	Medical Model/Segregation
109	Journalist	For	Common Citizenship/New Society
110	Disability organization	For	Common Citizenship/New Society
111	Journalist	Neutral	Common Citizenship/New Society
112	Journalist	For	Common Citizenship/New Society

APPENDIX E
JACKSONVILLE JOURNAL COURIER DOCUMENTS

Doc #	Stakeholder	Position on Closure	Frame
113	Journalist	Neutral	State Budget
114	Journalist	Against	State Budget
115	Journalist	Neutral	State Budget
116	Journalist	Neutral	Jacksonville Economy
117	Journalist	Neutral	Common Citizenship/New Society
118	Journalist	Neutral	Mixed Financial Interests
119	Journalist	Neutral	Common Citizenship/New Society
120	Journalist	Neutral	Mixed Financial Interests
121	Journalist	Neutral	Medical Model/Segregation
122	Journalist	Neutral	State Budget
123	Journalist	Against	Medical Model/Segregation
124	Journalist	For	Common Citizenship/New Society
125	Journalist	Neutral	Mixed Financial Interests
126	JDC staff	Against	Common Citizenship/Institutional Dependence
127	Journalist	Neutral	Common Citizenship/New Society
128	Journalist	Neutral	Mixed Financial Interests
129	Journalist	Against	Medical Model/Segregation
130	Journalist	Neutral	Medical Model/Segregation
131	Journalist	Neutral	Common Citizenship/New Society
132	Journalist	Neutral	Mixed Financial Interests
133	Journalist	Neutral	State Budget
134	Journalist	Neutral	Common Citizenship/New Society
135	Journalist	Against	Medical Model/Segregation
136	Journalist	Neutral	Medical Model/Institutional Dependence
137	Journalist	Neutral	Medical Model/Segregation
138	Journalist	Neutral	Medical Model/Segregation
139	Journalist	Against	Medical Model/Segregation
140	Journalist	Neutral	Mixed Financial Interests
141	Journalist	Neutral	Common Citizenship/New Society
142	Private citizen	Against	Medical Model/Segregation
143	Journalist	Neutral	Medical Model/Segregation
144	Journalist	Neutral	State Budget
145	Journalist	Against	Mixed Financial Interests
146	Politician or policy maker	For	Common Citizenship/New Society

APPENDIX F
DOMINANCE OF THEMES WITHIN FINANCIAL FRAMES:
PERCENTAGE OF DOCUMENTS IN WHICH THEME OCCURS

Theme	State Budget (n=14)	Mixed Financial Interests (n=11)	Jacksonville Economy (n=3)
Access to choice	--	--	--
Care	35.70%	100.00%	--
Community-based living illustrations/outcomes	--	36.40%	--
Community Services Act	--	--	--
Cost comparison of SODCs versus community-based living	28.60%	54.60%	--
Danger to public safety posed by community-based living	14.30%	--	--
Dignity... Equality... Freedom... Liberty	--	--	--
DSP wages (non-State employees)	--	9.10%	--
Fear of transition to community-based living	--	--	33.30%
Impact on Jacksonville and Morgan County	--	100.00%	100.00%
Medical/deficit/capacity descriptions of persons with I/DD	21.40%	36.40%	--
MFP/person-centered planning	7.10%	27.30%	--
Needs	7.10%	54.60%	--
Negative depiction of advocates	7.10%	--	--
<i>Olmstead</i> Supreme Court decision	--	--	--
Parental/guardian choice	--	--	--
Potentiality of persons with I/DD	14.30%	9.10%	--
Progress toward equal rights for persons with I/DD	7.10%	9.10%	--
Prioritization of Urgency of Need for Services (PUNS)	7.10%	--	--
Quality of life	--	18.20%	--
Quotations of persons with I/DD	--	--	--
Reinvestment	--	9.10%	--
Religious references	7.10%	--	--
Rights	--	--	--
State budget issues	92.90%	100.00%	66.70%
Supports and services	57.10%	63.60%	--
The "R" word	--	--	--
Vulnerability of persons with I/DD	14.30%	45.50%	--

APPENDIX G

DOMINANCE OF THEMES WITHIN MEDICAL MODEL & COMMON CITIZENSHIP FRAMES: PERCENTAGE OF DOCUMENTS IN WHICH THEME OCCURS

Theme	Medical Model/ Segregation (n=54)	Medical Model/ Institutional Dependence (n=10)	Common Citizenship/ Institutional Dependence (n=7)	Common Citizenship/ New Society (n=47)
Access to choice	5.60%	--	--	31.90%
Care	74.10%	60.00%	57.10%	48.90%
Community-based living illustrations/outcomes	3.70%	--	--	70.20%
Community Services Act	--	--	--	4.30%
Cost comparison of SODCs versus community-based living	22.20%	20.00%	--	44.70%
Danger to public safety posed by community-based living	38.90%	10.00%	--	4.30%
Dignity... Equality... Freedom... Liberty	7.40%	20.00%	--	21.30%
DSP wages (non-State employees)	13.00%	10.00%	--	2.10%
Fear of transition to community- based living	11.10%	10.00%	--	17.00%
Impact on Jacksonville and Morgan County	1.90%	90.00%	14.30%	10.60%
Medical/deficit/capacity descriptions of persons with I/DD	81.50%	50.00%	57.10%	36.20%
MFP/person-centered planning	3.70%	--	--	36.20%
Needs	64.80%	60.00%	57.10%	44.70%
Negative depiction of advocates	5.60%	--	--	--
<i>Olmstead</i> Supreme Court decision	3.70%	--	--	12.80%
Parental/guardian choice	5.60%	--	--	6.40%
Potentiality of persons with I/DD	16.70%	10.00%	71.40%	34.00%
Progress toward equal rights for persons with I/DD	1.90%	--	--	78.70%
Prioritization of Urgency of Need for Services (PUNS)	--	--	--	2.10%
Quality of life	7.40%	--	14.30%	27.70%
Quotations of persons with I/DD	3.70%	--	28.60%	21.30%
Reinvestment	--	10.00%	14.30%	19.10%
Religious references	16.70%	--	--	2.10%
Rights	5.60%	10.00%	14.30%	21.30%
State budget issues	55.60%	80.00%	57.10%	76.60%
Supports and services	29.60%	40.00%	14.30%	72.30%
The "R" word	14.80%	10.00%	--	--
Vulnerability of persons with I/DD	51.90%	10.00%	28.60%	12.80%

APPENDIX H
DOMINANCE OF THEMES WITHIN GENERAL FRAMES
UTILIZED IN THE SECONDARY ANALYSIS:
PERCENTAGE OF DOCUMENTS IN WHICH THEME OCCURS

Theme	Financial (n=28)	Medical (n=64)	Citizenship (n=54)
Access to choice	--	4.70%	27.80%
Care	57.10%	71.90%	50.00%
Community-based living illustrations/outcomes	14.30%	3.10%	61.10%
Community Services Act	--	--	3.70%
Cost comparison of SODCs versus community-based living	35.70%	21.90%	38.90%
Danger to public safety posed by community-based living	7.10%	34.40%	3.70%
Dignity... Equality... Freedom... Liberty	--	9.40%	18.50%
DSP wages (non-State employees)	3.60%	12.50%	1.90%
Fear of transition to community-based living	3.60%	10.90%	14.80%
Impact on Jacksonville and Morgan County	50.00%	15.60%	11.10%
Medical/deficit/capacity descriptions of persons with I/DD	25.00%	76.60%	38.90%
MFP/person-centered planning	14.30%	3.10%	31.50%
Needs	25.00%	64.10%	46.30%
Negative depiction of advocates	3.60%	4.70%	--
<i>Olmstead</i> Supreme Court decision	--	3.10%	11.10%
Parental/guardian choice	--	4.70%	5.60%
Potentiality of persons with I/DD	10.70%	15.60%	38.90%
Progress toward equal rights for persons with I/DD	7.10%	1.60%	68.50%
Prioritization of Urgency of Need for Services (PUNS)	3.60%	--	1.90%
Quality of life	7.10%	6.30%	25.90%
Quotations of persons with I/DD	--	3.10%	22.20%
Reinvestment	3.60%	1.60%	18.50%
Religious references	3.60%	14.10%	1.90%
Rights	--	6.30%	20.40%
State budget issues	92.90%	59.40%	74.10%
Supports and services	53.60%	31.30%	64.80%
The "R" word	--	14.10%	--
Vulnerability of persons with I/DD	25.00%	45.30%	14.80%

APPENDIX I

DOMINANCE OF THEMES WITHIN JDC CLOSURE DEBATE POSITIONS: PERCENTAGE OF DOCUMENTS IN WHICH THEME OCCURS

Theme	Against Closure (n=71)	For Closure (n=40)	Neutral (n=35)
Access to choice	4.20%	35.00%	2.90%
Care	71.80%	37.50%	65.71%
Community-based living illustrations/outcomes	--	70.00%	31.40%
Community Services Act	--	5.00%	--
Cost comparison of SODCs versus community-based living	19.70%	45.00%	37.10%
Danger to public safety posed by community-based living	29.60%	2.50%	11.40%
Dignity... Equality... Freedom... Liberty	8.50%	25.00%	--
DSP wages (non-State employees)	11.30%	--	5.70%
Fear of transition to community-based living	4.20%	12.50%	22.90%
Impact on Jacksonville and Morgan County	19.70%	2.50%	42.90%
Medical/deficit/capacity descriptions of persons with I/DD	70.40%	37.50%	34.30%
MFP/person-centered planning	2.80%	27.50%	28.60%
Needs	60.60%	45.00%	34.30%
Negative depiction of advocates	1.40%	--	8.60%
<i>Olmstead</i> Supreme Court decision	2.80%	15.00%	--
Parental/guardian choice	4.20%	7.50%	--
Potentiality of persons with I/DD	22.50%	32.50%	14.30%
Progress toward equal rights for persons with I/DD	--	77.50%	25.70%
Prioritization of Urgency of Need for Services (PUNS)	--	5.00%	--
Quality of life	5.60%	22.50%	20.00%
Quotations of persons with I/DD	5.60%	20.00%	5.70%
Reinvestment	2.80%	20.00%	5.70%
Religious references	12.70%	--	5.70%
Rights	7.00%	25.00%	--
State budget issues	62.00%	72.50%	88.60%
Supports and services	32.40%	75.00%	48.60%
The "R" word	11.30%	--	2.90%
Vulnerability of persons with I/DD	43.70%	10.00%	25.71%

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