Freedom of Information Act (FOIA) Request

Hello,

This is Michael A. Ayele sending this message, though I now go by W and prefer to be referred to as such. I am writing this letter for the purpose of filing a FOIA request with the City of Marseilles, Illinois. The basis for this non-commercial FOIA request is the decision of the United Nations (U.N.) to designate October 10 as "*World Mental Health Day."* [i]

I) Requested Records

What I am requesting for prompt disclosure are records in your possession detailing your discussions about [1] World Mental Health Day as an international United Nations (U.N.) event (i) that is held annually on October 10; (ii) which seeks to meaningfully engage with people with lived experience (PWLE) of mental health conditions and to recognize their knowledge as a vital form of expertise; (iii) which seeks to tackle the stigma associated with mental health conditions; (iv) which has adopted the following theme for calendar year 2026: "*Lived experiences heard: real voices, real change;"* [2] Michael A. Ayele (a.k.a.) W as a Black Bachelor of Arts (B.A.) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that (i) he was a 19-year-old full-time international undergraduate student at Westminster College (Fulton, Missouri) when he first read in the months of November and December 2010 reviews as well as excerpts of Jonathan Metzl's book entitled "*The Protest Psychosis: How Schizophrenia Became a Black Disease;"* (ii) the "*schizophrenia"* diagnosis was predominantly associated with white women prior to the 1960s; (iii) the "*schizophrenia*" diagnosis underwent a rhetorical transformation from one of white feminine docility to one of Black male hostility in the 1960s; (iv) he has in the mid-2010s witnessed many fraudulent activities motivated by racism in the State of Maryland; (v) he has in the mid-2010s expressed verbal and written objections to the fraudulent activities he witnessed in the State of Maryland; (vi) racism in healthcare services is not something that ought to be explained to people in the 21st century; (vii) those who feign not to understand (or not to see) the racism that exists in the healthcare industry do so because they are racists; (viii) those who participate in validating racism in healthcare services do so because they are racists; (ix) the American Psychological Association (APA) have on (or around) October 29, 2021 issued an apology for their complicity in the systemic racism which is pervasive throughout the healthcare industry; [3] the decision of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo to filter and distort Michael A. Ayele (a.k.a.) W's written publications on matters pertaining to the APA October 29, 2021 apology by generating unwelcome and unapproved queries such as "*Michael Ayele commentary,*" "*Michael Ayele Black History Month,*" "*Michael Ayele Immigrant Heritage Month,*" "*Michael Ayele National Suicide Prevention Month,*" "*Michael Ayele experience,"* "*Michael Ayele Missouri state government career,*" "*Michael Ayele Joint Commission,*" "*Michael Ayele mental health case,*" "*Michael Ayele UConn health profile,*" "*Michael Ayele author profile,"* "*Michael Ayele ORCID profile,"* "*Michael Ayele SFPL profile,*" "*Michael Ayele Brock Turner report,"* "*Michael Ayele claim,"* "*Michael Ayele unharmed,*" "*Michael Ayele delusional,*" "*Michael Ayele paranoid,"* "*Michael Ayele grandiose*," "*Michael Ayele dangerous,"* "*Michael Ayele 2021 murder conviction,*" "*Michael Ayele mental competency evaluation,*" *"Michael Ayele v springfield hospital center," "Michael Ayele Sykesville Maryland case,"* "*Michael Ayele United Nations,"* "*Michael Ayele Emma Watson."*

II) Request for a Fee Waiver and Expedited Processing

The public has a compelling and legitimate interest in this information because

1) The requested records will enable the public to ascertain if your local government agency has previously commemorated October 10 as World Mental Health Day.
2) The requested records will enable the public to ascertain if your local government agency has previously commemorated World Mental Health Day by meaningfully engaging with people with lived experience (PWLE) of mental health conditions.
3) The requested records will enable the public to ascertain if your local government agency has previously commemorated World Mental Health Day by amplifying the voices of people labelled with psychiatric disabilities.
4) The requested records will enable the public to ascertain if your local government agency has previously commemorated World Mental Health Day by tackling the stigma associated with mental health conditions.
5) The requested records will enable the public to ascertain if your local government agency has held in-depth conversations about the theme of World Mental Health Day 2026: "*Lived experiences heard: real voices, real change.*"

Expedited processing for this request is justified because

1) Michael A. Ayele (a.k.a.) W is a Black Bachelor of Arts (B.A.) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri state government employee who went to America on an F-1 visa in the month of December 2009 (when he was eighteen years of age).
2) Michael A. Ayele (a.k.a.) W was a 19-year-old full-time international undergraduate student at Westminster College (Fulton, Missouri) when he first read in the months of November and December 2010 reviews as well as excerpts of Jonathan Metzl's book entitled "*The Protest Psychosis: How Schizophrenia Became a Black Disease.*" [ii]
3) Michael Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) who, in calendar year 2013, was employed for the Missouri Department of Mental Health (MODMH) Fulton State Hospital (FSH) after signing an employment contract with them. [iii]
4) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who has in the mid-2010s witnessed many fraudulent activities motivated by racism in the State of Maryland.
5) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who has in the mid-2010s expressed verbal and written objections to the fraudulent activities he witnessed in the State of Maryland.
6) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) who has, in the mid-2010s, reported upon instances whereby "*medical professionals*" were forcibly administering psychotropic drugs in an effort to perpetuate racism and discrimination in healthcare services.

7) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) who unequivocally condemns the forcible administration of psychotropic drugs in healthcare settings.
8) Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) who has corresponded with the National Council on Disability (NCD) on the subject of their January 2000 report entitled "*From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves."* [iv]
9) In the month of February 2021, the American Psychological Association (APA) had issued a press release wherein they had recognized that (i) "*racism is not limited to racist ideas, attributions, expectations, assumptions, and behaviors held by individuals;"* (ii) "*racism has been an enduring, insidious, and pervasive feature of the United States (U.S.) landscape;"* (iii) *"racism has shaped and undermined almost every aspect of U.S. society, including our laws, policies, educational systems, customs, and cultural narratives, weakening our political and civil institutions and creating many political and social fissures;"* (iv) "***racism intersects with other social and personal identities (e.g., age, gender, sexual orientation, religion, ability status, socioeconomic status, etc.) in ways that compound experiences of oppression among diverse groups in the form of sexism****, heterosexism, ableism;"* (v) "*white privilege is unearned power that is afforded to white people on the basis of status rather than earned merit and protects white people from the consequences of being racist and benefitting from systemic racism."* [v]
10) On (or around) October 29, 2021, the APA had issued an apology for their complicity in exacerbating racism in American society and government. As you may be aware, when issuing their October 29, 2021 apology, the APA had publicly recognized that the "*discipline of psychology"* (i) "*has since its origins as a scientific discipline in the mid-19th century, contributed to the dispossession, displacement, and exploitation of communities of color;*" (ii) has "*contributed to the financial wealth gap and social class disparities experienced by many communities of colors;"* (iii) "*was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color;"* (iv) has for a long time throughout its history failed to recognize that "*racial inequities result from laws, systems, policies, practices, and cultural narratives that reflect racial bias and white supremacist ideology;"* (v) has for a long time throughout its history failed to recognize that race "*is a social construct with no underlying genetic or biological basis;"* (vi) has for a long time throughout its history failed to condemn "*racism in all forms for its destructive psychological, social, educational and economic effects on human rights and human welfare throughout the lifespan;"* (vii) has for a long time throughout its history "*promulgated ideas of human hierarchy through the construction, study, and interpretation of racial differences;"* (viii) has for a long time throughout its history "*participated in, and disseminated scientific models and approaches rooted in scientific racism;"* (ix) has for a long time throughout its history promoted pseudoscientific movements such as "*eugenics*" to "*support segregation, sterilization, and antimarriage laws."* [vi]
11) The requested records will raise awareness about the manner in which internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo have filtered and distorted Michael A. Ayele (a.k.a.) W's written publications on matters pertaining to the APA October 29, 2021 apology by generating unwelcome and unapproved queries such as "*Michael Ayele biography*," "*Michael Ayele youth," "Michael Ayele age,"* "*Michael Ayele experience," "Michael Ayele commentary,*" "*Michael Ayele Black History Month,*" "*Michael Ayele Immigrant Heritage Month,*" "*Michael Ayele National Suicide Prevention Month,"* "*Michael Ayele Missouri state government career,*" "*Michael Ayele Joint Commission,*" "*Michael Ayele mental health case,*" "*Michael Ayele UConn health profile,*" "*Michael Ayele author profile,"* "*Michael Ayele ORCID profile,"* "*Michael Ayele SFPL profile,*" "*Michael Ayele Brock Turner report,"* "*Michael Ayele claim,"* "*Michael Ayele unharmed,*" "*Michael Ayele delusional,*" "*Michael Ayele paranoid,"* "*Michael Ayele grandiose*," "*Michael Ayele dangerous,"* "*Michael Ayele 2021 murder conviction,*" "*Michael Ayele mental*

competency evaluation," *"Michael Ayele v springfield hospital center," "Michael Ayele Sykesville Maryland case,"* "*Michael Ayele United Nations,"* "*Michael Ayele Emma Watson."* [vii]

In my judgment, the facts presented in my request for a fee waiver and expedited processing will significantly decrease public confidence in the activities, the engagements and the priorities of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo because they have previously filtered and distorted Michael A. Ayele (a.k.a.) W's written publications on matters pertaining to the APA October 29, 2021 apology. Unfortunately, I regret to inform you that the decision of ISE to filter and distort Michael A. Ayele (a.k.a.) W's written publications has [1] served to obfuscate the fact that Michael A. Ayele (a.k.a.) W was a 19-year-old full-time international undergraduate student at Westminster College (Fulton, Missouri) when he first read in the months of November and December 2010 reviews as well as excerpts of Jonathan Metzl's book entitled "*The Protest Psychosis: How Schizophrenia Became a Black Disease;"* [2] served to obfuscate the fact that Michael A. Ayele (a.k.a.) W is a Black Bachelor of Arts (B.A.) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who has in the mid-2010s witnessed many fraudulent activities motivated by racism in the State of Maryland; [3] served to obfuscate the fact that Michael A. Ayele (a.k.a.) W is a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who has in the mid-2010s expressed verbal and written objections upon witnessing many fraudulent activities that were motivated by racism in the State of Maryland; [4] exacerbated racism and discrimination online, causing direct harm to the name, the image and the likeness of Michael A. Ayele (a.k.a.) W.

As a Black former Missouri healthcare worker, I would again like to convey (on the occasion of the upcoming World Mental Health Day 2026) the three reasons why I felt very deeply underwhelmed by the APA October 29, 2021 apology.

1) Even though the APA recognizes that "*psychologists created and promoted the widespread application of psychological tests and instruments that have been used to disadvantage many communities of color, thereby contributing to the overdiagnosis, misdiagnosis, and lack of culturally appropriate diagnostic criteria to characterize the lived experience and mental health concerns of people of color,"* **the APA doesn't have a list of diagnoses people should be wary of because of their historically documented tendency to exacerbate racism and discrimination. In my opinion, the decision of the APA not to identify the "*schizophrenia*" diagnosis as inherently suspect (particularly when it targets a Black/African American man) was a very shocking error.**

2) Even though the APA recognizes that "*psychologists created and promoted the widespread application of psychological tests and instruments that have been used to disadvantage many communities of color, thereby contributing to the overdiagnosis, misdiagnosis, and lack of culturally appropriate diagnostic criteria to characterize the lived experience and mental health concerns of people of color,"* **the APA doesn't address the issue of how to make whole the people (and particularly Black / African American men) who (i) were erroneously labeled "*schizophrenic*" by white psychologists; (ii) have experienced racism and discrimination in healthcare services because of the "*schizophrenia*" diagnosis.**

3) Even though the APA recognizes that "*psychologists created and promoted the widespread application of psychological tests and instruments that have been used to disadvantage many communities of color, thereby contributing to the overdiagnosis, misdiagnosis, and lack of culturally appropriate diagnostic criteria to characterize the lived experience and mental health concerns of people of color,"* **the APA doesn't address the issue of how to penalize white psychologists who have intentionally, with malice, disproportionately diagnosed Black /**

African American men as "*schizophrenic"* in order to (i) further advance their medical careers; (ii) perpetuate a systemic form of racism in American society.

The core issues presented in this records request are as follows. 1) Have you had conversations about World Mental Health Day as an international United Nations (U.N.) event that is held annually on October 10? If yes, will you promptly disclose those records? 2) Have you had conversations about World Mental Health Day as an international U.N. event which seeks to meaningfully engage with people with lived experience (PWLE) of mental health conditions and to recognize their knowledge as a vital form of expertise? If yes, will you promptly disclose those records? 3) Have you had conversations about World Mental Health Day as an international U.N. event which seeks to tackle the stigma associated with mental health conditions? If yes, will you promptly disclose those records? 4) Have you had conversations about World Mental Health Day as an international U.N. event which has adopted the following theme for calendar year 2026: "*Lived experiences heard: real voices, real change"*? If yes, will you promptly disclose those records? 5) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black Bachelor of Arts (B.A.) Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that he was a 19-year-old full-time international undergraduate student at Westminster College (Fulton, Missouri) when he first read in the months of November and December 2010 reviews as well as excerpts of Jonathan Metzl's book entitled "*The Protest Psychosis: How Schizophrenia Became a Black Disease"*? If yes, will you promptly disclose those records? 6) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that the "*schizophrenia"* diagnosis was predominantly associated with white women prior to the 1960s? If yes, will you promptly disclose those records? 7) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that the "*schizophrenia*" diagnosis underwent a rhetorical transformation from one of white feminine docility to one of Black male hostility in the 1960s? If yes, will you promptly disclose those records? 8) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that he has in the mid-2010s witnessed many fraudulent activities motivated by racism in the State of Maryland? If yes, will you promptly disclose those records? 9) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that he has in the mid-2010s expressed verbal and written objections to the fraudulent activities he witnessed in the State of Maryland? If yes, will you promptly disclose those records? 10) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that racism in healthcare services is not something that ought to have to be explained to people in the 21st century? If yes, will you promptly disclose those records? 11) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that those who feign not to understand (or not to see) the racism that exists in the healthcare industry do so because they are racists? If yes, will you promptly disclose those records? 12) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that those who participate in validating racism in healthcare services do so because they are racists? If yes, will you promptly disclose those records? 13) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that racism has been an enduring,

insidious, and pervasive feature of the United States (U.S.) landscape? If yes, will you promptly disclose those records? 14) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize that racism intersects with other social and personal identities (e.g., age, gender, sexual orientation, religion, ability status, socioeconomic status, etc.) in ways that compound experiences of oppression among diverse groups? If yes, will you promptly disclose those records? 15) Have you had conversations about Michael A. Ayele (a.k.a.) W as a Black B.A. Degree graduate of Westminster College (Fulton, Missouri) and a former Missouri healthcare worker who was subjected to frenzy following his decision to recognize the American Psychological Association (APA) October 29, 2021 apology for their complicity in the systemic racism which is pervasive throughout the healthcare industry? If yes, will you promptly disclose those records? 16) Have you had conversations about the decision of internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo to filter and distort Michael A. Ayele (a.k.a.) W's written publications on matters pertaining to the APA October 29, 2021 apology by generating unwelcome and unapproved queries such as "*Michael Ayele biography*," "*Michael Ayele youth," "Michael Ayele age," "Michael Ayele experience,"* "*Michael Ayele commentary,*" "*Michael Ayele Black History Month,*" "*Michael Ayele Immigrant Heritage Month,*" "*Michael Ayele National Suicide Prevention Month,"* "*Michael Ayele Missouri state government career,*" "*Michael Ayele Joint Commission,*" "*Michael Ayele mental health case*," "*Michael Ayele UConn health profile,*" "*Michael Ayele author profile,"* "*Michael Ayele ORCID profile,"* "*Michael Ayele SFPL profile,*" "*Michael Ayele Brock Turner,"* "*Michael Ayele claim,"* "*Michael Ayele unharmed,*" "*Michael Ayele delusional,*" "*Michael Ayele paranoid,"* "*Michael Ayele grandiose*," "*Michael Ayele dangerous,"* "*Michael Ayele 2021 murder conviction,*" "*Michael Ayele mental competency evaluation,*" "*Michael Ayele v springfield hospital center," "Michael Ayele sykesville Maryland case,"* "*Michael Ayele United Nations,"* "*Michael Ayele Emma Watson?*" If yes, will you promptly disclose those records?

Thank you for your attention to this matter.

Michael A. Ayele (a.k.a.) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist
Gender Pronouns: He/Him/His

Work Cited

[i] **World Mental Health Day: 10 October 2026**

Lived experiences heard: real voices, real change

World Mental Health Day is an opportunity to meaningfully engage with people with lived experience (PWLE) of mental health conditions and to recognize their knowledge as a vital form of expertise. This year's campaign calls for their voices to shape the policies, services and decisions that affect their lives.

Lived experience is what someone has experienced themselves, especially when it gives the individual knowledge or understanding that people who have only heard or learnt about such experiences do not have.

Too often, PWLE are asked to share their stories but excluded from decisions. Meaningful engagement extends beyond simply being heard.

It means creating opportunities for people to influence decisions, co-design services, strengthen peer-led approaches, challenge stigma and strengthen accountability. When PWLE are meaningfully engaged, mental health systems are likely to become more person-centred, rights-based and responsive to people's needs and concerns.

One important priority for PWLE is the shift away from long-stay psychiatric institutions towards community-based, person-centered mental health care. Institutions tend to be isolating and are too often associated with poor-quality care, coercion and human rights abuses. Deinstitutionalization requires a carefully planned shift in funding, services and support so that people can live in their communities. Reflecting this priority, WHO will launch practical guidance on deinstitutionalization.

On this World Mental Health Day, let us move from listening to action – and build mental health systems with PWLE, not merely for them. World Health Organization.
https://www.who.int/campaigns/world-mental-health-day/2026

[ii] *Once upon a time, a strange thing happened at the Ionia State Hospital in Michigan: a diagnosis of schizophrenia exited the body of a white housewife, flew across the hospital, and landed on a young Black man from the housing projects of Detroit, burrowing into his body and stubbornly refusing to leave. As you probably know, Black men in the United States are disproportionately diagnosed with schizophrenia. But what you may not know is when this pattern emerged, or why.*

Up until the 1950s, the overwhelming majority of those diagnosed with schizophrenia were white. They were called delicate or eccentric – poets, academics, middle-class women like Alice Wilson in Jonathan Metzl's The Protest Psychosis, "driven to insanity by the dual pressures of housework and motherhood." Then, in the mid-1960s, the Long Hot Summers hit urban America. Smoldering anger over racism and poverty erupted into rioting, fires, and harsh repression. In Detroit, a police raid on a party triggered an uprising that left 43 dead, 1,189 (one thousand one hundred and eighty-nine) injured, and more than 7,000 (seven thousand) arrested. Convinced that they would never win civil rights through sit-down strikes, a nascent Black Power movement became increasingly militant.

Coincidentally, just as this urban unrest was reaching its zenith, the American Psychiatric Association was busy revising its Diagnostic and Statistical Manual of Mental Disorders (DSM). Published in 1968, the DSM-II was touted as a more objective and scientific document than its 1952 predecessor. "However, the DSM-II was far from the objective, universal text that its authors envisioned," writes Metzl, a psychiatry and women's studies professor and director of the Culture, Health and Medicine Program at the University of Michigan. […] The psychoanalytically imbued "schizophrenic reaction" of the DSM-I was an illness meriting pity and compassion rather than fear. In contrast, the DSM-II's more biologically oriented schizophrenia was menacing and required containment. In particular, the language that described the paranoid subtype foregrounded "masculinized hostility, violence, and aggression," implicitly pathologizing militant protest as mental illness.

Almost overnight, the previous class of schizophrenics at Ionia State Hospital was relabeled with

depressive disorders. As the formerly schizophrenic exited the hospital en masse in the wake of the Community Mental Health Centers Act of 1963, their places were taken by a new class of schizophrenics – volatile young Black men from inner-city Detroit. A mountain of archived charts from the defunct asylum at Ionia provided the raw material for The Protest Psychosis. In his four years of sifting through the treasure trove of data, Metzl found clear evidence of shifting racial and gender patterns in diagnosis. Because the DSM-II was published in the days before computers, clerk typists simply used hatch marks (/) to mark out the old diagnoses, leaving them clearly legible alongside the new. Randomly selecting a subset of charts of white women patients, Metzl found schizophrenic diagnoses crossed out, and replaced with labels such as Depressive Neurosis or Involitional Melancholia. In contrast, the charts of African American men saw the Psychopathic Personality crossed out to make war for the DSM-II's schizophrenia, paranoid type. Neither set of patients had undergone a sudden metamorphosis. Their observable symptoms and behaviors, as documented by their chart notes, remained the same. The only thing that changed was the diagnostic manual. Psychology Today. November 21, 2010. How the Black Man Became Schizophrenic. https://www.psychologytoday.com/us/blog/witness/201011/how-the-black-man-became-schizophrenic

It is well known, of course, that race and insanity share a long and troubled past. In the 1850s, American psychiatrists believed that African American slaves who ran away from their white masters did so because of a mental illness called drapetomania. Medical journals of the era also described a condition called dysaesthesia aethiopis, a form of madness manifested by "rascality" and "disrespect for the master's property" that was believed to be "cured" by extensive whipping. Even at the turn of the twentieth century, leading academic psychiatrists shamefully claimed that "Negroes" were "psychologically unfit for freedom." […]

As a beginning illustration of the book's main point, consider a prominent story that appeared on the front page of the Washington Post on June 28th 2005. "Racial Disparities Found in Pinpointing Mental Illness" read the headline. The article detailed a discovery that was at once shocking and sadly familiar. Researchers had examined the largest American registry of psychiatric patient records looking for "ethnic trends" in schizophrenia diagnoses. As the Post described it, schizophrenia, "a disorder that often portends years of powerful brain-altering drugs, social ostracism and forced hospitalizations…has been shown to affect all ethnic groups at the same rate." And yet, the large government study uncovered striking categorical differences in its analysis of 134,523 case files: doctors diagnosed schizophrenia in African American patients, and particularly African American men, four times as often as in white patients. The Post cited the study's lead author, John Zeber, who explained that doctors overdiagnosed schizophrenia in African American men even though the research team uncovered no evidence that "black patients were sicker than whites," or that patients in either group were more likely to suffer from drug addiction, poverty, depression, or a host of other variables. According to Zeber, "the only factor that was truly important was race."

Paradoxically, we live in an era when the opposite is supposed to be the case: race should be entirely unimportant to psychiatric diagnosis. […] Meanwhile, textbooks routinely claim that, as a biological disorder, schizophrenia is an illness that should occur in 1 percent of any given population, or one out of every hundred persons regardless of where they live, how they dress, who they know, or what type of music they happen to prefer. Yet, in the real world, 1 percent is a delusion. Not only do stories such as the Post article appear with regularity – they persist over time. In the 1960s, National Institute of Mental Health studies found that "Blacks have a 65% higher rate of schizophrenia than whites." In 1973, a series of studies in the Archives of General Psychiatry discovered that African American patients were "significantly more likely" than white patients to receive diagnoses for other mental illnesses such as depression or bipolar disorder. Throughout the 1980s and 1990s, a host of articles from leading

psychiatric and medical journals showed that doctors diagnosed the paranoid subtype of schizophrenia in African American men five to seven times more often than in white men, and also more frequently than in other ethnic minority groups.

Everyday racism seems a reasonable explanation for these findings. Though we might wish otherwise, medical training does not wholly free clinicians from preexisting racial beliefs, assumptions, or blind spots. While medicine has undoubtedly made significant progress toward addressing multicultural issues in clinical practice, some doctors undoubtedly harbor negative opinions about particular patients based on stereotyped cultural assumptions. As Francis Lu, a psychiatrist at the University of California at San Francisco, explains it "physician bias is a very real issue… we don't talk about it – it's upsetting. We see ourselves as unbiased and rational and scientific."

This book makes a broader claim: from a historical perspective, race impacts medical communication because racial tensions are structured into clinical interactions long before doctors or patients enter examination rooms. To a remarkable extent, anxieties about racial difference shape diagnostic criteria, health-care policies, medical and popular attitudes about mentally ill persons, the structures of treatment facilities, and, ultimately, the conversations that take place there within. […] In a perfect world, interactions between doctors and patients should be immune from any process deemed destructive to health. The Hippocratic Oath decrees that the primary aim of medical encounters is to restore, not to harm. Most physicians […] enter the practice of medicine out of a desire to help people. And most patients seek the aid of physicians in times when they require palliation and care. However, as the pages that follow reveal, institutional forces supersede even the best individual intentions when race and insanity are the topics of diagnostic interaction. […]

Prior to the civil rights movement, mainstream American medical and popular opinion often assumed that patients with schizophrenia were largely white, and generally harmless to society. From the 1920s to the 1950s, psychiatric textbooks depicted schizophrenia as an exceedingly broad, general condition, manifested by "emotional disharmony," that negatively impacted white people's abilities to "think and feel." Authors of research articles in leading psychiatric journals, many of whom were psychoanalysts, described patients with schizophrenia, and, all too often, their "schizophrenogenic mothers," as "native-born Americans" or immigrants of "white European ancestry." Psychiatric authors frequently assumed that such patients were nonthreatening, and were therefore to be psychotherapeutically nurtured by their doctors, as if unruly children, but certainly not feared.

Leading mainstream American newspapers in the 1920s to the 1950s similarly described schizophrenia as an illness that occurred "in the seclusive, sensitive person with few friends who has been the model of behavior in childhood," or that afflicted white women or intellectuals. In 1935, for instance, the New York Times described how many white poets and novelists demonstrated a symptom called "grandiloquence," a propensity toward flowery prose believed to be "one of the telltale phrases of schizophrenia, the mild form of insanity known as split personality." Meanwhile, popular magazines such as Ladies' Home Journal and Better Homes and Gardens wrote of unhappily married, middle class white women whose schizophrenic mood swings were suggestive of "Doctor Jekyll and Mrs. Hyde," a theme that also appeared in Olivia de Havilland's infamous depiction of a "schizophrenic housewife" named Virginia Stuart Cunningham in the 1948 Anatole Litvak film, the Snake Pit.

Of course, it was far from the case that all persons who suffered from a disease called schizophrenia during the first half of the twentieth century were members of a category called white. Rather, American culture marked schizophrenia as a disease of the mainstream in ways that encouraged identification with certain groups of people while rendering other groups invisible. For example, popular magazines in the 1920s to the 1950s incorrectly assumed that schizophrenia was a psychoanalytic condition connected to neurosis, and as a result affixed the term to middle-class housewives. Meanwhile, researchers conducted

most published clinical studies in white-only wards. Such strategies occluded recognition of the countless men and women diagnosed with schizophrenia who resided in so-called Negro hospitals and suffered well outside most realms of public awareness.

American assumptions about the race, gender, and temperament of schizophrenia started changing in the 1960s. Many leading medical and popular sources suddenly described schizophrenia as an illness manifested not by docility, but by rage. Growing numbers of research articles from leading psychiatric journals asserted that schizophrenia was a condition that also afflicted "Negro men," and that black forms of the illness were marked by volatility and aggression. In the worst cases, psychiatric authors conflated the schizophrenic symptoms of African American patients with the perceived schizophrenia of civil rights protests, particularly those organized by Black Power, Black Panthers, Nation of Islam, or other activist groups.

As but one example, the title of this book comes from a 1968 article that appeared in the prestigious Archives of General Psychiatry, in which psychiatrists Walter Bromberg and Frank Simon described schizophrenia as a "protest psychosis" whereby Black men developed "hostile and aggressive feelings" and "delusional anti-whiteness" after listening to the words of Malcolm X, joining the Black Muslims, or aligning with groups that preached militant resistance to white society. According to the authors, the men required psychiatric treatment because their symptoms threatened not only their own sanity, but the social order of white America. Bromberg and Simon argued that Black men who "espoused African or Islamic" ideologies, adopted "Islamic names" that were changed in such a way as to deny "the previous Anglicization of their names" in fact demonstrated a "delusional anti-whiteness" that manifested as "paranoid projections of the Negroes to the Caucasian group." […]

Meanwhile, mainstream white newspapers in the 1960s and 1970s described schizophrenia as a condition of angry Black masculinity, or warned of crazed Black schizophrenic killers on the loose. "FBI Adds Negro Mental Patient to '10 Most Wanted List'" warned a Chicago Tribune headline in July 1966, above an article that advised readers to remain clear of "Leroy Ambrosia Frazier, an extremely dangerous and mentally unbalanced schizophrenia escapee from a mental institution, who has a lengthy criminal record and history of violent assaults." Hollywood films such as Samuel Fuller's 1963 B-movie classic, Shock Corridor, similarly cast the illness as arising in Black men, and particularly men who participated in civil rights protests.

Schizophrenia's rhetorical transformation from an illness of white feminine docility to one of Black male hostility resulted from a confluence of social and medical forces. Some of these forces were obvious, such as the biased actions of individual doctors, researchers, or drug advertisers, while others functioned at structural levels beyond individual perceptions. One of the key pieces of evidence I use to uncover this later process is an analysis of shifting language associated with the official psychiatric definition of schizophrenia. Prior to the 1960s, psychiatric classification systems often posited that schizophrenia was a psychological "reaction" to a splitting of the basic functions of personality. Official descriptors emphasized the generally calm nature of such persons in ways that encouraged associations with middle-class housewives. But the frame changed in the 1960s. In 1968, in the midst of a political climate marked by profound protest and social unrest, psychiatry published the second edition of the Diagnostic and Statistical Manual (DSM). That text recast the paranoid subtype of schizophrenia as a disorder of masculinized belligerence. "The patient's attitude is frequently hostile and aggressive," the DSM – II claimed, "and his behavior tends to be consistent with his delusions." Growing numbers of research articles from the 1960s and 1970s used this language to assert that schizophrenia was a condition that also afflicted "Negro men," and that Black forms of the illness were more hostile and aggressive than were white ones. Jonathan Metzl. 2010. The Protest Psychosis: How Schizophrenia Became a Black Disease.

[iii] Michael A. Ayele (a.k.a.) W Listing on Missouri's Accountability Portal (MAP).: https://mapyourtaxes.mo.gov/MAP/Employees/Employee/SearchResults.aspx?last=Ayele&first=Michael&year=0&agency=0

Michael A. Ayele (a.k.a.) W Listing on MAP for calendar year 2013.: https://mapyourtaxes.mo.gov/MAP/Employees/Employee/EmployeeDetails.aspx?last=Ayele&first=Michael&agency=0&row=118538&year=2013

Michael A. Ayele (a.k.a.) W Listing on Map for calendar year 2014.: https://mapyourtaxes.mo.gov/MAP/Employees/Employee/SearchResults.aspx?last=Ayele&first=Michael&year=0&agency=0

[iv] *The National Council on Disability (NCD) is an independent federal agency mandated to make recommendations to the President and Congress on disability issues. NCD generally does its work in a cross-disability manner, emphasizing that people with disabilities should be the ones who make the major decisions about their lives. NCD endorses and supports the principles of independent living, which has achieved the success it has because it is rooted in two unwavering principles: self-determination and consumer direction.*

***People with psychiatric disabilities are routinely deprived of their rights in a way no other disability group has been**. **In order to learn more about the problems of psychiatric disability, NCD conducted a hearing specifically on this topic. At the hearing, held in Albany, New York, in November 1998, NCD heard testimony from mental health professionals, lawyers, advocates, and relatives of people with psychiatric disabilities. However, unlike most investigations on the topic of psychiatric disability, the primary participants in this hearing were people with psychiatric disabilities themselves, who testified passionately and eloquently both about the mistreatment they had experienced or witnessed, and their proposals for real and viable change. NCD heard testimony graphically describing how people with psychiatric disabilities have been beaten, shocked, isolated, incarcerated, restricted, raped, deprived of food and bathroom privileges, and physically and psychologically abused in institutions and in their communities. The testimony pointed to the inescapable fact that people with psychiatric disabilities are systematically and routinely deprived of their rights, and treated as less than full citizens or full human beings.** (…)*

***Based on the testimony it received, NCD has concluded that the manner in which American society treats people with psychiatric disabilities constitutes a national emergency and a national disgrace. Because people with psychiatric disabilities are routinely deprived of their most fundamental rights, NCD believes that drastic change is necessary in a number of systems that deal with this population. Changes must be made not only in the mental health system, but in the criminal and civil justice systems, housing, income supports, education, job training, and many others, so that people with psychiatric disabilities are guaranteed their fundamental rights as American citizens.** (…)*

NCD has also concluded that one of the reasons public policy concerning psychiatric disability is so different from that concerning other disabilities is the systematic exclusion of people with psychiatric disabilities from policymaking. It is rare that people with psychiatric disabilities are heard in public-policy forums, and when they are, it is usually in token numbers. NCD's hearing was unique because it focused its attention on the direct experiences of people with psychiatric disabilities themselves, and their calls for fundamental change.

The foremost change that is needed, as referred to by speaker after speaker, is the elimination of coercion from the provision of mental health services. Involuntary commitment and forced treatment, which often go unquestioned in discussions of mental health policy, were described again and again as being among the most painful and difficult experiences of people's lives. In addition, coercion was repeatedly noted as being a barrier to seeking out voluntary treatment, since people knew that once they entered the treatment system they could be coerced or involuntarily committed at any point. At a time when American citizens are being urged to do away with the stigma of mental illness and to voluntarily seek treatment for emotional difficulties, it becomes particularly important to ensure that people are able to do so without surrendering their fundamental rights.

Therefore, NCD recommends that the use of involuntary treatments, such as forced drugging and inpatient and outpatient commitment laws, should be viewed as inherently suspect and as incompatible with the principles of self-determination. Public policy should be directed toward establishing a totally voluntary mental health system.

NCD also recommends that aversive treatments, which involve the infliction of pain or the restriction of movement for purposes of changing behavior, should be banned, since they are also incompatible with self-determination principles. Practices that would often be illegal if administered to people without disabilities are routinely used on people with psychiatric disabilities in the name of "treatment." Such practices should shock the consciences of all Americans. *(...)*

The recommendations that follow center on the importance of self-determination, dignity, and choice as the cornerstone of public policy for people in this highly disempowered population. As Congress stated when it passed ADA, disability is a natural part of the human experience that in no way should limit the ability of people to make choices, pursue meaningful careers, live independently, and participate fully in all aspects of American society. *NCD believes that these recommendations, if implemented, would help to ensure that the public policy goals articulated in ADA become a reality for people labeled with psychiatric disabilities in the United States.*

Therefore, NCD has developed 10 core recommendations in this report. *These policy recommendations should be viewed from the context of the larger report, which follows. These deeply held core beliefs form, however, a dynamic backdrop to highlight the human and civil rights of people who have experienced the mental health system, people who should be viewed as the true experts on their experiences, beliefs, and values, which should be used as a guiding force for changing public policy related to these issues in America.*

> ***1) Laws that allow the use of involuntary treatments such as forced drugging and inpatient and outpatient commitment should be viewed as inherently suspect, because they are incompatible with the principle of self-determination. Public policy needs to move in the direction of a totally voluntary community-based mental health system that safeguards human dignity and respects individual autonomy.***
> ***2) People labeled with psychiatric disabilities should have a major role in the direction and control of programs and services designed for their benefit. This central role must be played by people labeled with psychiatric disabilities themselves, and should not be confused with the roles that family members, professional advocates, and others often play when "consumer" input is sought.***
> ***3) Mental health treatment should be about healing, not punishment. Accordingly, the use of aversive treatments, including physical and chemical restraints, seclusion, and similar techniques that restrict freedom of movement, should be banned. Also, public policy should move toward the elimination of electro-convulsive therapy and psycho surgery as unproven and***

inherently inhumane procedures. Effective humane alternatives to these techniques exist now and should be promoted.

4) Federal research and demonstration resources should place a higher priority on the development of culturally appropriate alternatives to the medical and biochemical approaches to treatment of people labeled with psychiatric disabilities, including self-help, peer support, and other consumer/survivor-driven alternatives to the traditional mental health system.

5) Eligibility for services in the community should never be contingent on participation in treatment programs. People labeled with psychiatric disabilities should be able to select from a menu of independently available services and programs, including mental health services, housing, vocational training, and job placement, and should be free to reject any service or program. Moreover, in part in response to the Supreme Court's decision in Olmstead v. L C., State and federal governments should work with people labeled with psychiatric disabilities and others receiving publicly-funded care in institutions to expand culturally appropriate home- and community-based supports so that people are able to leave institutional care and, if they choose, access an effective, flexible, consumer/survivor-driven system of supports and services in the community.

6) Employment and training and vocational rehabilitation programs must account for the wide range of abilities, skills, knowledge, and experience of people labeled with psychiatric disabilities by administering programs that are highly individualized and responsive to the abilities, preferences, and personal goals of program participants.

7) Federal income support programs like Supplemental Security Income and Social Security Disability Insurance should provide flexible and work-friendly support options so that people with episodic or unpredictable disabilities are not required to participate in the current "all or nothing" federal disability benefit system, often at the expense of pursuing their employment goals.

8) To assure that parity laws do not make it easier to force people into accepting "treatments" they do not want, it is critical that these laws define parity only in terms of voluntary treatments and services.

9) Government civil rights enforcement agencies and publicly-funded advocacy organizations should work more closely together and with adequate funding to implement effectively critical existing laws like the Americans with Disabilities Act, Fair Housing Act, Civil Rights of Institutionalized Persons Act, Protection and Advocacy for Individuals with Mental Illness Act, and Individuals with Disabilities Education Act, giving people labeled with psychiatric disabilities a central role in setting the priorities for enforcement and implementation of these laws.

10) Federal, state, and local governments, including education, health care, social services, juvenile justice, and civil rights enforcement agencies, must work together to reduce the placement of children and young adults with disabilities, particularly those labeled seriously emotionally disturbed, in correctional facilities and other segregated settings. These placements are often harmful, inconsistent with the federally-protected right to a free and appropriate public education, and unnecessary if timely, coordinated, family-centered supports and services are made available in mainstream settings.

National Council on Disability (NCD). January 20, 2000. From Privileges to Rights: People Labeled With Psychiatric Disabilities Speak for Themselves. Pages 1 – 6.
https://www.ncd.gov/report/from-privileges-to-rights-people-labeled-with-psychiatric-disabilities-speak-for-themselves/

[v] American Psychological Association (APA) Resolution on Harnessing Psychology to Combat Racism:

Adopting a Uniform Definition and Understanding. February 2021.
https://www.apa.org/about/policy/resolution-combat-racism.pdf

[vi] APA Apologizes for Longstanding Contributions to Systemic Racism.:
https://www.apa.org/news/press/releases/2021/10/apology-systemic-racism

[vii] Bing/MSN Unwelcome and Unapproved Query "*Michael Ayele biography.*"
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