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Sent: Thursday, February 19, 2026 2:29 AM
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Subject: FOIA Request - 5 ILCS 140/1

W (AACL) Date.: February 19th 2026
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Freedom of Information Act (FOIA) Request

Hello,

This is Michael A. Ayele sending this message though I now go by W and I prefer to be referred to as such. I am writing this letter for the purpose of filing a FOIA request with Decatur Public Schools. The bases for this non-commercial records request are [1] the decision of the United States government to designate the month of February as "*Black History Month*," ^{lul} and [2] the November 21st 2010 article published by Psychology Today entitled "*How the Black Man Became Schizophrenic*." ^{lul}

I) Requested Records

What I am requesting for prompt disclosure are records in your possession detailing your discussions about [1] Black History Month as an event that enables individuals and organizations to raise awareness on the legacy of the 1960s civil rights movement; [2] the manner in which your school district has commemorated Black History Month after January 31st 2009; [3] Psychology Today as an American news media outlet which had on (or around) November 21st 2010 (i) sardonically noted how "*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;*" (ii) recognized that before the 1950s, "*the overwhelming majority of those diagnosed with schizophrenia were white women;*" (iii) recognized that the "schizophrenia" diagnosis underwent a "*rhetorical transformation from an illness of white feminine docility to one of Black male hostility*" as a direct consequence of the civil rights movement of the 1960s; [4] the decision of the American Psychological Association (APA) to recognize in the month of February 2021 that (i) "*racism has been an enduring, insidious, and pervasive feature of the United States (U.S.) landscape;*" (ii) "*racism is not only limited to racist ideas, attributions, expectations, assumptions, and behaviors held by individuals but also 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;*" (iii) "*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;*" (iv) "*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.*" ^{lul}

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 shed light about the manner in which your school district has commemorated Black History Month after January 31st 2009.

- 2) The requested records will shed light on whether your school district has had conversations about the November 21st 2010 article published by Psychology Today entitled "*How the Black Man Became Schizophrenic*."
- 3) The requested records will shed light on whether your school district has had conversations about the history of the "*schizophrenia*" diagnosis and how it was before the civil rights movement of the 1960s predominantly diagnosed among white women by white men. ^[iv]
- 4) The requested records will shed light on whether your school district has had conversations about the February 2021 "*APA Resolution on Harnessing Psychology to Combat Racism*."
- 5) The requested records will shed light on whether your school district agency has had conversations about the limitations of the APA October 29th 2021 apology for their participation in "*promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in the U.S.*" [some of which were identified by Michael A. Ayele (a.k.a) W in the past.]

Expedited processing for this records request is justified because:

- 1) This records request puts into question the government's integrity about the way that people are treated in the U.S.A on account of their gender, their racial backgrounds, their national origins and their disability status.
- 2) The APA has on (or around) October 29th 2021 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 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.*"

On a personal level, as a former Missouri healthcare worker and as a Black ex-immigrant of America, (who has had dealings with the criminal justice system as well as the healthcare industry,) I was underwhelmed by the APA apology for 3 (three) reasons.

- 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 labelled "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.**

Under penalty of perjury, I hereby declare all of the statements I have made to be true and accurate to the best of my knowledge. Thank you for your attention to this matter.

Be well. Stay well. Take care. Keep yourselves at arms distance.

Michael A. Ayele (a.k.a) W
Anti-Racist Human Rights Activist
Audio-Visual Media Analyst
Anti-Propaganda Journalist

Work Cited

[1] *Black History Month is an annual celebration of achievements by African Americans and a time for recognizing their central role in U.S. history. Also known as African American History Month, the event grew out of "Negro History Week," the brainchild of noted historian Carter G. Woodson and other prominent African Americans. Since 1976, every U.S president has officially designated the month of February as Black History Month. Other countries around the world, including Canada and the United Kingdom, also devote a month to celebrating Black history.*

The story of Black History Month begins in 1915, half a century after the Thirteenth Amendment abolished slavery in the United States.

That September, the Harvard-trained historian Carter G. Woodson and the prominent minister Jesse E. Moorland founded the Association for the Student of Negro Life and History (ASNLH), an organization dedicated to researching and promoting achievements by Black Americans and other peoples of African descent.

Known today as the Association for the Study of African American Life and History (ASALH), the group sponsored a National History week in 1926, choosing the second week of February to coincide with the birthdays of Abraham Lincoln and Frederick Douglass. The event inspired schools and communities nationwide to organize local celebrations, establish history clubs and host performances and lectures.

In the decades that followed, mayors of cities across the country began issuing yearly proclamations recognizing "Negro History Week." By the late 1960s, thanks in part to the civil rights movements and a growing awareness of Black identity, "Negro History Week" had evolved into Black History Month on many college campuses.

President Gerald Ford officially recognized Black History Month in 1976, calling upon the public to "seize the opportunity to honor the too-often neglected accomplishments of Black Americans in every area of endeavor throughout our history."

Today, Black History Month is a time to honor the contributions and legacy of African Americans across U.S history and society – from activities and civil rights pioneers such as Harriet Tubman, Sojourner Truth, Marcus Garvey, Martin Luther King Jr., Malcolm X and

Rosa Parks to leaders in industry, politics, science, culture and more. Black History Month.: <https://www.history.com/topics/black-history/black-history-month>

[iii] *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 Involutional 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 21st 2010. How the Black Man Became Schizophrenic. Retrievable here.: <https://www.psychologytoday.com/us/blog/witness/201011/how-the-black-man-became-schizophrenic>*

[iii] 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>

[iv] *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 psychoterapeutically 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 manifest 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.