



Andrea Garcia <agarcia@norridge80.net>

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## Freedom of Information Act (FOIA) Request - 5 ILCS 140 / 1

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Michael Ayele <waacl13@gmail.com>  
To: "agarcia@norridge80.net" <agarcia@norridge80.net>  
Cc: "Michael Ayele (W)" <waacl13@gmail.com>

Wed, Sep 10, 2025 at 2:02 AM

W (AACL) Date.: September 10<sup>th</sup> 2025  
Michael A. Ayele  
P.O.Box 20438  
Addis Ababa, Ethiopia  
E-mail: [waacl13@gmail.com](mailto:waacl13@gmail.com) ; [waacl1313@gmail.com](mailto:waacl1313@gmail.com) ; [waacl42913@gmail.com](mailto:waacl42913@gmail.com)

### Request for Records

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 request for records with your office.

[i] The bases for this records request are [1] the decision of the United States government to formally recognize September 10<sup>th</sup> as “*World Suicide Prevention Day*” [ii] and [2] the advice proffered by the Missouri Department of Mental Health (MODMH) to people who maybe acquainted with individuals contemplating suicide. [iii]

Please find attached to this email the content of my records request as well as information explaining my request for a fee waiver and expedited processing. [iv] Thank you.

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

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### Work Cited

[i] Please be advised that I have previously disseminated a vast number of documents obtained through records request using the means of various digital publishing platforms. As a representative of the media, I would like to take this opportunity to inform you that the records you disclose to me could be made available to the general public at no financial expense to them. This records request is being filed for non-commercial purposes to inform members of the general public / representatives of the media [who may be interested in the written content of Michael A. Ayele (a.k.a) W – Association for the Advancement of Civil Liberties (AACL)] about the activities, the engagements and the priorities of the U.S government at the local, state and federal level.

[ii] *On World Suicide Prevention Day, our Nation joins the World Health Organization, the International Association for Suicide Prevention, and countries across the globe in mourning those who have died by suicide. Suicide is a devastating tragedy that leaves loved ones with unanswered questions and families missing a piece of their soul, wishing for more time together. We are still in the early stages of learning about the conditions that can lead to suicide, including job strain or loss; serious illnesses; and financial, criminal, legal, and relationship problems. Acknowledging suicide and the impact it has on our communities is a first step to understanding how it can be prevented more effectively. Suicide accounts for 1 of every 100 deaths globally, and it is the second leading cause of death for Americans between the ages of 10 and 34. (...)*

*On this day of commemoration and action, we commit to studying the risk factors associated with suicide and to making mental health care accessible and affordable. Finally, to those experiencing emotional distress: please know that you are loved, and that you are not alone. There is hope, and there is help, and I encourage you to call or text 9-8-8 to reach the National Suicide & Crisis Lifeline. NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 10, 2022, as World Suicide Prevention Day. I call upon all Americans, communities, organizations, and all levels of government to join me in creating hope through action and committing to preventing suicide across America. IN WITNESS WHEREOF, I have hereunto set my hand this ninth day of September, in the year of our Lord two thousand twenty-two, and of the Independence of the United States of America the two hundred and forty-seventh. Joseph R. Biden – Kamala Harris White House Administration.*

[iii] Despite operating facilities like the Sexual Offender Rehabilitation & Treatment Services (SORTS) and having concluded contracts with Missouri Girls Town, the Missouri Department of Mental Health (MODMH) have failed to make clear whether they consider sexual violence as a factor that has the potential to increase the risk of suicide. They have also failed to make clear whether the personal health information (PHI) of a person similarly situated to Catherine Daisy Coleman would reflect that risk. As of this writing, it remains unclear for Michael A. Ayele (a.k.a) W what the obligations of the MODMH pursuant to the Americans with Disabilities Act (ADA) and the Health Insurance Portability & Accountability Act (HIPAA) actually are. The MODMH were extremely vague to requests submitted by Michael A. Ayele (a.k.a) W on the subject of [1] whether they have in the past disclosed the PHI of an individual in circumstances, where discrimination was at play (for the purpose of remedying the discrimination); [2] whether they were in the past required to disclose the PHI of an individual either to the Equal Employment Opportunity Commission (EEOC) and/or the courts (for the purpose of remedying the discrimination).

Michael A. Ayele (a.k.a) W was very much concerned upon learning about the August 04<sup>th</sup> 2020 suicide of Catherine Daisy Coleman because he was in Calendar Year 2013 a public employee of the MODMH Fulton State Hospital (FSH). As a former employee of the MODMH (FSH), it remains unclear to Michael A. Ayele (a.k.a) W whether or not his former employers (and their contractual partners) acknowledge as a matter of reality the fact that sexual assault is a factor

increasing the risk of suicide. It also remains unclear to Michael A. Ayele (a.k.a) W if the PHI of Catherine Daisy Coleman reflected this risk. Via email, the former employers of Michael A. Ayele (a.k.a) W (i.e.: the MODMH) have refused to deny that Catherine Daisy Coleman was a patient of Missouri Girls Town following the January 08<sup>th</sup> 2012 sexual assault she was a victim of (only confirming that Missouri Girls Town is indeed a contractual partner of the MODMH). The terms and conditions of the contractual agreements concluded between the MODMH and Missouri Girls Town recognize that Missouri Girls Town is a *“time-limited placement resource for children requiring active coordinated and professional intervention in a highly structured environment by virtue of a demonstrated inability to function in any less restrictive setting. Children requiring residential treatment services exhibit a severe mental illness and/or persistent mental disorder as diagnosed according to the DSM-IV. These children may be unable to function consistently in an open, public school setting, may present a chronic runaway risk, and may present a history of showing rage, including physical aggression toward self and others.”* On his official WordPress website, Michael A. Ayele (a.k.a) W had created the Health Insurance Portability and Accountability (HIPAA) tag for the first time in reference to the inconsistent legislative actions that were taken following the August 04<sup>th</sup> 2020 suicide of Catherine Daisy Coleman and the September 12<sup>th</sup> 2012 suicide of Audrie Taylor Pott. It is the judgment of Michael A. Ayele (a.k.a) W that the provisions of HIPAA enable current/former healthcare workers to express written objections to a specific course of medical treatment a patient is subjected to if the current/former healthcare worker believes the treatment to be discriminatory and/or racist and/or sexist in nature. It is also the judgment of the Michael A. Ayele (a.k.a) W that the inconsistent legislative actions taken (in the State of California and the State of Missouri) following the suicides of Audrie Taylor Pott and Catherine Daisy Coleman merited discussions on the subject of *“sexual assault as a factor increasing the risk of suicide”* (particularly) among current/former healthcare workers.

As a matter of principle, Michael A. Ayele (a.k.a) W unequivocally condemns violence committed against girls and/or women irrespective of their racial backgrounds, their sexual orientations, their national origins, their religious affiliations, their disability status and/or their age group. Michael A. Ayele (a.k.a) W also condemns malicious efforts designed to place girls and/or women in circumstances encouraging the commission of suicide after a documented incident of sexual violence. According to the MODMH: *“When someone you know is in emotional pain, ask them directly: ‘are you thinking about killing yourself?’ Research suggests acknowledging suicide may reduce rather than increase suicidal ideation. Asking the question in a direct, unbiased manner communicates that you are open to speaking about suicide in a non-judgmental and supportive way. Other questions you can ask include, ‘How can I help?’ and ‘what can we do about this?’. Asking these questions can open the door to honest communications to learn what next steps need to be taken. Often, we don’t know the challenges others face on a day-to-day basis.”*

Michael A. Ayele (a.k.a) W is vexed by the very bizarre frenzy that has surrounded his written publications on American government public records related to [1] the highly publicized January 08<sup>th</sup> 2012 sexual assault Catherine Daisy Coleman was victim of in Nodaway County, Missouri (in the City of Maryville) when she was only fourteen years of age; [2] the attempted suicides of Catherine Daisy Coleman following the sexual assault she was the victim of on (or around) January 08<sup>th</sup> 2012 in Nodaway County, Missouri (in the City of Maryville); [3] Catherine Daisy Coleman reported stay at Missouri Girls Town following the very publicized sexual assault she was the victim of on (or around) January 08<sup>th</sup> 2012 in Nodaway County, Missouri (in the City of Maryville); [4] the terms and conditions of the contractual agreements concluded between

Missouri Girls Town and the MODMH: the former employers of Michael A. Ayele (a.k.a) W in Calendar Year 2013; [5] the very lenient criminal charges filed by the State of Missouri on behalf of Catherine Daisy Coleman on (or around) January 09<sup>th</sup> 2014: exactly two years after the sexual assault she was subjected to on (or around) January 08<sup>th</sup> 2012; [6] the decision of the California government to recognize that (i) *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; (ii) *only about 300 out of every 1,000 sexual assaults are reported to police*; (iii) *thirty-three percent of women who are raped contemplate suicide*; (iv) *thirteen percent of women who are raped attempt suicide*; (v) *a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as “rape;”* (vi) *women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault*; (vii) *it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring*; (viii) *it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior.*

[iv]

In my judgment, the facts presented in my request for a fee waiver and expedited processing will not bolster 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 correspondence with the United States government on matters pertaining to suicide prevention as well as HIPAA.

Additionally, the facts presented in my request for a fee waiver and expedited processing will not bolster public confidence in the activities, the engagements and the priorities of the United States government particularly on matters pertaining to HIPAA, which enables current / former healthcare workers [1] to express verbal and/or written objections to medical treatment they consider to be xenophobic, sexist and/or racist; [2] to shed light on xenophobic, sexist and/or racist medical practices.

Unfortunately, HIPAA has been consistently mischaracterized in public discourse (and public documents) as a mechanism for shielding abusive or discriminatory healthcare practices from scrutiny. In reality, as the U.S. Department of Health and Human Services (HHS) itself acknowledged in its own published guidance during the early 2010s, HIPAA was never designed to prohibit healthcare workers from expressing written and/or verbal objections to medical treatment that offends their “**conscience**.” Indeed, during the early 2010s, HHS had explicitly used the terminology “**conscience**” in this context, thereby very strongly implying that such “**objections**” are particularly valid in circumstances where the medical treatment that is provided to a patient is **xenophobic and/or sexist and/or racist**. In those earlier publicly-accessible documents, (when I was living within the territory of American between January 2010 and July 2016,) HHS had made clear that HIPAA:

- 1) **Does not prohibit** healthcare workers from expressing **verbal and/or written objections** to treatment they find offensive to their “*conscience*” particularly if there’s xenophobia, sexism and/or racism at play in the healthcare facility.
- 2) **Does not prohibit** the public and/or the media and/or healthcare workers (whether current or former) from seeking the disclosures of personal health information (PHI) particularly in circumstances where there is credible evidence of **xenophobic, sexist, racist or otherwise discriminatory** medical treatment.

The decision of HHS to remove (from its own website) previously published content offering guidance (to healthcare workers) on matters pertaining to HIPAA is not something that ought to be taken lightly. Rather, it's something that ought to be concerning, and as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I am both uncomfortable and uneasy about this.

When a federal agency deletes content that once formed part of its public explanation of a federal statute, it alters the public’s ability to understand both the **legislative intent** and the **practical application** of that statute. In the case of HIPAA, the deleted guidance was not a minor detail — it directly addressed a recurring and harmful misinterpretation: the belief that HIPAA is designed to **shield abusive conduct** or **block the exposure of racist, sexist, or xenophobic medical treatment**.

By removing previously published content on HIPAA without public explanation, HHS has in effect:

- 1) **Erased part of the public record** of how the federal government itself has historically interpreted HIPAA’s provisions, particularly with respect to whistleblowing and civil rights protections in healthcare.
- 2) **Contributed to ongoing public misunderstanding** by allowing the false narrative to persist that HIPAA prohibits disclosures motivated by conscience, even when such disclosures are aimed at preventing discrimination or harm.
- 3) **Compromised accountability** by depriving healthcare workers, patients, advocates, and the press of clear federal acknowledgment that HIPAA supports — rather than silences — those who speak out against discriminatory care.

The quiet deletion of HHS’s early 2010s HIPAA guidance — which affirmed the right of healthcare workers to express “*objections*” to **xenophobic, sexist, racist and otherwise discriminatory treatment that offends their “conscience”** — mirrors and compounds the filtering and distortion of my own government correspondence by internet search engines (ISE) such as AOL, Bing/MSN, Google and Yahoo. In both cases, the result is the same: **accurate and legally significant information about the scope of HIPAA is erased, altered, or rendered inaccessible to the public**. As a direct consequence of this, false and harmful narratives on matters pertaining to HIPAA and suicide prevention are going unchecked. For instance, HIPAA is not, and was never intended to be a gag order. In other words, the purpose of HIPAA is not and has never been to silence (current/former) healthcare workers from speaking their “*conscience*” if/when they encounter “*objectionable*” medical treatment resulting from **xenophobia, sexism and racism**. Rather, HIPAA was written to protect dignity and trust in healthcare — not to suppress “*objections of conscience*” or to conceal systemic abuse. Regrettably though, the widespread miscasting of HIPAA as a blanket prohibition on speaking out against **xenophobia, sexism and racism** has enabled a culture of fear and silence to become common practice in many “*mental health care*” facilities, and this is leading to very outrageous, shocking and tragic outcomes, some of which have been documented in the 1998 Hartford Courant articles on “*deadly restraint*.” Incidentally, the 1998 Hartford Courant articles on “*deadly restraint*” implicitly (but very strongly) refers to HIPAA as well as the content published by the HHS in the

2010s on HIPAA related matters (before it was deleted). Therefore, it is my belief that immediate disclosure of the requested records is necessary to counteract this distortion, to restore the historical record, and to ensure that the public understands what HIPAA is — and what HIPAA is not (particularly given how the 1998 Hartford Courant articles are still publicly accessible even though the HHS guidance on HIPAA is not).

For me, “***Starting the Conversation About Suicide***” (as the United Nations and the International Association for Suicide Prevention ask us to do) begins with “***Starting the Conversation***” about laws like HIPAA, and how they are being misused to enforce silence. Ending that misuse and that silence is a necessary first step to bring about hope and foster trust thereby creating the most ideal conditions to decrease and eradicate instances of suicides around the globe. As previously mentioned, when enacting into law the *Sexual Abuse and Cover Up Accountability Act*, the legislative branch of the California government had recognized that [1] *one out of every six American women has been the victim of an attempted or completed rape in their lifetime*; [2] *only about 300 out of every 1,000 sexual assaults are reported to the police*; [3] *thirty-three percent (33%) of women who are raped contemplate suicide*; [4] *thirteen percent (13%) of women who are raped attempt suicide*; [5] *a 2016 analysis of 28 studies of nearly 6,000 women and girls 14 years of age or older who had experienced sexual violence found that 60 percent of survivors did not label their experience as “rape;”* [6] *women may not define a victimization as a rape or sexual assault for many reasons such as self-blame, embarrassment, not clearly understanding the legal definition of the terms, or not wanting to define someone they know who victimized them as a rapist or because others blame them for their sexual assault*; [7] *it is self-evident that the unique nature of the emotional and psychological consequences of sexual assault, especially on women, can paradoxically permit wrongdoers to escape civil accountability unless statutes of limitations are crafted to prevent this injustice from occurring*; [8] *it is self-evident that statutes of limitations for sexual assault need to be crafted in a way that does not cause the covering-up company to enjoy the fruits of their cover-up solely because our statutes of limitations permit, and thus motivate such behavior*.

In light of the above-mentioned undisputed facts, I think the more appropriate questions to ask about Michael A. Ayele (a.k.a) W correspondence with the Missouri Department of Mental Health (MODMH) on matters pertaining to the Health Insurance Portability and Accountability Act (HIPAA) and Catherine Daisy Coleman are the following ones:

- 1) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08<sup>th</sup> 2012 formally recognized sexual assault as a factor increasing the risk of suicide?
- 2) Have the healthcare service providers Catherine Daisy Coleman dealt with after she was sexually assaulted on (or around) January 08<sup>th</sup> 2012 made a note on her personal health information (PHI) formally recognizing that sexual assault is a factor increasing the risk of suicide?
- 3) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08<sup>th</sup> 2012, why not provide the PHI of Catherine Daisy Coleman to Michael A. Ayele (a.k.a) W: a former Missouri healthcare worker who’s listed as such on Missouri’s Accountability Portal?
- 4) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08<sup>th</sup> 2012, why does Michael A. Ayele (a.k.a) W not have access to Catherine Daisy Coleman PHI that relate to her dealings with the Missouri Department of Mental Health (MODMH) as well as Missouri’s Girls Town?
- 5) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08<sup>th</sup> 2012, why not provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that recognized sexual abuse as a factor increasing the risk of suicide?



- 6) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08<sup>th</sup> 2012, why not provide to Michael A. Ayele (a.k.a) W the portions of Catherine Daisy Coleman PHI that explicitly referred her to resources and organizations whose mission is to be supportive of sexual abuse victims contemplating suicide?
- 7) If there was genuinely no chauvinism and no misogyny and no sexism at play in the healthcare services Catherine Daisy Coleman received after January 08<sup>th</sup> 2012, why not provide to Michael A. Ayele (a.k.a) W records attesting to the institutional support Catherine Daisy Coleman received by resources and organizations whose mission is to be supportive of sexual assault/rape victims contemplating suicide?
- 8) Why has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* for the purpose of formally recognizing sexual abuse as a factor increasing the risk of suicide among girls and women?
- 9) Has the State of Missouri not enacted a *Catherine's Law* similar to *Audrie's Law* because Catherine Daisy Coleman was not on (or around) January 08<sup>th</sup> 2012 sexually assaulted by a(n) Black / African American man?
- 10) Would the State of Missouri have been properly motivated to enact a *Catherine's Law* similar to *Audrie's Law* if Catherine Daisy Coleman had on (or around) January 08<sup>th</sup> 2012 been raped by a(n) Black / African American man?

Because the issues raised in this records request pertain to the applicability of HIPAA in suicide prevention, the disclosure of responsive records (that are in your possession) will significantly enhance public understanding of how HIPAA enables current and former healthcare workers to express written and/or verbal “**objections**” to medical treatment that offends their “**conscience**” – particularly when such treatment is the direct result of factors such as **xenophobia, sexism, racism and other forms of discrimination**. Failure to process this request promptly and transparently will further undermine public confidence in any honest “**conversation**” that may be had about the applicability of HIPAA in suicide prevention. Furthermore, failure to process this request promptly and transparently will further undermine public confidence in any constructive “**conversation**” that may be had about HIPAA enabling healthcare workers to express written and/or verbal “**objections**” to medical treatment that offends their “**conscience**” because of factors such as **xenophobia, sexism, racism and other forms of discrimination** in healthcare services. Granting a fee waiver and expedited processing is therefore warranted under the law because the release of these records will directly advance public understanding of HIPAA’s true scope and purpose: safeguarding dignity and trust in healthcare.

The public has a compelling interest in this information because:

- 1) HIPAA is regularly invoked — inaccurately — to **silence** healthcare workers or to **block** public access to information about **xenophobic, sexist, racist and otherwise discriminatory** medical practices
- 2) Understanding HIPAA’s true scope is **directly tied to patient safety**, particularly for patients vulnerable to racial, gender-based, and xenophobic discrimination in healthcare settings.
- 3) The decision of HHS to delete previously published HIPAA content from their website raises **historical transparency concerns** that require immediate correction.

For these reasons, expedited processing is warranted because:

- 1) This request raises legitimate questions about the **integrity of government communication** on public health law.

- 2) This request raises legitimate questions about the **suppression and distortion** of legally significant information by both government and private actors (including major internet search engines).
- 3) Delay in releasing responsive records would **impair the public's ability** to understand and correct ongoing misrepresentations of federal law that affect the lives and rights of people who have had dealings with the American healthcare industrial complex.

On my end, as a former Missouri healthcare worker who's listed on Missouri's Accountability Portal, I hereby make a commitment to you that if you have responsive records to disclose, I will make your disclosure and our correspondence with one another accessible at no financial expense to those who may be interested in the issues presented in this records request (so long as the content of our correspondence is not being filtered and distorted on search engines such as AOL, Bing/MSN, Google and Yahoo).

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#### 2 attachments



**W (AACL) Revised Sept 10th 2025 Records Request on World Suicide Prevention Month.pdf**  
2735K



**World Suicide Prevention Month in MODMH.pdf**  
1962K