Thomas A. Muething

Physician Information Packet

Compiled: 19. July 2026

Tukwila, Washington

Gmail Thomas Muething <thomas.a.muething@gmail.com>

Gallaudet University Honors Program/Retreat/Courses Concerns

Thomas Muething <thomas.a.muething@gmail.com> 11 June 2024 at 20:25
To: "honors@gallaudet.edu" <honors@gallaudet.edu>, Jennifer Nelson <jennifer.nelson@gallaudet.edu>, "Kirk VanGilder kirk.vangilder@gallaudet.edu" <kirk.vangilder@gallaudet.edu>
Bcc: Thomas Muething <muethingt@icloud.com>

Drs. Nelson and VanGilder:

First, I'd like to wish The Rev. Dr. Kirk VanGilder happy birthday. The Honors program at Gallaudet was key part of my time at the University; while I was on tour for the Academic Bowl competition in 2010, I met your predecessors, Honors Director Shirley Myers and Program Coordinator Geoffrey Whitebread on/around 28 April 2010. I was namechecked in *Lyceum*, the Honors program's official newsletter, in either its eighth or ninth edition as Dr. Myers congratulated herself for taking the initiative to include an automatic-door-open button for the Honors lounge. After meeting your predecessors, I shared writing samples, interviewed with Dr. Whitebread, and was accepted into the Bridge program. Additionally, I was awarded a full merit scholarship, without which I couldn't have attended. As someone admitted to Bridge, I was expected to participate fully, including in the Honors retreat. Alas, because there was no coordination between the Honors program and disability services, I couldn't go. It appears that you still require an Honors retreat attendance. Although I am not going to matriculate to the University as the fact that its Global STEM Signs Conference did not have any information on how to request accommodations until I reached to Dr. Solomon still tells me accessibility for disabilities other than hearing-loss is an afterthought, not the priority that it should be—and is required to be by law. Out of concern for your time and respect for you both, I am only attaching pertinent e-mail threads; I am not including any administrators such as Thomas Horojes or the University president, as I have found Gallaudet administrators dishonest and mealymouthed at best. I can, of course, provide citations for all claims in this e-mail. You have trained me well! Because this e-mail concerns the Honors program generally, I am including the general Honors program e-mail.

The summer prior to my arrival, in addition to the Honors retreat not being accessible to me, there was confusion about what to take as I'd placed out of Dr. Nelson's GSR 102H course. Dr. Myers never got back to me, even though Dr. Whitebread said she would. I was briefly registered for Dr. Kristen Harmon's ENG 399 course, but that course was dropped at the last minute. I see that the Honors program now requires all to take a dedicated 175H course in lieu of any other composition courses. Of outstanding concern is the two dedicated Honors courses are still not listed as H's on my transcript; the Registrar has mentioned she had an idea, but I haven't heard back from her (attached). Regardless, these courses are noted as H courses on teachers' Courses Taught profiles on the Gallaudet Web site. Students who take them should have their extra work acknowledged, unless of course, participation in general studies Honors courses really did just serve as a little club for the previous Honors director to make friends and recruit faculty. My advisors at other institutions have noted my AP score for the GOV 110 course, and asked if I did any dedicated Honors coursework. I have told them yes; it would be good if this could be reflected on my official academic records.

Dr. Nelson, this past semester at some point, you have blocked me on Facebook shortly after I added that I attended Gallaudet on an Honors scholarship and listed my courses took. Was this your decision alone, or were you bullied into doing it? A few months after I met with the Board, I e-mailed them some experiences of accessibility challenges in University housing and let them know that I thought you were bullied into what to discuss with former students on social-media, and that this wasn't professional (attached). Out of an abundance of caution, I also blocked Dr. VanGilder. I sent him a birthday-greeting many years ago, but as I've blocked him, I cannot spread the word about your current Honors students's research, and I do know many people for whom it may be applicable. I am curious if I am welcome to attend Capstone presentations, as the ones I've read from the University library and seen on YouTube are very good. I am no longer a persona non grata. While I will stay away from Dr. Whitebread, I am not a danger to anyone; as long as the University and Honors programs do not regard power wheelchairs as a public safety risk. Dr. Nelson, please give Zander my regards; he's still on my Watch. I love that little guy!

Dr. VanGilder, I wish to address you specifically for a moment. We both remember my iatrogenic boundary violation when I was institutionalized at St. Elizabeths Hospital. In an e-mail a week later, you mentioned that you assumed I'd heard you'd talked to the social work team (attached). In fact, I had inconsistent access to team meetings because the hospital did not always provide me with ASL interpreters for groups as an accommodation for my deafness because I

could speak. It really concerns me if your view of me is permanently tarnished because of conduct that I engaged in in an abusive, negligent environment after being violently sexually assaulted and threatened with chemical castration. Nevertheless, I can prove that I was a straight-A student of yours, including finishing an incomplete whilst recovering blindness, and taking a summer school class in order to stay on campus. I accidentally included you rather than a clinician on 14 November 2011 after Dr. Myers's power-trip/temper tantrum led me to check myself into the Washington Hospital Center for an anxiety attack. The next semester, I started telling you during one of our last walks together. You said you didn't need to know the details; I beg you to read the analysis and supporting threads ("GU 2012 analysis and events thread.pdf"). What happened to me was undeniably homophobic mobbing and abuse by your predecessors. I know your temperament and training in seminary preclude you from bullying students; that notwithstanding, I do think your decision to completely dissociate from me (if that is truly your decision) is rash and motivated by the attitudes of homophobic social-workers at St. Elizabeths Hospital.

There seems to be a problem endemic and specific to Gallaudet University of an inability to differentiate between personal and professional relationships. Whether it be through Dr. Myers' creating Dr. Whitebread's first position in 2004, Dr. Eugene Mirus's decision to get drunk with my fellow undergraduate students at an on-campus bar in 2011, or Dr. Myers' decision to force me to share about my private life after flirting with another student in 2012 in a thread in which I admit to academic dishonesty after walking on eggshells for months, these problems cause dysfunction in the University's primary mission of higher education of d/Deaf/hard-of-hearing students. Previous Hillel director Ms. Paula Tucker saying that Mr. Sammons was a postgraduate student, but Dr. Mirus saying he was actually undergraduate may be a FERPA violation. The stonewalling by the Office of Student Conduct and Dean Travis Imel's dishonesty around disciplinary issues—including missing a statutory FERPA deadline—is unprofessional and possibly unlawful. This failure to maintain appropriate boundaries led me to being hospitalized for acute anxiety or panic, eventually becoming homeless and being institutionalized at St. Elizabeths Hospital for almost the entirety of 2012, a group home for part of 2013. During this time, I was subject to negligence, abuse, and medical malpractice. I allege an actual crime happened: My father committed Social Security Fraud by siphoning all of my Supplemental Security Income and Social Security Disability Insurance monies, telling the hospital I'd been expelled from Gallaudet, yet telling the bank I was still a student at Gallaudet. I reported this in 2017 to the Social Security Fraud Hotline after recovering from cataract surgeries. On advice of counsel, I contacted my Member of Congress about this. This crime would likely not have happened had your predecessors maintained appropriate teacher/student boundaries.

Finally, I'm concerned that I have nothing to show for my two-years in residency at Gallaudet: long enough to get an associate's. I don't have proof of my dedicated H courses. I could have got a few master's or a doctorate in the amount of time the University stonewalled me. Whom can I contact to see if some sort of degree can be conferred for my time? Why can't I have the H's noted on my transcript? Why did the current Honors director block me after I publicly posted I took honors courses and attended on an Honors scholarship? Please let me know answers to these questions within 30 days. Otherwise, I think they are novel issues about the University and its Honors program, and will reach out to my Member of Congress again for assistance with Gallaudet. I am going to forward this e-mail, and any replies you/the University send, to my Vocational Rehabilitation Counsellor.

You both are the scholars who are responsible for my transformation from a loner to a serious-minded academic. If I become an academic physiatrist, it'll be on your academic shoulders I stand. Before I forget, Dr. Nelson: I learned of the faculty union from Deaf news, and of your membership and leadership in it from its Web site. Sorry I didn't answer more directly in Facebook messenger when you asked. I sure hope you both will see fit to respond to this meaningfully/officially. I'm proud, privileged and indebted to have been your student. During my institutionalized at St. Elizabeths Hospital, I was described on bank records as being a student at Gallaudet, yet in the medical records, my student status was variously described; I always described you both as friends. I do hope there is no animosity between us. You created me as an academic. You taught me the research/writing skills that went into the composition and publication of my first medical/scientific manuscript (and unlike Dr. VanGilder's predecessor with his honors thesis on sign stuttering, I did not need to ask a speech-language pathologist how to research). You both will be listed in my first publication in Acknowledgments. Thank you for your time reading this, and for being my teachers. I'm proud of all I learnt from you, even if you are ashamed to have taught/known me. I do wish you both all the best; Dr. Nelson, I hope I can commission you to paint something when I buy my house in DC.

Sincerely,
Thomas Muething
Phonetic transcription of last name: ['mju:θĩŋ]

"Expect the unexpected. Welcome changes in your life. Many things cannot be planned." - Jennifer Nelson, PhD

#AcademicsNotAdmin

Thomas Muething
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Sent via e-mail 21 December 2016 after unsuccessful attempts to fax and e-mail in 2014-5.

District of Columbia Department of Behavioral Health
Attn: Dr. Tanya Royster
64 New York Avenue,NE, 3rd Floor,
Washington, DC 20002

Dr. Royster:

I am writing to express alarm at what I believe was overwhelming structural issues at St. Elizabeths Hospital (hereafter, SEH). I was a voluntary patient from approximately 5 April 2012 to 11 March 2013. My concerns are related to SEH deal primarily with their practices surrounding accommodating physical disabilities, their practices regarding referring patients for external medical care that is not an emergency, and their commitment to empowering voluntarily-admitted patients regarding their medical treatment and discharge planning as well as keeping patients in general safe. Although I am aware that there is a time-restriction on filing a complaint against a DBH medical provider, for me, I feel the incidents I am about to describe suggest a most egregious pattern of discrimination, abuse, and disempowerment, qualities not becoming in any medical provider, but especially a state-run mental health facility.

First, regarding accommodating disabilities: I am a Deaf person, and repeatedly made requests for interpreters in group settings, such as treatment meetings (where discharge planning is supposed to be discussed) and later, in the treatment mall, which meets daily during the week and is mandatory for many patients. I was inconsistently provided this accommodation. It wasn't until I enlisted the help of DC's Protection and Advocacy organization, University Legal Services, that sign-language interpretation was consistently provided.

I am also a wheelchair user with spastic diplegia. I was not afforded the choice of what mobility aid to use. I would have preferred to use a motorized wheelchair on the intensive unit, where patients are frequently violent and where many times, I was physically assaulted and knocked out of my wheelchair. On the transitional unit, I would have preferred to use a forward-facing walker. I did make my requests known to the physical therapist, to several nurses, and to the then-clinical administrator, Verne Hyde, yet was ridiculously told that I was not permitted because I had a history of being violent. Quite frankly, I have a history of being a *victim* of violence. I have *never* intentionally hurt anyone with my motorized wheelchair in the community

A continuing concern for me for future Deaf patients at SEH is telecommunications access. The last time I spoke with a patient there (who is not Deaf) she reported that SEH does not have a teletypewriter or a video-phone to make phone calls through relay service. There are no captioned telephones. While I personally can hear and speak on the phone, many times at SEH it proved incredibly difficult due to the worsening tinnitus (ringing of the ears) caused by a mood-stabilizer I was put on. At the very least, a TTY should be furnished.

Another serious concern I have with SEH is inadequate patient care for other medical conditions. As I've mentioned, I have spastic diplegia, which is a form of cerebral palsy. The orthotics that I brought with me to the hospital did not fit and any sentient physical therapist can see when orthotics do not fit and know the consequences of ill-fitting orthotics or prosthethics. Nevertheless, I was never referred to a provider who could have made me a pair of orthotics that could correct the deficiencies in my gait that make walking physically taxing. Many patients, including several of my roommates (and me, as I was recently diagnosed with it this year) are at high risk of obstructive sleep apnea, which is a treatable sleep disorder. Why should these patients, many of whom are at SEH for years, be without treatment? Sleep specialists know that untreated sleep apnea, of either obstructive or central varieties, puts people at increased risk of cardiovascular incidents and can worsen heart disease, in addition to disrupting sleep.

I'm also alarmed that SEH does not provide adequate ophthalmologic care. I have glaucoma in both eyes, and while I was treated by a provider, I went months without a decent pair of glasses after repeated assaults in the intensive unit left my glasses irreparably damaged. I know of another patient whose glasses were damaged by someone on the transitional unit and the victim went weeks without spectacles! Fortunately, I have a second pair of spectacles, which my father mailed to me. I was diagnosed by the ophthalmologist (at least, I really *hope* he was an ophthalmologist) with band keratopathy, but never was I referred to a corneal specialist for removal of that. I have cataracts in both eyes, and I am now forced—in between quarters at school—to get them removed. This shameful lack of medical care should be considered as nothing less than deep negligence that threatens the health of patients in the DBH's care and should be seen as an unacceptable liability risk to anyone involved in the profession of healthcare broadly.

Of great concern is Dr. Benjamin Adewale, who is a psychiatrist at SEH still. Despite *frequent oral requests*, Adewale did not meet with me once to discuss the medications I was on. He would only meet with me very briefly while a clinical social worker was in the room. I see this as extremely unprofessional behavior. When I requested to be taken off Depakote as after researching it, I found it *was* correlated with tinnitus, I was asked why, and then what medicine I wanted to be on instead (I opted for trileptal, as it was used for neuropathic pain after a surgery many years ago, and I was not being treated for this pain). That's not how informed consent works, and I believe without Ms. Dari Pogach's advocacy, I would have been indefinitely condemned to tinnitus so crippling it disrupted my sleep and ability to listen. I believe his

conduct with me was generally reported by other patients as indicative of a trend (in other words, Adewale does not meet with patients generally). Perhaps an intervention to ensure that all patients can exercise informed consent, receive good care, and that the physician is actually practicing medicine and not simply dispensing psychotropic medications on a report of others' observations would be beneficial.

Finally, I am concerned about patient safety and healthy empowerment in the hospital. As I've mentioned, I was repeatedly assaulted by patients in the intensive ward. I was even sexually assaulted by one, which I did not report out of shame, and experienced severe somatization issues related to it: numbness of the lower extremities and nausea (a normal response to being violated). I was physically assaulted by a staff member, John Champ, who remarkably still works at the hospital. If patients at a psychiatric hospital are not considered vulnerable adults, who is? If a report of an assault does not lead to a firing of a provider—as is common in many other industries—how can St. Elizabeths be considered a safe place, and how can it be considered a respectable place to receive behavioral health care? I argue that it cannot, and is not, until a clear policy for training staff members to control themselves and a strict no-tolerance policy towards abuse actually is in place.

Discharge planning, common in other psychiatric inpatient environments, seems to be lacking at SEH, to say the least. SEH social workers did not connect me with the King County Behavioral Health system, my brother did. I repeatedly expressed a desire to continue living in the District and return to Gallaudet University, yet these requests were not explored. I know of patients who have been at SEH voluntarily for over a decade, and sometimes more. Why is this wasteful and harmful institutionalization a hallmark in the District's only long-term inpatient-only psychiatric facility? Conditions such as bipolar disorder, post-traumatic stress disorder, depression, and yes, even schizophrenia, can and should be treated on an outpatient basis when medically appropriate. Why are patients not empowered to make choices about their health care?

I appreciate in advance any formal written acknowledgement of this detailed complaint, and would be open to hearing how the District accommodates its patients at SEH: specifically, how patients ought to request ASL interpreters, access to civic life (i.e., voting—I was not able to vote in the 2012 election), and what, if anything, the DBH will do in response to this letter.

Sincerely,

Thomas Muething

Gmail Thomas Muething <thomas.a.muething@gmail.com>

Concerns Regarding St. Elizabeths Hospital

Royster, Tanya A. (DBH) <tanya.royster@dc.gov> 29 April 2016 at 09:56
To: Thomas Muething <thomas.a.muething@gmail.com>
Cc: "Jones, Phyllis (DBH)" <Phyllis.Jones@dc.gov>, "Apraku-Gyau, Kwasi (DBH)" <kwasi.apraku-gyau@dc.gov>

Mr. Muething,

Thank you so much for your letter. As you may be aware, I have been the Director of the Department of Behavioral Health for less than 9 months. St.Elizabeths is an important part of the Departments continuum of care.

As I continue to identify areas of strength to build upon and areas that I can positively impact to improve the quality of care we oversee and deliver to residents of the District of Columbia, your letter is a valuable tool that facilities this work. I look forward to exploring the areas you've raised more in detail and developing an action plan to correct identified deficiencies.

Thank you again for your letter,
Dr. Royster

Tanya A. Royster, MD
Director,
DC Department of Behavioral Health

Sent from my smartphone

From: Thomas Muething
Sent: Friday, April 29, 2016 12:01 PM
To: Royster, Tanya A. (DBH)
Subject: Concerns Regarding St. Elizabeths Hospital
[Quoted text hidden]

DC kids birth to age 5 get a free book each month. Sign up at http://dclibrary.org/booksfrombirth

Social Security Fraud Hotline
P.O. Box 17785
Baltimore, Maryland 21235

Sent electronically 17 January 2017; other supporting documentation and this letter mailed on or around that day

To Whom It May Concern:

I am writing to request an investigation of abuse of power by Mr. Thaddeus Muething. Mr. Muething, my father, had a power-of-attorney agreement in place with my banking institution at the time, Fifth Third Bank. Although I reported this by phone on 13 January 2017, I didn't include supporting documents.

As the mailed facsimile bank statements show, from approximately May 2012 until sometime in May 2013 Mr. Muething transferred the majority of my SSDI and SSI benefits into what appears to be his own personal checking account. During this time, I was hospitalized at St. Elizabeths Hospital in Washington, DC. It is important to note that I was there voluntarily; I was not committed by the courts. Regardless, it appears Mr. Muething decided to take advantage of my institutionalization and help himself to benefits that were legally entitled to me. Although I don't know for certain what it was spent on, I know for a fact that Mr. Muething emphatically refused to pay my outstanding medical bills at the time, which could be an acceptable use of the funds.

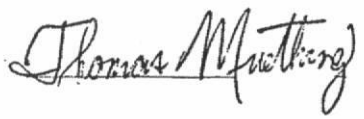
I request that within 90 days of receipt (and presumed review) that the Office of the Social Security Inspector General take the following actions:

- Investigate the principal claim, that abuse occurred
- If it is determined that abuse is likely to have occurred, request an exhaustive accounting from Thad Muething to determine precisely how the monies were spent
- If monies were used improperly, that Thad Muething be required to pay back to the Social Security Administration (SSA)

Your office may be justifiably wondering why I waited so long to report this suspected abuse, and the answer is simple: Fear. As my SSI and SSDI benefits are literally the only regular financial assets to my name that permit me to pay my rent, utilities, food, transportation, and other obligations, I was terrified of being chastised by the SSA and having my own benefits terminated or suspended.

I am also worried for my father. I know that at his age, and with his disabilities, an investigation of wrongdoing will be very stressful for him. He is a licensed attorney in the state of Ohio, and a conclusive finding of mismanagement of funds, commingling of assets, or fraud by a government agency could result in disbarment. I am also concerned because I could not easily report that I was in the hospital because St. Elizabeths Hospital is a behavioral-health hospital that restricts patients' phone time. With the change in living situation affecting the amount doled out and the amount of time since this happened, I am not sure that I can reasonably expect a repayment of funds.

Sincerely,



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PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0600 0000 0563 4264

0:00
0 seconds
- [Narrator] The prisoner's dilemma is one example of something game theory studies. Let's assume Alice and Tom are caught stealing wallets.
0:07
7 seconds
Game theory assumes they're both rational and self-interested.
0:10
10 seconds
The regular punishment for what they did is one year in jail each.
0:14
14 seconds
However, let's also assume the police expects one of them was involved in a more serious offense, stealing valuable paintings from a museum.
0:22
22 seconds
Alice is offered a deal by the police.
0:24
24 seconds
If she testifies against Tom for the more serious crime, and Tom doesn't testify against her, she gets zero jail time, but Tom gets eight years.
0:33
33 seconds
Tom gets the same offer.
0:35
35 seconds

If none of them testifies, each person only gets one year in jail. If both of them testify, they get three years each.
0:42
42 seconds
Obviously, it seems in their best interest that neither of them testifies as only two years of total jail time would result, one for each.
0:50
50 seconds
However, let's look at things from their perspective.
0:53
53 seconds
Alice sees that if she doesn't testify, there are two outcomes, one in which she gets one year and one in which she gets eight.
1:00
1 minute
She then sees that if she testifies, she either gets zero jail time or three years. Testifying, therefore, seems more appealing.
1:08
1 minute, 8 seconds
The same thing goes for Tom.
1:10
1 minute, 10 seconds
Game theory therefore predicts that both of these rational, self-interested people would end up testifying and receiving three years each.
1:17
1 minute, 17 seconds
Definitely not the ideal outcome.
1:19
1 minute, 19 seconds

Please note, however, that various real-world experiments have proven people are more inclined to cooperate than this model would indicate.
1:27
1 minute, 27 seconds
So take it with a grain of salt.

[Transcript from the following captioned video: https://youtu.be/txn61wPKgXA]

Jinna,

In your last chart note, you wrote about my personal care attendant topic we didn't get to in clinic to speak to a social worker. I do speak with a social worker on a regular basis for psychotherapy, and I'm grateful to the medical and outpatient therapy social workers in DC who ensured I didn't spend a night on the streets or in an inaccessible shelter. (This was before I went to St. Elizabeths).

I mentioned the Prisoner's Dilemma as it is the best analogy I have for my need for personal care attendants (hereafter, PCAs). Medicaid pays for PCAs and in order to get folks to keep working for me, not only must I provide a safe working environment, but I must provide sufficient hours to make it worth their while. Generally, this is about five or six hours a day. Now, the work PCAs do is vital: I cannot easily get to grocery stores; the driving to medical appointments and picking up prescriptions keeps me functional; when, as in the immediate aftermath of my accident with the sheriff, I was unable to cook for myself, my PCA did all these things. But I also have to commute at minimum 45 minutes to an hour to most educational and specialist appointments—and that's assuming elevators are working and sidewalks are not obstructed. Yes, I could have my PCAs come with me to everything, and I sometimes have done that. But the reality of the delays or inaccessibilities means sometimes that extra transportation time in the city causes us to get home late. Hence why I ask for specialists in Renton or Burien when possible!

If I truly had equal access to the community (as well as housing), as I would in DC and to a lesser degree in uptown Manhattan, I would probably not need PCA services. But I don't! So I will put up with quite a lot to build a rapport with a PCA, keep them, and I'm doing the best I can with what I can control (education, career wise) to make choices to leave this region permanently. And, of course, I really appreciate the opportunity to have relationships with talented physicians/clinicians such as you.

So I hope this helps enlighten you on the social determinants of health for your patients with disabilities. You can see how it truly is a poverty trap at best, even if I do my best to do right by my PCAs in a symbiotic relationship. Make no mistake, though: I have a much better quality of life in my own apartment than I did in a group home (my first five months here) and certainly I'm grateful not to be abused at St. Elizabeths!

Finally, I want to thank you for working in a community-health clinic as a PCP!

Cheers,
Thomas