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**Reading**

1 message

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**Thomas Muething** <muethingt@icloud.com>

8 March 2024 at 10:35

To: thomas.a.muething@gmail.com

Hi, Bill and Linda,,

Thanks for meeting with me on 23. February 2024 and discussing printer/scanner options. Bill, It was nice to meet your dog too. I'm glad you have the privilege to work from home.

You mentioned as a kind of "both-sides" argument that I shared a lot of information with you, and this is similar to your inappropriate questioning on our first meeting about my car accident with the sheriff. Allow me to explain the differences.

All of the information that I shared is in some way related to vocational rehabilitation. I don't have a college degree, and a big reason I don't is because I have an abusive family of origin who believes I should stay on the dole in a group home. Another reason is that I was kicked out of Gallaudet University in large part for flirting with another male student and a teacher didn't like me and made an issue of it. I then lived in a psychiatric hospital, where I was abused and not provided appropriate medical treatment. I have had to get that, while taking college classes. At Gallaudet, another gay male student with cerebral palsy who wanted to become a physician was murdered in 2000. I became a VR client in 2018; I sent a neurologist's letter in March 2018; I'm positive had I not involved Adam Smith's office, I would *still* be considered on interim suspension and still have all F's my final semester of Gallaudet. That you are uncomfortable with any or all of this is not my problem. As a social worker by training, you know that countertransference, or the clinician's reactions and feelings towards the patient, is the clinician's responsibility to manage, not the other way around. Of course, you are a graduate of the University of Washington School of Social Work. I have an exceptionally low opinion of the quality of the training it provides its graduates around ableism and working with disabled adults understand the radical idea that we are not giant babies, and we want to be more than patients or customers.

When I initially confronted you about the poor choice to ask me about the settlement about our first appointment, you made excuses—you just wanted to ensure that things were on the up-and-up. The true reason, I suspect, is that you were curious. And it was none of your business. It's still none of your business. It will never be your business. But you asked and I felt uncomfortable not answering in some kind of way

because you are an official employee of the state of Washington with Vocational Rehab and I am a VR client. This is a power imbalanced relationship. It is your responsibility, not mine, not make sure that you are adhering to professional conduct. It is not appropriate or professional either, Linda, for you to make excuses for Bill or Neurological Vocational Services Unit's Luis Lopez for messaging me on Facebook, or Barbara Beach for being overwhelmed with other clients who've had strokes. Lopez called me the week before he messaged me on Facebook and worried about my *caregiver* hours. There is a program designed not to make personal care attendant services the poverty trapping profession it is for its disabled clients: 1619b! Here's information on the Social Security Administration Web site on that: <https://www.ssa.gov/disabilityresearch/wi/1619b.htm>

I am aware that my bedroom/office/living space is a mess. I look forward to contracting with Task Rabbit or someone who can do the physical labor for me over a day or two. I am not comfortable using personal care attendant services to do this given the scope, the intimacy of the work, and the personal care attendant I currently work with is not someone I trust to help do this while conducting himself professionally.

Linda, the reason I send you the receipts from vendors for actuarial study programs (GOAL) and study manuals is because there is no direct way for me to get rights to use without buying it myself. Your supervisor has written that these kinds of things will be easily approved. Please work on getting a letter clarifying your role and that you and VR are supporting my pursuit of the actuarial profession by the end of the month. Please do not make excuses for colleagues.

I am keeping the door open on formal medical education. First, though, and here: I want to take and pass two actuarial exams, finish my associate's degree at Seattle Central, move with VR help, finish my degree (required to be an actuary), start my career, and then maybe become a physician if I'm still interested.

Going forward, please let's try keeping the focus on Vocational Rehabilitation. Linda, I'm going to e-mail you and Dr. David Knopes next week. Here's hoping he doesn't whine about his student loans the next client you refer to him for neuropsychological assessment.

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Dr. David Knopes:

I am responding to your neuropsychological assessment of me as I found your conduct less than professional. Allow me to analyze your report and your conduct, so that you may be more professional for the next client Ms. Pomeroy refers you:

1. There seems to be a question as to whether I *actually* had to go to my Member of Congress, so I attach that here (ROI smith.pdf). Had I not done this, I am nearly certain that I would still have all F's and not have my medical withdrawal noted, and have an outstanding student disciplinary file.

2. Your big PhD self can look up that Gallaudet University is the *only* liberal arts college for the deaf and hard-of-hearing, but you can't Google Lupron? Here's what Wikipedia says: it is used "to perform chemical castration of violent sex offenders." It continues on, saying, "it is considered a possible treatment for paraphilias."

**You are not a physician. Your decision to euphemize my being offered a drug that would have completely deprived me of testosterone as "testosterone-lowering" after being violently sexually assaulted is writing out of your scope of practice. Do not do this again. My neurologist, who is an actual physician, Dr. Knopes, told me that it would feel like I don't have any testosterone, Homosexuality is not a paraphilia, David.**

3. I do not have autism spectrum disorder. My neurologist believes I have ADD. I actually agree with your assessment that I do not have ADD. **More importantly, Dr. Knopes, had you actually stayed within the scope of your practice and read the medication list originally sent to you, you would see that the original clinician who prescribed it, psychiatrist Gilbert Simas, also actually a physician, prescribed it for cognitive symptoms of post-traumatic stress disorder.**

4. You write that I spoke of my father's "antisocial behaviors." An example of this is in "SSA stuff - Linda and Bill .pdf". My father defrauded me out of over ten thousand dollars in Social Security Disability Insurance monies.

5. As an identified patient in Bowenian-theory land, Dr. Knopes, you are not the first neuropsychologist to perform a neuropsychological assessment of me, although you did use the third MMPI rather than the second MMPI, which is what Dr. Sidney Binks used at St. Elizabeths Hospital. His report is attached ("Sidney Binks neuropsych rpt.pdf") as is yours ("DK Neuropsych....pdf"). **Why did one neuropsychologist diagnose me with a cluster B personality disorder, borderline, whilst you diagnosed me with a cluster C personality disorder? Because you failed to maintain countertransference and both wrote from ableist stereotypes that see wheelchair users as only capable of being patients or clients, rather than as disabled people who deserve to live our own lives.**

6. You seem to think I'm autistic because I like math and have an eccentric conversation style. I have an eccentric conversation style because I was unfamiliar with you, and this is a coping strategy. If I was truly autistic, I could not mentalize or understand conflicting facial expressions or contradictory, complex use of manual language. But I can because I am a Deaf person. Here's information on what that means: [https://thomasmuething.com/deaf\\_culture\\_and\\_deafness\\_info/](https://thomasmuething.com/deaf_culture_and_deafness_info/)

7. Why am I balling you out in writing? Because I'm receiving highly unprofessional, culturally insensitive care by people with more access to higher education than I have. **The purpose of Vocational Rehabilitation and contractors such as yourself is to help people with disabilities develop vocational skills and pursue a meaningful path to a Good Life off means-tested poverty-trapping Supplemental Security Income and Social Security Disability Insurance programs, compounded by long-term support systems such as personal care attendants—more commonly called “caregivers” because this worthless region sees adults with disabilities as giant babies.**

8. You are not alone in your lack of professionalism. Bill Youngman, Assistive Tech guy with VR, had his own tongue-lashing in writing (“Thank you for your Friday appointment”), and people with the Community Resource Agency Neurological Vocational Services Unit have privately messaged me on Facebook (!!!!) a week after calling out of concern that working might cost me my poverty-trapping professionals known as caregivers. **In the future, do not whine to another client Ms. Pomeroy or any other Vocational Rehabilitation Counselor sends to you about your student loans. My main physiatrist and neurologist are both fellowship-trained allopathic physicians, one was an international student, they are both females with the same title as you—Doctor—but they stick to the scope of their practices and work collaboratively to help me reach my personal, professional, academic and vocational goals. I bet they have WAY more student loans than you do, and I bet you’ve paid yours off! Meanwhile, I’m still working on my first degree and may well become a physician after working as an actuary for a few years. I have student loans too. I’ll never whine about them unsolicited to a patient or client as you did! Because I’m a lot more professional than you are. They’ve never whined about them, although my neurologist has acknowledged having a lot of medical school debt. All I want is access to the same higher education that all of you have had—and I’m entitled to equal access and respectful, professional health care!!!!!!!!!!**

Linda, we need not schedule a follow-up meeting where Dr. Knopes can defend his unprofessional conduct whilst also getting paid on VR dime.

Thomas Muething

Phonetic transcription of last name: ['mju:θiŋ]

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

Sent from my iPhone