A Critique of Multnomah County's Homelessness Industry

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It is Irresponsible and Immoral Not to Question the Mental Health/Addiction Approach to the Crisis of the Unhoused

Critical thinking is important when considering most problems and especially complicated ones like the crisis of the unhoused.

This essay is about questioning the approach of local government to that crisis, specifically as it regards mental health and addiction.

The scientific evidence and logic derived from it proves the mental health and addiction approach is the qualifying characteristic of what has been called “the homelessness industry.”

But first, let's understand the definition of the mental health and addiction approach.

It maintains the unhoused are unhoused because of underlying mental health and addiction issues. It also contends the unhoused have not taken full advantage of social services such as shelters because of mental health and addiction issues.

The “homelessness industry” is a less exact term that is not articulated by academics. It is a term laypeople use to describe the ineffective measures the local government has taken to address the crisis.

This is evidenced in how the more money is spent to address the crisis the more unhoused people there are–the opposite of the intended result for that spending.

It is irresponsible and immoral not to question the homelessness industry, or the central approach of local government to address the crisis when the results strongly suggest that approach has actually made the crisis worse, not better.

How could this be? Why is Multnomah County seeing a growing unhoused population while it spends hundreds of millions of dollars to reduce it?

The prevailing argument of the homelessness industry is this is occurring because of the lack of affordable housing. This argument in defense of the mental health and addiction approach is a non sequitur.

The lack of affordable housing, causing more people to enter into homelessness than the unhoused are put back into housing, follows from the argument that the unhoused are unhoused because of underlying mental health and addiction issues. This is illogical.

Those who have the ears of local leaders, have not suggested there are more unhoused because of increasing mental illness and addiction issues in the housed population, such that they become unhoused as a result of these issues.

There is a glaring non sequitur between the approach to the crisis and explanation for why the approach coincides with an ever worsening crisis.

What is evident isn't argumentative. Local leaders, experts and laypeople have all agreed to the following.

1.) The unhoused are difficult to get back into housing because of underlying mental health and addiction issues.

2.) There is a lack of affordable housing to get the unhoused into and this same scarcity of housing is causal for more people entering into homelessness than are exiting from it, back into housing.

3.) The community has built up a billion dollar homelessness industry while numbers of the unhoused, mentally ill and addicted people on our streets have increased–the results are contrary to the goals.

Before exploring the fallacies, the intellectual failure of experts and leaders inherent in the mental health and addiction approach, let's lay the groundwork for that exploration with science–and not questionable science, but well established science that is irrefutable within the realm of science.

There was no groundwork done, with science and logic, prior to building the homelessness industry in Multnomah County.

It was built on intention, emotion and to a lesser extent also fraud.

The Complete Lack of Scientific Validity In Mental Healthcare

The title of this section is the irrefutable truth, has been for over a century, is understood to be the truth by the vast majority of psychiatrists and psychologists; but often evokes a response of disbelief as a stand alone statement.

There never has been scientific validity for any diagnosis of mental illness. There are no genetic, blood, hormone nor neurological tests such as with MRI brain scans. There is no medical science involved. There is no science or very little science in the mental healthcare industry.

Moreover, there is no logic in psychology nor even psychiatry. It compares to continental philosophy in having apparent contempt for logic. It is a discipline for academic anti-intellectualism or a school for anti-intellectuals on university campuses.

What we have for diagnosis of mental health is a diagnosis based on peer review, not the scientific method, and it is the peer review of the diagnosis of people other than those being diagnosed.

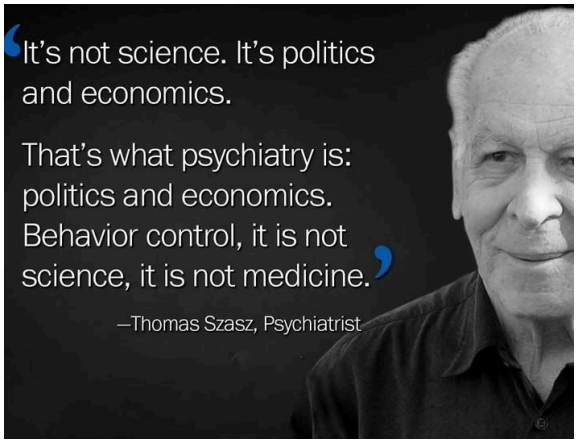
This is all the DSM5 is about. It is about the peer review study of people without meaningful controls on those studies as with the hard controls in the hard sciences. The scientific method requires hard controls on experiments and studies.

It requires them because the scientific method exists so anyone might perform the same experiment in the same way and find the same results.

In the hard sciences, this means setting controls on any experiment or study. For example, to study the effect of light on the growth of plants, the type of plants, the color of light, amount of time the plant is exposed to light, composition of the soil, amount of water used and more details would be controlled.

When someone else might conduct this same experiment, they would have the same controls so expect the same result as the original experiment.

This is not the case with peer review opinion, the business of psychiatry. Psychiatry isn't after scientific facts it is about the politics of consensus and money.



What controls are in psychiatric studies are akin to those in sociology, political science and the soft sciences.

A soft science isn't science. It is a discipline that uses statistical data and peer review of statistical data; but they don't have rigid controls on their experiments. They aren't working in labs with controls to determine how much light of a certain type makes certain plants grow so much.

They are crunching numbers based on observations with little or no science involved. This is pseudoscience.

Medicine, with the exception of psychiatry, is a hard science and for reasons which are not logical psychiatry and mental healthcare became part of the medical establishment. Literally, every field of medicine depends on hard science: biology, biochemistry, rigid controls on experiments, etc.

Yet, the DSM5–Diagnostic and Statistical Manual of Mental Disorders, fifth edition–has only been about peer review opinions of people studied without rigid controls, then diagnosed, such that diagnosis can be applied to people who have not been clinically studied by inference of peer review opinions of those who have–so they can be diagnosed by an individual psychologist.

Not only is this method for diagnosis non-scientific, it is also illogical. The lack of logic becomes plainly evident when the process of diagnosis is considered.

Margaret A. Hagen PhD teaches psychology at Boston University and in her book *Whores of the Court: The Fraud of Psychiatric Testimony and the Rape of American Justice*[1] she points out the junk science and illogical qualities of her own profession with scathing detail.

Anyone who would be an armchair psychologist and believe the unhoused are in the condition they are in because of underlying mental health issues should read this book and mountain of other testimony with evidence from well respected psychiatrists and psychologists that describes their profession as an art, not a science.

Hagen writes, "You cannot validate a clinician's intuitions with more intuitions, and you cannot validate what a patient says with what a patient says. However consistent or plausible the story is does not touch on the matter of truth, on accuracy and reliability."[2]

Intuitions and stories are the only "evidence" that exist for the belief the unhoused are in the condition they are in because of underlying mental health issues.

There is no scientific proof nor logical reason to believe the unhoused suffer from underlying mental illness and addiction issues which are largely responsible for their condition.

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[1] Hagen, Margaret *Whores of the Court: the Fraud of Psychiatric Testimony and the Rape of American Justice*. Regan Books. 1997.
[2] Ibid. page 15

They may be high on drugs, drunk or taking prescription psychiatric medication that isn't working, extremely fatigued, incredibly stressed or suffering from a medical condition such as genetic neurodivergence and so they appear mentally ill; but there is no science involved in the diagnosis for mental illness.

It is literally an opinion and compares to the opinion someone might be possessed by the devil, where the particular mental illness is a sort of possession.

It is a story people in the community have been telling themselves, a narrative and a fictional one at that, to explain the crisis without having to think deeply about it. This story is told in a nonchalant way, from armchairs.

Telling these stories also dehumanizes the unhoused as if they are all delusional or infantile, that they need a nurse or social worker more than they need a job and place to live while working that job.

This belief is consistent with the irrational behavior the unhoused may exhibit and the belief in underlying addiction issues is plausible when so much open air drug use has been witnessed by the community, among the unhoused. It is not, however, accurate nor is it reliable.

Even if the majority of the unhoused are diagnosed as mentally ill or using drugs, not all of them are. Why should the approach assume all the unhoused have the same needs? It shouldn't and resources to address the crisis should be available for all the unhoused, not just those who fit the stereotype of mental illness and addiction.

What we have for the current understanding of underlying mental health and/or addiction issues among the unhoused is merely circular logic, logical fallacy.

Educated people, intellectuals, are expected to do better; but in Multnomah County they have not done well. Where are the intellectuals who would advise local leaders? It seems they are absent.

Anti-intellectuals have entered medicine and academic life on university campuses because the standards for those campuses have been lowered with consideration for politics and economics.

In fact, psychiatry was looked down upon for a century. Psychiatrists were called "quacks," a pejorative term for a fraud in medicine–a charlatan in faith, pretending to be a medical doctor because they also have a supply of mind altering drugs.

That changed in the 1960s and so did academic life as going to college was one of the only ways to escape the Draft for the Vietnam War. At that same time, the drug culture we know today as the crisis of addiction, became popular.

It is more than just a series of coincidences for how Multnomah County got a crisis of the unhoused, anti-intellectual leadership, a homelessness industry and a greater community almost entirely dumbfounded by it all while they ply themselves with psychiatric medication or recreational intoxicants.

This is no opinion, it is the logical conclusion as our community leaders are university educated; yet have bought into the mental health and addiction approach to the crisis of the unhoused.

They, the experts, maintain the unhoused are mentally ill when they very well may be high on drugs–very different behavior compared to these same individuals when they are sober–or neurodivergent.

Their narrative maintains they may be high on drugs when they very well may be "mentally ill" or otherwise have a scientifically verifiable condition of neurodivergence: Autism, Tourette's or some other genetic disease of the brain as verified by DNA sequencing or MRI brain scan.

They very well may be neurodivergent because of brain damage from prior substance abuse; but that isn't a mental illness either–its brain disease.

To say they are mentally ill or behaving as they do because of addiction is either not scientifically verifiable (as with mental illness) or is scientifically verifiable (drug use or neurodivergence) but is not tested for.

They are mentally ill because they are addicted. They are addicted because they are mentally ill. This is the whole of the establishment's approach to the unhoused and it is a total fallacy.

Instead of doing basic, inexpensive, medical tests to see if a person has been using drugs which modify their behavior in ways that appear to be a mental illness or discovering if a person has a neurological problem, the armchair opinion is given and almost always with a prescription for mind altering drugs (behavior modification) that have no proven medical value.[3]

The community is lost in the anti-intellectual laziness of the 1960s, still. It would hope to avoid the crisis of the unhoused like it might have avoided the Draft for the Vietnam War–by lowering standards for critical thinking, with politics and the economic considerations of psychologists–for experts and leaders to be more about politics and economics than science and logic.

This has always been the approach of psychiatry, however, long before the 1960s and since Sigmund Freud popularized the business while being a cocaine addict himself and prescribing cocaine to his patients as a cure all.

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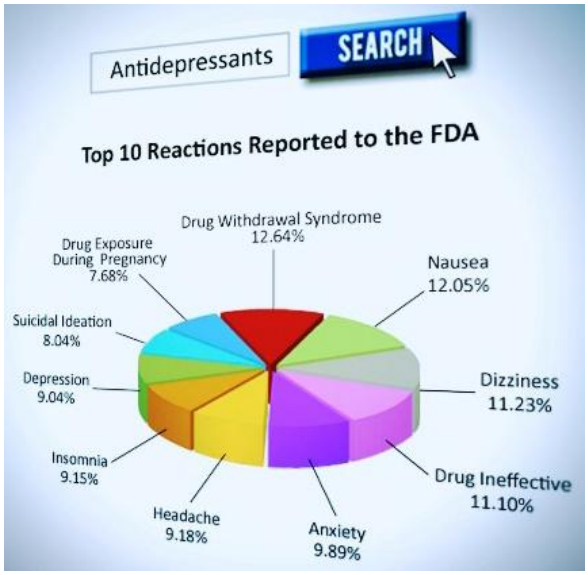
[3] Simons, Peter "Psychiatric Drugs Do Not Improve Disease Or Reduce Mortality." Mad in America, 20 Jun. 2022, https://www.madinamerica.com/2022/06/psychiatric-drugs-not-improve-disease-reduce-mortality

Hagen notes, the majority of mental health professionals are Freudians by training.[4]

And make no mistake, the scientific evidence is certain, psychiatric drugs do not increase longevity, they do not cure any diagnosis of mental illness and they are proven to have harmful side effects such as suicide, violence and anxiety[5] and so have parity with narcotics like cocaine, methamphetamines and opium with similar side effects.

What percentage of the unhoused population is taking prescription psychiatric medication? Of those, how much of the perceived mental illness is actually a side effect of their medication?



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[4] Hagen, Margaret *Whores of the Court: the Fraud of Psychiatric Testimony and the Rape of American Justice*. Regan Books. 1997.

> Lest anyone believe that Freudians are dying out or wanting in influence, note that in the 1985 National Survey of Psychotherapists, 48 percent of psychologists reported that their principal orientation was “psychodynamic.” The next highest finisher was “eclectic,” with 25 percent. “Eclectic” means Freudian with a little something else sprinkled in. For psychiatrists–medical school graduates–the percentage of Freudians was 54 percent, with “eclectic” a distant second at 28 percent. (page 79)
>
> Freud’s collected workers, occupying some two linear feet of library shelf space, provide hundreds of examples of his clinical intuition at work building the pseudo-science of clinical psychology. They provide *no* examples of the objective testing of falsifiable hypotheses under carefully controlled conditions of observation producing replicable, generalizable results. None. In Freud’s work, there is not one scintilla of what any respectable scientist would call science. (page 22)

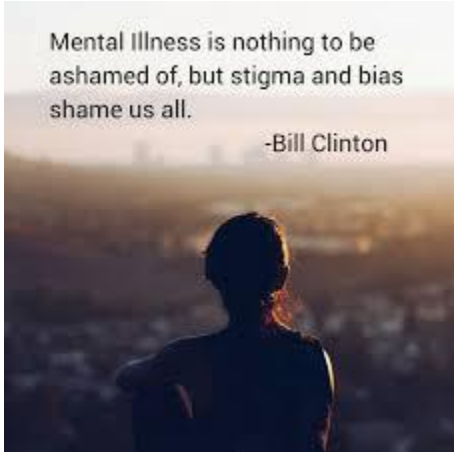
[5] *Prescription for Violence*. Citizens Commission on Human Rights, 2025
https://www.cchr.org/prescription-for-violence/watch/prescription-for-violence.html
[6] Ibid.

Other than recreational drugs, psychiatric drugs and illegal drugs, such side effects do not exist for drugs with proven medical value.

How does treatment with psychiatric drugs help anyone, especially people in profound crisis as with the unhoused?

It doesn't. In fact, all this approach accomplishes is enriching psychologists and psychiatrists who built the homelessness industry predicated on their irrational, non scientific, opinions.

If it does help, that claim can't be scientifically verified. It might only be a story, testimonial, or assumption rooted in intuition.



There is irony in these words.

Since mental illness is not a scientifically verifiable illness, it is necessarily a stigma and bias.

The unhoused have been stigmatized as mentally ill and not on a case by case basis but as a group such the greater community shames itself as they talk about all homeless people as being mentally ill or in the throes of addiction.

Why would anyone believe being unhoused for a prolonged period of time wouldn't necessarily make someone appear mentally ill or give rise to substance abuse in the context of hopelessness?

If assumptions are to be made, it seems to me the assumption of being unhoused would cause mental illness and addiction issues. Another logical assumption is that the unhoused became unhoused because they lack money and that because they lack employment.

Is the lack of employment which leads to becoming unhoused a mental illness? No. Might the unhoused be employed so they would afford housing? Yes. In such a scenario, mental health and addiction issues are side issues not the main issue for addressing the crisis.

Science and logic proves many of the unhoused are no more or less mentally ill or addicted to than the housed population.

We do have enough data to conclude more of the housed population is diagnosed as mentally ill and/or has substance abuse issues. Among this population the notable difference with the unhoused is they are unemployed or woefully underemployed–collecting cans for recycling, or "bottle washers," as the Dept. of Labor calls it.

In fact, science proves no one who is diagnosed as mentally ill is scientifically verifiable as mentally ill. Logic, based on statistical data, shows almost everyone who would see a psychologist would be diagnosed with some mental illness listed in the DSM5–so "everyone" is mentally ill.[7]

Given this consideration, there is the logical fallacy of truism–what is true for everyone has no specific importance to any particular group.

Being a human being, has no specific importance on whether or not a person is housed or unhoused.

I do not suggest mental health practitioners are malevolent or intend to cause harm, wantonly engage in criminal fraud in medicine, malpractice or have anything but the best intentions; but the road to Hell is paved with good intentions and this adage perfectly describes the homelessness industry.

The most basic facts about self reliance have been forgotten by the community, it seems to me, regarding this crisis.

You need a job to afford housing. In history, the destitute had job programs where they got housing with a government sponsored job.

Today, the government is creating jobs for the unhoused but not to employ the unhoused. They have instead chosen to employ workers in a homelessness industry of degreed experts, students and laypeople and this workforce is conjunct several years of a worsening crisis.

Again, the people employed to help the unhoused have a noble motivation. Their intentions are not in question. The results of their approach are in question.

Their profession is one of stigmatization because that is what the established approach is about.

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[7] Simons, Peter "Almost Everyone Meets Criteria For Mental Illness." Mad in America, 5 May 2020, https://www.madinamerica.com/2020/05/almost-everyone-meets-criteria-mental-illness

Stigma is all psychoanalysis, or “therapy” produces or can produce because there is no scientific validity in it. It is merely belief that may or may not also be agreed to between the diagnosed and those giving diagnosis–including non-expert diagnosis of laypeople who would describe seeming irrational behavior as mental illness.

People take on the stigma of a diagnosis that has no scientific validity and self medicate with mind altering drugs that have no proven medical value because they have accepted the stigma of being depressed, anxious, psychotic, etc.

So, it is ironic to say we are all shamed by stigmatizing mental illnesses when all mental illness is stigmatization.

This is an antinomy, a totally illogical and in fact insane belief system where the community is totally against stigmatization while casually stigmatizing people as mentally ill or lost to addiction.

With addiction, there is again little to no scientific evidence for that diagnosis. A person who receives an hour of talk therapy, psychotherapy, about addiction is no more or less likely to relapse than a person who completes a recovery program lasting several weeks or months.

> For almost every mental problem studied, psychotherapy makes about 20 to 25 percent of adults feel better, but so does placebo pseudo-therapy–talking about sports or gardening–so therapy as therapy can’t be said to work at all for adults, and for children there is no evidence that it works even as well as talking about sports.[8]

This is because “addiction” doesn’t exist in a vacuum. A person who is substance abusing is more or less likely to continue doing that the more or less stress they have, the more or less opportunity they have to get a job, housing, or company that is not also using.

There are many factors to relapse and addiction. They can be studied but the results of those studies almost always are not scientifically verifiable.

Psychotherapy, in general, only helps a person feel better (a very low threshold for measuring success) 25% of the time. If this correlates to recovery centered psychotherapy then it's easier to understand the less than 60% success rate of those programs.

When people suffering through addiction decide to get sober and stay sober that is a choice they make. If we are going to make assumptions about why some are successful while others fail we ought to assume it's because the successful aren’t surrounding themselves with the company of other users, they have a job and housing they want to keep, relationships they do not want to destroy.

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[8] Hagen, Margaret *Whores of the Court: the Fraud of Psychiatric Testimony and the Rape of American Justice*. Regan Books. 1997. (Page 143)

The successful at recovery are not successful because of psychotherapy or psychotherapists in recovery programs. They are successful because they choose to be successful at it rather than finding success in procuring more alcohol and/or drugs.

We shouldn't stigmatize nor stereotype anyone without feeling shame, especially people who are likely to suffer injury from that stigmatization such as those with little to no hope, who might be easily upset as they bear the stress of being unhoused.

I do not stigmatize those working in the homelessness industry, mental healthcare and addiction recovery, the unhoused nor even general population. I agree with the vast majority in the community that stigmatizing people is wrong, immoral and illogical; but point out the community has this for a platitude and not for praxis in their approach to the crisis.

I point out that science and logic leads to the truth and the conclusion that this crisis exists because the community is wrongheaded–not thinking clearly, responsibly nor with ethics.

Of course the unhoused are in that condition because of choices they have made, but they are largely stuck in that condition because of the choices the greater community has made on how they perceive the unhoused and how they are spending their money to address the crisis.

Our community is thinking as populists and this is why the crisis of the unhoused exists. They are thinking to repeat what is being said by the loudest voices, or the most people; but not thinking critically about the crisis.

Populism wants a consensus opinion, not the truth.

There needs to be a critical mass of critical thinkers and community leaders are supposed to be those critical thinkers, not mere populists, sycophants, soothsayers.

Of course they are politicians so they literally need populism on their side to keep their jobs, but before that they are leaders and duty bound to be logical and scientific–seek the truth, not merely what most easily sells.

The newly elected President of Portland's City Council–Jamie Dunphy–recently said, "lawful good doesn't mean lawful nice," and also claimed he intends to be "boring" in that he intends to be non-political, more of a scholar addressing the challenges facing the city and able to discuss failures with people who wouldn't think such discussion is nice.[9]

That is exactly the correct orientation for our leaders. Being good, ethical, doesn't mean espousing equity while actually stigmatizing people. It doesn't mean seeking confrontation over

[9] Marks, Makenna. "'Get Things Moving Forward': New Portland City Council president talks plans for the role." Fox 12, 15 Jan. 2026 https://www.kptv.com/2026/01/16/get-things-moving-forward-new-portland-city-council-president-talks-plans-role/

economics or even politics. It means finding the truth about a problem and being logical to address it.

It also means the President is obligated by his moral alignment to tell other leaders and the greater community it has been wrongheaded in the approach to the crisis of the unhoused.

The unhoused need employment that affords housing and then they might address any underlying issues of mental health or addiction same as the housed population does.

The unhoused are not freaks. They have the same needs for employment, housing, food, healthcare and safety as the housed population. They are no more or less mentally ill or addicted than the housed population and if they are, that is after the fact of their being unhoused–being unhoused for a prolonged period of time exacerbates those underlying issues.

We need a jobs program for the unhoused–a robust jobs program that affords housing.

To call the unhoused mentally ill and assume they are substance abusers who can't quit using is reinforcement of the barrier the unhoused face–why they wouldn't be offered a job or housing.

If an unhoused person claims to be unhoused on a job application, they are less likely to get that job and largely because the narrative is they must be mentally ill or an addict. Beyond that stigma, there are the brute facts of limited access to hygiene and undisturbed sleep.

The homelessness industry is actually cruel to reinforce this barrier to employment by constantly espousing the unhoused are mentally ill and/or drug addicts when there is no data to back up that story. It is entirely intuitive.

It calls upon the experiences of the community for when they've seen an unhoused person acting out in distress and presumes virtually the entire unhoused population is that way.

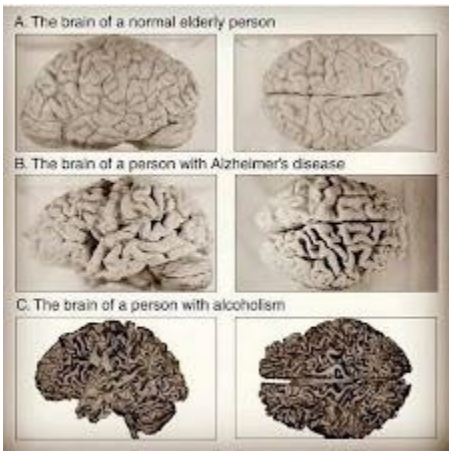
It makes things worse because of how it tries to make them better, no different than a person who drinks alcohol to feel better but then becomes more depressed.

Let's talk about alcohol, the most common substance that is abused by the unhoused and housed alike.

This image is published on the social media accounts of Hashem Al-Ghaili (Facebook and Instagram), molecular biologist, and is compelling.

Look how even a moderate drinker, over time, literally shrinks their brain.

Now look at this image, published by Science Source in 2024.



We notice the alcoholic's brain, more than a moderate drinker, is significantly more diseased and compares to a person with Alzheimer's disease than to the brain of an elderly person–with natural cognitive decline that comes with age.

In fact, the brain of a moderate drinker compares more to a person with Alzheimer's or an elderly person with cognitive decline than a healthy brain–for scientifically verifiable, physical brain health.

What percentage of the housed population are moderate drinkers? Without knowing for sure, we can assume a lot and probably the majority are given the amount of alcohol for sale in our stores.

The culture of Portland is clearly and largely about drinking, smoking pot and unfortunately also about using illegal drugs. We know this to be true because it is everywhere, not just among the unhoused.

Is this culture causal to the crisis? Almost certainly, yes it is. Alcoholism begins as moderate drinking. Drug addiction begins as recreational drug use.

Now, would it be ethical to diagnose a person with Alzheimer's as "mentally ill" and set them on a psychiatric drug schedule to improve their mood or manage their delusional thinking?

No, absolutely not and because their problem isn't mental illness despite the observed irrational and unhappy behavior. People with Alzheimer's have a neurological condition to be addressed by medical science, not psychiatry.

Why then, is it acceptable to diagnose people with alcoholism or drug addiction that has caused significant neurological damage, as mentally ill?

Be sure, the diagnosis of addiction is a mental health diagnosis. There are no MRI brain scans, no scientific tests, which are part of recovery programs. Yet, clearly, people suffering from addiction have cognitive decline as a direct result of brain damage.

The mental health industry, and it is a much bigger business than the homelessness industry, makes a lot of money on talk therapy where none of that talk is about physical brain damage and cognitive decline.

I encourage anyone to do their own research of only the most reliable scientific sources and assure them they will discover that drug use also causes brain damage. Then, ask yourself if brain damage from substance abuse is a mental illness. Is it?

No.

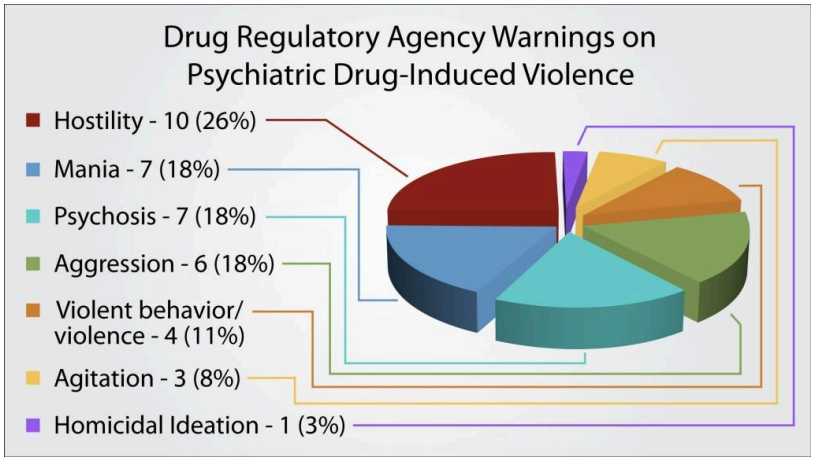
It is neurodivergence, a physically impaired mind due to a physically deformed/diseased brain.

So, if we are to believe the unhoused are behaving in ways we like to call mentally ill and are suffering through addiction to substances that cause physical damage to their brains, why aren't we getting them legitimate medical help?

If they are substance abusers, then they almost certainly or certainly do have brain damage and so cognitive decline.

The mental health and addiction approach doesn't address the real medical condition of those it would help.

It stigmatizes them as mentally ill without any scientific validity for such diagnosis. It experiments on them with psychiatric drugs that have no proven medical value and have been proven to increase the likelihood of anxiety, suicide and violent behavior.



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And, while it does that, it omits the science and logic. These people need help with cognitive decline and real damage to their brains.

They do not need drug induced behavior modifications which can easily produce effects opposite of what is desired–same as the homelessness industry has produced results opposite to those desired.

On a deeper level, why are the unhoused not getting the medical help they need?

It is because the people, the vast majority in our community, are sold on the big pharma marketing for mental illness and drug therapy for it. It is the problem of the blind leading the blind.

The housed population is no more aware of science and logic than the unhoused population. The people working in the homelessness industry are no more aware. Even the psychologists and psychiatrists are apparently largely unaware.

The housed, when they suffer through addiction, aren't getting brain scans nor their cognitive decline addressed so they figure the same addiction recovery treatment programs they want for themselves will work for the unhoused.

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[10] *The Link Between Psychiatric Drugs and Violence* Citizens Commission on Human Rights, 2026 https://www.cchrint.org/psychiatricdrugs-violence

Maybe they will; but even the best recovery programs only work 60% of the time.[11] So, with the unhoused, the addiction piece of the mental healthcare approach is something like a 50/50 gamble–a bet on the roulette wheel, black or red.

Over one billion dollars is at stake, don't forget.

The people invested in the homelessness industry because they had no shame when they should have been ashamed of how they sit in their armchairs and play Sigmund Freud, "diagnosing" people they've never met as mentally ill. They have given over the community to gambling as the solution to the crisis of the unhoused.

When it's not a gamble, it's a certain amount of fraud and wasteful spending. The data is plain, not hard to find, and irrefutable.

Addiction treatment does not address cognitive decline. Treatment of mental illness doesn't address neurodivergence.

The mental health and addiction approach is experimental–an unwise, irresponsible and immoral experiment on our most vulnerable population.

The greater community is sold on a narrative that flies against all science and logic, that people who are irrational and may not even be able to care for themselves, simply need to talk to a psychologist and find the right mind altering drug so they would become more rational and able.

Has that worked with the unhoused over the last decade, in Multnomah County?

No. That narrative is a false one. It has produced results that qualify it as a failure and not for lack of funding; but because it is without science, without logic and so also without ethics.

It is a narrative about virtue signaling.

In fact, this narrative has actually made more people more "mentally ill" and more afflicted by physical addiction to harmful drugs, including alcohol. This is certainly so because it's not creating employment for the unhoused–what they need most of all for self reliance, housing, etc.

The harm reduction program, which distributes drug paraphernalia including pipes, syringes and tinfoil for the unhoused to continue to use narcotics has been in operation for years while no funding has been invested in a jobs program such outreach workers could connect the unhoused with employment such as day labor.

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[11] NIDA. "Treatment and Recovery." *National Institute on Drug Abuse*, 6 Jul. 2020, https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery.

This is counter intuitive, illogical and immoral. It exists as the reality of the situation, because of the so-called “equity” model and the evidence strongly suggests that model fosters disability.

This is plainly true when you look at how the homelessness industry operates.

When a person first becomes unhoused and if they go to a shelter, they will soon discover the expectation is they pick themselves up by their own bootstraps–get a job and find their own housing–or they may find help by getting the Oregon Health Plan, a psychologist, psychiatric medication, or addiction recovery program.

It is this latter group which gets almost all, more than 90%, of the services made available at shelters from what I’ve witnessed over a period of years during the pandemic.

That is my testimony, but the data probably exists with shelters and homeless services. Of those who get help, how many are first documented as being mentally ill or suffering from addiction?

Some investigation is required by the local government. Until then, I only have my own experience to go on and the assumption the mental health and addiction approach (equity model) greatly informs the policy for distributing assistance to the unhoused.

At Transitions Projects Initiative, Do Good, and Central City Concern it is universally true the more incapable a person is of taking care of themselves the more services are made available to them. Again, this is what I’ve witnessed; but a study should be done to confirm or deny how aid is being distributed.

This is, however, certainly a policy they have and in the shelters it is common to see a sign about equity as justification for it.

This reality fosters a culture of infantilism and dependence while the more able have no jobs program to help them overcome their barriers to finding employment.

The more like a child an unhoused person, the less rational and more emotionally unstable, the more assistance they get from the homelessness industry.

The unhoused get a shelter bed, limited and much competed for access to personal hygiene, food and perhaps a computer for job searching or entertainment. This qualifies what equality exists in the homelessness industry for the unhoused. Beyond that, there is the equity model for distribution of resources.

This means the least likely to get themselves out of homelessness are given the most aid and that is a diminishing return on investment of tax dollars as evidenced by the results the homelessness industry has produced.

The public libraries too, like the shelter system, are overwhelmed with the unhoused. They have effectively become day shelters for many of the unhoused. Where the homelessness industry fails, the costs of the unhoused continues to spill over into other areas of public investment: libraries, parks and recreation, ODOT, etc.

In this situation, in the context of the homelessness industry, the more able become more disabled by stress.

It is a system that effectively grinds the most able in the unhoused community down, so they are more like the most disabled who receive the vast majority of attention and funding. Once they are sufficiently worn down, they qualify for more aid.

In effect, the shelters and libraries have become more like the Oregon State Hospital than places where people might find work to then find housing. The streets and parks have become refugee squats.

The perils of being unhoused, victims of crime and exposure to the elements, qualify as micro death camps and the mental health and addiction approach then becomes understood as an effective eugenics program.

This was never the intention; but it has been the result.

Eugenics, shamefully, was an American invention and its pioneers were psychiatrists pushing “degeneration theory” and targeting the “feebleminded.” This was later picked up by the Nazis.

With the homelessness industry, we have that same group of anti-intellectuals pushing a narrative of the mentally ill and addicted while they foster a system that creates more unhoused people every year, while they take going on two billion dollars of taxpayer money to address it with stigmatization not unlike the historical “degeneration theory” with the unhoused assumed to be more or less feebleminded.

The homelessness industry is the mental health and addiction approach to the crisis of the unhoused and it has a proven history of failure and not because of lack of funding but because it is 100% anti-intellectual, irrational, non-scientific and only about good intentions.

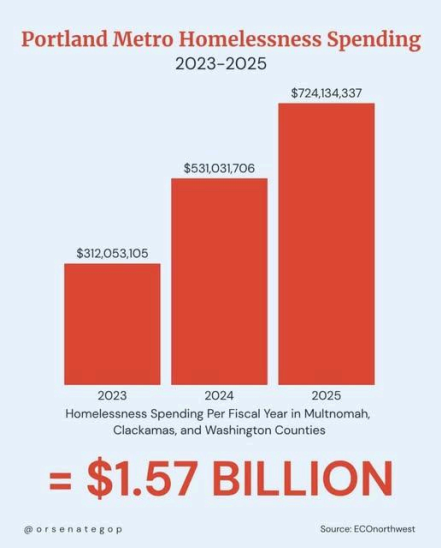
The unhoused population experiences the homelessness industry for what it is and many choose to avoid the shelters–they have told me and I've witnessed it many times–because to get meaningful services they have to become a psychiatric experiment.

It is not unlike The Milgram Experiment, that became the homelessness industry for what we have today in Multnomah County.

It replaced electroshock therapy with psychiatric drug therapy with little other difference between the two.

You have untrained "psychologists" and trained psychologists working in the shelters, doing non-scientific and irrational diagnosis of the unhoused to determine what level of support they will get within the equity framework.

It's costing taxpayers a lot of money to pay these people, afford their insurance and expenses for their operation that does not produce success as a result. Over 1.5 billion dollars has been spent since 2023 on the crisis of the unhoused.



There are more unhoused people, today, than when the spending began.

Almost all of this money has been invested in addressing the underlying mental health and addiction issues for the unhoused. All of it has been invested in this approach which is popular

only because that narrative is popular despite being rather insane–the insane running the asylum.

That may be democratic, but it also doesn't work and makes the situation worse for all.

Those most likely to be put into housing by rental assistance, are the most mentally ill, addicted or otherwise least likely to afford their own housing once the assistance runs out.

We've seen this recently with many evictions from safe rest villages for the failure of those tenants to engage with social services.[12]

Does that mean they aren't taking their "meds" or regularly getting psychotherapy? Does it mean they haven't found a job without consideration that no robust jobs program exists for the unhoused?

Where is the jobs program they need to become employed? Are they expected to magically overcome the barriers to employment that come with so many months and years being unhoused once they get a tiny home?

It is also easy to imagine a different model, where the most able of the unhoused were to receive support with housing and job placement as they are more likely to then care for their own needs rather than need continuing support to remain housed.

The equity model doesn't work. An equality model would work. The more able a person is, the sooner they get out of the homelessness industry. The less mentally ill or addicted, the more likely they are to get housing and employment, with an employment-housing program.

The more able do not need, the community does not need, to see people more disabled by prolonged homelessness where that stress greatly exacerbates mental illness and penchant for substance abuse so then they would qualify for equity distribution of funding, for the most disabled.

Criticism, critical thinking about the mental health and addiction approach, is not a character attack on those who have advocated for it. It doesn't mean everything about that approach is without merit or value.

What is apparent, however, is the unhoused have been stigmatized as mentally ill and/or substance abusers; yet the statistics do not support this conclusion. Nationwide, roughly 25% of

[12] Park, Victor. "City of Portland plans to evict nearly 100 people from tiny home villages." KATU, 8 Jan. 2026, https://katu.com/news/local/city-of-portland-plans-to-evict-nearly-100-people-from-tiny-home-villages

the unhoused are employed and more than that could be employed if not for barriers to that employment–the barrier of being unhoused.[13]

Beyond the stigmatization, there is also the denial of what scientific evidence strongly suggests if not proves and that is the unhoused who would be diagnosed as mentally ill and substance abusers certainly have neurological issues such as brain damage or genetic neurodivergence and these problems are not addressed nor even treated by psychiatric medication.

They can't be. They require hard scientific medicine to diagnose and treat. Would the Oregon Health Plan pay for that? It won't if the referral from primary care is for mental health treatment before neurological evaluation.

The Value of the Mental Health and Addiction Approach

Regardless of whether or not someone is neurodivergent because of self induced, environmental or hereditary brain damage/disease there is still the reality that some to many of these people will not or can not comprehend this reality.

It has often been said by many, they would rather not know they have cancer so they could live out their lives as they otherwise would rather than having their life taken over by worrying and treating a cancer that might take their lives regardless of what they might do to treat it.

It is much the same when it comes to neurodivergence. People are emotional beings and their feelings are just as real–oftentimes more real–than any logic to be considered.

Perhaps the last thing someone who is unhoused wants to discover is they have a genetic brain disease, or their substance abuse has caused significant brain damage of the sort they are unlikely to recover from anytime soon.

I imagine, like people who would rather not know they have cancer, many of the neurodivergent and brain damaged would rather not know the truth.

They would rather have emotional support for a non-scientific diagnosis and probably some mind altering medication to feel happier about their situation than be confronted with a diagnosis they have less assumed control over.

Yet, as it regards addiction, not knowing about real brain damage caused by the substance abuse is extremely likely to make it easier for a person to relapse. They might see it as just another relapse rather than that and more brain damage.

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[13] "Common Myths About Homelessness." Austin Street Center, 18 Jun 2018 https://austinstreet.org/news/common-myths-about-homelessness

They might believe talking about their addiction, or taking some medication instead of continuing to use, is all they need to do to improve their lives.

That is both true and untrue. If underlying mental illness and addiction is a real issue to be addressed then underlying neurodivergence and brain damage is an even more real issue to be addressed.

They might rather be lied to or given a narrative that comes with a psychiatric drug than get a referral for an MRI brain scan or DNA sequenced to confirm or deny their mental illness is in fact neurodivergence.

They would rather confabulate narratives like excuses for what they certainly know–that they have cognitive decline.

The community is in the position to decide if they want to continue to enable this denial or at least make the MRI and DNA testing as available as the psychotherapy so the individual at least has a choice to know what science might confirm or deny.

When it comes to cost for diagnosis, it is not more expensive to get an MRI or DNA sequence than it is to have several rounds of psychotherapy; but it's not just about cost, it's not only about finding the truth. It is also about where people are at, emotionally.

This is where mental healthcare has value.

Regardless of whether or not a person is housed or unhoused, psychologists are in the unique position of spending time with people in crisis. They might suggest hard science medical attention as easily as they would suggest experimenting with psychiatric drugs; but they almost never do.

This is a failure of the mental health industry and it can be easily corrected. It can be corrected by psychologists, themselves, who simply decide to talk about the science and remain honest about the pseudoscience that is their profession.

For people with a history of substance abuse, it ought to be the moral imperative of the psychologist to help the addict understand what degree of neurological damage they have suffered and with that knowledge, effect a recovery plan.

It's not just about ceasing the use of toxic substances or transferring the habit of using mind altering drugs from an illicit one to a prescription. It's also about understanding what damage has been done and setting expectations for what might be done to address that.

This is true for everyone in society, regardless of how much wealth they have.

The richest man in the world, Elon Musk, is neurodivergent. Neurodivergence isn't something to be ashamed of; yet mental health diagnosis often masks it.

Musk has spoken about the disservice of mental healthcare, more than once, with his X posts.

There is no shortage of affluent and middle class people who routinely speak of mental health diagnosis even though all that talk is necessarily non-scientific–if not also factually untrue–and this is part of the industry of denial and excuses that is mental healthcare as it exists today.

This isn't an opinion, it is a certain fact and necessarily so.

If people weren't getting various non-scientific diagnoses for issues relating to their brain they would be getting scientific medicine–MRI and DNA sequencing to diagnose neurological conditions.

At any time, people working in mental healthcare can improve their ethics, improve their critical thinking skills and have more respect for science than the opinions of their peers. Regardless of whether they do or not, their position is unique and the choice is theirs.

They have the opportunity to help people other people do not have.

Yet, this has always been an aspect of the human condition. Before there were psychiatrists, fortune tellers were even more popular than they are today–having been marginalized by psychologists and psychiatrists who do the same thing only with the "added value" of mind altering drugs.

Before the fortune tellers there were alchemists bent on turning lead to gold beyond the literal sense, even more about "transmuting" a low emotional state compared to lead to one of enlightenment or gold.

Before the alchemists, it was astrologers who also relied on "peer review study" of the motions of the planets to explain why people had certain experiences.

Hagen and other psychologists and psychiatrists compare psychologists, today, with astrologers.

> Astrology is widely accepted as true by believers in astrology, just as much of cynical psychology can be said to be generally accepted by believers in clinical psychology.[14]

Today, psychiatrists and psychologists are no more accurate than their predecessors.

[14] Hagen, Margaret *Whores of the Court: the Fraud of Psychiatric Testimony and the Rape of American Justice*. Regan Books. 1997. (page 45)

Yet, just as with their predecessors, they afford comfort. There remains economic value in that, even political value.

People, oftentimes, want to be told what they want to hear and would rather not know the truth if that would upset them more.

In her book, Hagen points out that studies prove psychologists are proven wrong 2/3rds of the time when they testify in court as to whether or not someone is a danger to themselves or others.

> They [opinions of psychologists] are worse than chance. *Worse than chance!* They are wrong two thirds of the time![15]
>
> …of psychiatric prediction of long-term future dangerousness was an established fact within the profession, that two out of three predictions of violence made by psychiatrists are wrong–usually in the overprediction direction, and that a layperson with access to relevant statistics can do at least as well as a psychiatrist and possibly better, and that the most that can be said about any individual is that a history of past violences increases the probability that future violence will occur.[16]

There is also a certain probability the same person will almost always get a different diagnosis whenever they see a different psychologist. Misdiagnosis of mental illness is common, more common for those with severe mental illness/diagnosis at 39.16% and higher for those with schizoaffective and depression disorders.[17]

If the unhoused are to be believed to be so severely mentally ill they cannot take advantage of social services or get off the streets then they also are far more likely to be misdiagnosed regarding that mental illness.

She quotes Peter Huber in his book *Galileo's Revenge: Junk Science in the Courtroom*.

> "Junk science is the mirror image of real science with much of the same form but none of the same substance…. It is a hodgepodge of biased data, spurious inference, and logical legerdemain, patched together by researchers whose enthusiasm for discovery and diagnosis far outstrips their skill. It is a catalog of every conceivable kind of error: data dredging, wishful thinking, truculent dogmatism, and, now and again outright Fraud."[18]

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[15] Ibid. Page 164
[16] Ibid. Page 167
[17] "Misdiagnosis, detection rate, and associated factors of severe psychiatric disorders in specialized psychiatry centers in Ethiopia." National Library of Medicine. 2 Feb 2021 https://pmc.ncbi.nlm.nih.gov/articles/PMC7856725
[18] Ibid. Page 20.

So, OK, we can accept that some people and perhaps even the vast majority of people will always be more persuaded by junk science than real science. We can also accept they have the right to be that way, they have the right to be factually untrue–to believe what is false is in fact true.

But, the entire society ought not be corralled by junk science–especially those individuals who want no part of it or those who would rather be upset by the truth than be told a less disturbing narrative.

For the unhoused, it is already the accepted fact they are the most vulnerable people in the population and it is the evident reality that vulnerability makes them far more easy to corral.

Isn't it obvious this is what is being done by the homelessness industry? Is it not plausible the reason why so many of the unhoused are "not engaging" with social services is because those social services more serve the mental health and addiction industry than serve the unhoused population?

Isn't the greater community already sold out to the junk science of mental health and so isn't it quite like the Milgram Experiment where the greater community wants to compel the unhoused into psychiatric drug experimentation before they would afford a jobs program for the destitute?

Yes, it is plainly so and yet many of the housed are also diagnosed as mentally ill and manage to hold down jobs. Many are functional alcoholics or hold down a job while using drugs for recreation.

So, why would the community not want to have a jobs program for the unhoused? If they are mentally ill or even addicted, wouldn't they benefit from also having employment the same as the housed who are also dealing with mental illness and addiction?

Yes, and the mental health and addiction approach could address this. They could be encouraging a jobs program for the unhoused who are also suffering from mental illness and/or addiction.

Where is the public testimony from the mental health professionals, about the mental health value of being employed–being a contributing member of society? We know this is true, that being a contributing member of society brings with it at least some positive mental health aspects.

The mental health and addiction establishment needs to reflect on history–what works and what has not–so they can improve their services.

Such jobs programs existed throughout the Great Depression and even though that period of time was much worse, economically, than our historical period there was never a crisis of the unhoused back then.

Back then, the destitute were not stigmatized as mentally ill. If they abused alcohol or perhaps opium, there wasn't an addiction recovery approach the community offered them it was a work program. This worked where the current model has not.

For most of its history, Multnomah County funded Poor Farms which gave the destitute employment in exchange for food and housing. There was never a crisis of the unhoused when there were Poor Farms.

The crisis of the unhoused appeared at the same time the mental illness and addiction narrative became the paradigm. The "get back to work" culture was replaced by the "get therapy" culture.

The result of this was the birth of the crisis of the unhoused.

Taking a step back, a big step back so we are looking at the long history of Multnomah County and the situation today, it is evident the society has significantly changed and not necessarily for the better.

It is evident the culture of this community prefers mental health for addressing life issues when they have the option to get an MRI brain scan or DNA sequence to diagnose for neurodivergence–the scientific explanation for what would otherwise be mental illness.

It is a society that prefers the mental health approach to the religious approach where interpersonal conflicts and troubling thoughts are talked out with pastors and priests.

Would we suggest that the unhoused all go to church to get the help they need? No.

We wouldn't have as a policy of local government to compel the unhoused to participate in a religion to get off the streets; yet that is absolutely what we are doing as mental health isn't science, it isn't logical. It is a faith, a belief system, a social construct.

At the end of the day, people need employment to afford their needs. This will never change, regardless of which social construct defines the popular narrative.

Just like the church is there for some to go to when they are financially struggling or having a life crisis, mental health exists parallel to that. Neither are secular. Both are systems of faith only mental healthcare pretends to be science and so medicine.

This is the only difference between religion and mental healthcare.

Just as we accept the church doing what it does to help the unhoused, we should continue to accept what the mental health industry has done to help. It's not one or the other.

Both overtly religious and covertly religious organizations have a right to help the unhoused and good for them when they do so!

At the same time, shame on them when they become dogmatic about their beliefs–that a person may be succumbing to the devil or addiction or mental illness when the truth might very well be that the person is suffering from neurodivergence or brain damage.

The problem is, the local government isn't doing anything to directly address the crisis of the unhoused. A direct approach would be a jobs program such as existed in the past.

It is outsourcing the problem to psychologists/addiction recovery programs and to a lesser extent religious non profit organizations driven by the charitable donations collected from Christians.

The mental health and addiction approach openly seeks to treat underlying issues, indirect causes, rather than directly assisting the unhoused find employment and housing they can afford.

With few exceptions, it is outsourcing the problem instead of elected officials having intellectual debate and study of the problem. They might realize what work could be done by the unhoused and create a program to employ them for that work.

There is no shortage of unskilled or entry level labor that could be done by the unhoused, even those suffering with mental illness and/or addiction.

That would be direct intervention to the problem of unemployment and homelessness.

If the local government were to address the crisis itself, without outsourcing to faith based or pseudoscience groups, it would have Poor Farms or some program to give people the dignity of work in exchange for their basic needs being met.

That approach worked for over 100 years. There was no mental health crisis when there were programs that afforded the dignity of work.

That older model also paid for itself, the work done having value added to the community rather than an endless drain on tax revenue.

I point out reality exists as such regardless of whether or not people believe in it. It is irrefutable; but can be denied.

Freedom of religion is a Constitutional right but the state and local government are in denial by junk science, that their mental health and addiction approach to the crisis of the unhoused is more than a religious/faith centered outsourcing of the problem.

It is driven by stories, intuitions and stigmatization.

Those working in mental health and addiction recovery for the unhoused need to be asked whether or not a work program for the people they are helping would in fact help.

Almost certainly, they would say yes. If they would say otherwise, they are simply fools which may have been enough to earn their degree but should not qualify them as experts to advise community leaders.

Without a doubt, it would help and even help these professionals with more resources that add value to the greater economy–not just the homelessness industry.

The goal of helping people for these professionals doesn't even need to change. They simply need to change their standards for what is acceptable, regarding their opinions, in light of science and logic.

They can continue to work to help people re-enter the workforce and become self reliant; but they are going to be much more successful at that with an employment-housing program they can refer the unhoused to.

Mental Illness, Addiction Recovery and Work

This essay is about finding a better approach, an approach that results in fewer and fewer unhoused people in Multnomah County.

Aristotle suggested long ago, to paraphrase, taking the best parts of things and combining them will often produce the desired result: improvement.

We know what worked in the past, employment-housing projects, would work again. There is no reason to believe employment-housing projects would not work. They have always worked and would work again. They wouldn't work for everyone in the unhoused population; but they would work for many.

People need employment to meet their needs, even mental health needs and this also incentivises sobriety.

We know the majority of people with mental illness and addiction issues, such underlying issues, do in fact work and so afford their own housing and necessities.

We know there is a culture most desirous for equity that defines the homelessness industry; but we also know they have not made it a priority for there to be equity in work for the unhoused.

We know they reject an equality model, merit based, in favor of the equity model–disability based.

We know mental illness is a stigma, that all such diagnosis has no scientific validity, drugs to treat it have no proven medical value.

We know substance abuse/addiction recovery programs are as unsuccessful as often as they are successful and we know substance abuse causes real neurological damage, brain damage, which is not a mental illness and can not be cured by psychoactive drugs even when by prescription.

We know genetic neurodivergence exists and is increasingly common not just because it is being tested for more often, but because the causes for it are increasingly common and this condition is hereditary

Like compound interest, generations of Americans can be expected to be increasingly neurodivergent until the environment might be made less toxic. This is the study of evolutionary toxicology, pertaining to epigenetic toxins and genetic mutation caused by exposure to toxins.

That is all very interesting and perhaps more than a little pertinent to this discussion; but will not be gone into further detail in this essay.

Can Multnomah County come up with a new approach to the crisis of the unhoused, based on these irrefutable facts? Yes.

Can Multnomah County integrate their mental health and addiction approach with the approach used in the past, for employment-housing? Yes.

Not only yes, but to an extent they already are both operating simultaneously. The main difference between them is in regards to funding.

The mental health and addiction recovery approach is receiving close to 100% of the 1.5 billion dollars spent on the crisis while the non profit organization Cultivate Initiatives has proven the employment-housing approach is far more successful and they've done it with money from Multnomah County, but also from state funds for economic development, foundation grants and private donations.

Their approach is genius. Why not get state funds for economic development with a program that does that and houses the unhoused?

There is every good reason imaginable for Multnomah County to reallocate money from less successful programs like the Urban Alchemy run safe rest villages to Cultivate Initiatives–where the unhoused are then housed and employed.

In fact, the safe rest villages could be given over to Cultivate Initiatives to operate in accordance with their employment-housing mission.

More than this, the Cultivate Initiatives model is proven to complement the mental health and addiction approach as the unhoused who are housed and given employment find more and more immediate dignity from which follows improved mental health and greater capacity to overcome any addiction.

Ultimately, mental health is simply a newer term for dignity or wellbeing.

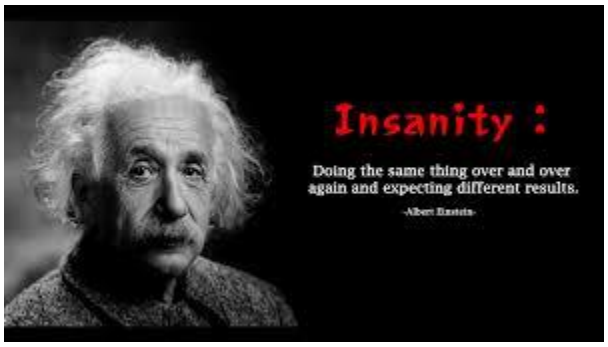
It is also true that word salad, replacing older and plain terms, with pseudoscientific jargon is the business of the mental health industry. Dignity and wellbeing are better milestones by which to gauge the success of an unhoused person, compared to “mental health.”

This is no exaggeration. What was vanity is now often called narcissism; yet what is more narcissistic than diagnosing other people as narcissists? Nothing is.

It is long overdue that Western society return to science based, logical and plain language. The psychobabble became popular as society went into decline and this is no coincidence. It's part of the reason for the decline.

And the decline is real, evidenced by economic disparity, more and more horrific crime, lowering standards in education, worsening public health that includes reduced expectations for longevity, etc.

It's time for the community of Multnomah County to quit being so pathologically narcissistic as they certainly are to continue with their same approach when the results of that produce failure or at least not reaching meaningful goals.



Psychology is the reversing and inversing of philosophy: logic, ethics, ontology and politics. It is the centerpiece of the homelessness industry. It hasn’t worked and it can’t work.

The more anti-depressants have been prescribed, the suicide rate has climbed with parity.[19] The psychologizing of America, as Hagen writes, I paraphrase as not good for America. It has made us more anti-intellectual, want for excuses, and mind altering drugs to feel good about being so.

I do not suggest Multnomah County abandon the mental health and addiction recovery approach. Don't do that!

What I suggest is not trying to solve the crisis of the unhoused while you, yourself, are laying on the proverbial therapy couch and then go on to imagine the unhoused need what you are getting there.

They need a job. They need housing they can afford. Without those things the greater community wouldn't also have the leisure time to see their therapist or religious community.

They would be on a sort of death row, which has become like so many streets in Portland, living in tents or in shelter-barracks, often shaken down by the many petty and violent crimes the unhoused have to deal with.

The longer a person is unhoused, the more stress they will experience and with that stress comes more frequent and emotional breakdowns that might be called mental illness.

With so much of that, there is also the increased inclination to escape the trauma by "self medicating" with alcohol and drugs. The same compulsion to find relief from trauma drives people to experiment with psychiatric medication.

A robust employment-housing/shelter project would arrest this cycle and should.

This is true for anyone and everyone, not just the unhoused. It is even more true, verifiably true, than the idea anyone and everyone might be mentally ill.

There is a parallel with substance abuse and psychiatric medication. They compliment each other with "withdrawal symptoms" and no proven medical value beyond making someone feel better, temporarily–an entirely subjective, emotional consideration.

I suggest there be a program like Cultivate Initiatives in addition to a larger piece of the funding for the unhoused being given to Cultivate Initiatives.

This new program would be for the most able bodied among the unhoused, the least mentally ill, the least afflicted with addiction.

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[19] *Prescription for Violence*. Citizens Commission on Human Rights, 2025
https://www.cchr.org/prescription-for-violence/watch/prescription-for-violence.html

For the sake of argument, if Multnomah County is going to give 25% of funding to the most mentally ill and addicted in the unhoused community, give 25% to the least mentally ill and least addicted.

Get that 25%, most able, population out of the vicious cycle of homelessness before they become less able from that duress. Arrest the cycle of disability, the grinding down, by addressing the most easy to help early on.

Give 50% to Cultivate Initiatives and let their proven success with housing, employment, mental health and addiction recovery become the priority for funding among all programs for the unhoused.

Transfer the management of the safe rest villages from Urban Alchemy to Cultivate Initiatives.

Watch them become employment-housing projects, more than safe rest villages.

As for the 25% for the most able, incentivise them with a sober living program with random UA testing as with Oxford House and most other recovery programs.

They might get off the streets quickly; but will be right back on the streets if they choose substance abuse and then no longer qualify for rapid and holistic assistance. Having such accountability is proven to work in recovery programs.

When one person in a community relapses it puts the entire community in danger of relapse.

We see this evidenced on our streets. Those in the unhoused population who are in the throes of substance abuse are dragging down those around them; yet the equity model most serves them.

The same is true for those wrestling with profound mental illness. They turn the shelters, libraries and street dwelling into something more like an insane asylum and so everyone exposed to that becomes less and less sane the longer they are exposed to it.

People are dying. People are being abused, criminally victimized.

The mental health and addiction approach–to prioritize these underlying issues for homelessness–is causing more death and suffering, more homeless people, every year it has been the dogma of the establishment.

And that is all it ever was or ever will be: dogma.

Beyond the Cultivate Initiatives model, there is a Tiny Home Eco Village project as described on verdantronix.com.

Multnomah County would be wise to consider all of this, be critical of this essay but also be just as critical of their own approach and stop making non sequitur excuses for the failure.

If there is reason to continue the mental health and addiction approach, there needs to be a logical reason for it–not mere intuition with a collection of biased stories.

There needs to be a factual reduction of the unhoused population because they find work and housing at a faster rate than new people entering the population of the unhoused.

Help them, of course, but help them with logical and scientifically verifiable methods and thank you for reading this essay.

Your thoughts on this matter are appreciated and I would love to hear from you on what you think of a hybrid, employment-housing/mental health-addiction approach.