

In Loving Memory



**Dennis J. Sigman**  
November 8<sup>th</sup>, 1959 – May 19<sup>th</sup>, 2017

Thursday June 8<sup>th</sup> at 1:30 pm  
121 NW 6<sup>th</sup> Ave. --- all are welcome



**Celebration of Life**



Wood Village Baptist Church  
23601 NE Arata Rd

August 25<sup>th</sup>, 2018 - 3pm

In Loving Memory



**Andy Howard**  
June 28, 1961 - July 15, 2018

Tuesday July 31st 11a.m.  
Street Roots - 211 NW Davis St  
All are welcome



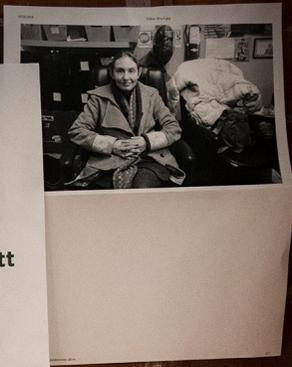
JOIN US IN CELEBRATING THE LIFE OF



**Diana "Dani" Wyatt**

A memorial will be held  
Wednesday, August 8 at 8 am

Street Roots  
211 NW Davis St - Portland, Oregon 97209  
Everyone is welcome!

**Remembering George Mayes**



George Mayes, a member of the Street Roots family for many years, and so much more, passed away earlier this month. Many of us were touched by his genuine friendship, his gentle character and ever-present humor. We shall miss him dearly.

Street Roots is working with his family to produce a memorial page for George in the May 29th edition of the newspaper. Street Roots will be adding a brief narrative to the page as well. If you would like to add your memories or thoughts on George, please let Cole, Scott or Quinn know by Tuesday morning, May 22.

Funeral arrangements are being planned for early June. We'll let you know when we have more information.



# Domicile Unknown

Review of deaths among people experiencing homelessness in Multnomah County in 2018





This report is dedicated to  
those who have died, their families and friends.

To all those working to end  
the epidemic of homelessness.

And to those who haven't yet found a way off the street.

Cover photo: An ever-present memorial to  
Street Roots vendors who have passed away.



Last December on the longest night of the year, the winter solstice, I walked across Southeast Portland with dozens of others to remember our neighbors who had died on the street.

The night of the Vigil of Remembrance was bitter cold, but as we gathered to light candles and call out the names of each individual lost, I was struck once more by a harsh truth: Living on the streets is brutal and terrifying, and it will almost certainly shorten your life. Until a person gets shelter or housing, they are subject to almost endless discomfort, from drenching rain and frigid nights to unwashed clothing, unmet personal needs and untreated medical conditions. And as if that is not terrible enough, they are also disproportionately victims of crime and violence, attacks that are often random and horrible. They're vulnerable to theft of their belongings, to sexual assault and even homicide, as this 2018 report so starkly reveals.

At the vigil, people who have experienced homelessness shared stories of their personal trauma. I will never forget the words of a woman who described being so afraid to leave her tent after dark to use the bathroom that she would hold it until she developed urinary tract infections. Other people report that they take methamphetamines to stay alert until daylight makes it safer to rest.

What haunts me most is that these are people who — by the very definition our federal government uses to describe chronic homelessness — face homelessness with a disabling health condition. So what we see most frequently in this report is the

deaths of people who have a physical, mental health or substance use condition so severe that they have been unable to find shelter or housing. In other words, the people who need help the most are the ones we are most likely to be stepping over on the street and then ultimately counting in this report. And that is unacceptable.

Yet, a second thing struck me that December night and gave me solace and hope. It was the people who carried the candles and rang the bells, who said the names of the dead with love and reverence, who were caring neighbors, community members, and the survivors, those who made it from the street into supportive housing.

Together, we are creating a community movement to confront what is truly driving and keeping people on the streets: not the failing of an individual, but the failure of a prosperous economy to provide affordable housing and services for people with disabilities, and the failure of a healthcare system to provide adequate care and treatment. We know what works: housing with wraparound services close to where people live. And so, despite all the nonsense coming out of Washington D.C. and other sectors about rounding homeless people up and sending them away, we are pushing forward with what we know works. From the housing bonds that will open affordable apartments across our region to the first behavioral health resource center in downtown Portland, we know housing and supportive services will make a difference. And we will continue demanding that our federal and state partners step up and do their share.

This report is always a heartrending reminder of our collective failure to act in time for so many people with severe and chronic disabling conditions. But it is also part of our growing roadmap to a better future. I want to thank Street Roots, the Medical Examiner's Office and the Multnomah County Health Department staff for their continued efforts to produce this report. And I especially want to thank the Tri-County Health Officer, Dr. Paul Lewis, who launched this unfunded and unmandated investigation and has voluntarily led it forward every year in the spirit of collaboration, innovation and compassion. At least 530 people have died since this count began. And I pledge, in their names, to keep going in this fight.

### **Deborah Kafoury**

Multnomah County Chair



The people who die on the streets were friends to people they left behind. I witness this in the memorials we hold at Street Roots. Friends gather, sharing stories around candles.

There was one friend who ate a gallon of ice cream in one sitting. One who drew on her eyebrows and never went out without red lipstick. One who fed Froot Loops to a neighbor in a tent. One fixed a hearing aid using a bike spoke. One laughed in a manner that made other people laugh. One packed a neat backpack.

To be homeless, or be friends with people who are homeless, is to lose friends to early death again, and again. In 2018, as in past years, people die on average in their 40s. People keep dying: too many, too soon. Each of the 92 people who died on the streets had a life to memorialize.

The Domicile Unknown count effort is a deeply moral action of Multnomah County, and I thank Chair Deborah Kafoury, Tri-County Health Officer Dr. Paul Lewis and Chief Medical Examiner Kimberly DiLeo for their leadership. These are difficult numbers to grapple with, and it takes courage from County leaders to do so. This report is an insistence that we count the lives lost on the streets. We value these lives.

There are a lot of sick people out there. This is about the urgency of coming in from the cold. This is about how lack of access to a shower makes small infections life-threatening. Lack of access to refrigeration and stable storage compromises the management of diabetes. This is about how hearts suffer too much until they stop, how bodies are torn

up by violence and immune systems are ravaged by exhaustion.

This is about how people are subjected to trauma that exacerbates chronic health woes. Some people land on the streets because of health struggles in the first place, unable to pay medical bills and too sick to work. This is about how substance use disorder is a healthcare issue, and how people medicate against homelessness — trying to stay awake or trying to go to sleep — and medicate through struggles of trauma. This is about the grip of despair and the relentlessness of violence.

Housing is healthcare too: A door with a lock and a key creates a space to be safe, the autonomy to heal and the ability to hold onto sentimental belongings that nourish the spirit. There is so much heartache from people who have lost family photos and parents' ashes when their belongings are swept up like trash.

Access to reliable healthcare is urgent, including services for mental health and substance use disorder. Supportive housing connects these services to a place for people to safely exist.

And we need more places where unhoused people can go before they are too desperate. This is my hope for the Multnomah County-planned Downtown Behavioral Health Resource Center: a place where people can exist, with the spirit of hospitality and the possibility of extra support.

If we think about each person listed in this report as a friend, we think about how much it matters to be connected to others in our health and our healing. Rather than push for people on the streets to disappear, we need to really see them, and support them with our actions. It is about loving people that much.

**Kaia Sand**

Executive Director, Street Roots

# Executive Summary

Each year, Multnomah County undertakes this report to determine the number, characteristics and causes of homeless deaths in our community. “Domicile Unknown” is intended to help the public, elected officials and social service providers identify how resources and policies can be directed to save lives.

The Multnomah County Health Department’s annual review of homeless deaths finds that during calendar year 2018, 92 people died in Multnomah County without an address or a home of their own. The number of deaths in 2018 is the highest since Multnomah County began producing Domicile Unknown. In 2017, 79 people died, preceded by 80 in 2016, 88 in 2015, 56 in 2014, 32 in 2013, 56 in 2012, and 47 in 2011.

Since the Multnomah County Health Department and Medical Examiner began tracking deaths among people who were homeless in 2011, at least 530 people have died.

The methodology has remained the same since 2011, but the number of deaths is almost certainly higher than reported in this analysis, which captures only a portion of those who died in hospitals.

Drugs or alcohol caused, or contributed, to more than half of the deaths in 2018.

Methamphetamines were a leading cause and contributor of deaths associated with drugs or alcohol, followed by opioids. The combination of methamphetamine and opioids occurred in a third of cases where drugs or alcohol caused or contributed to death.

Thirteen people were found deceased in the car, RV, or camper where they were residing.





# Life Starts Collapsing A Friend Remembers

Their friendship went way back.

Kerry met Andy at the Portland Rescue Mission some years ago — maybe six or seven. Kerry isn't sure any more, and rubs his eyes as if to help recall the date.

They bonded over dramatic — and sometimes fanciful — tales of life outside. Kerry swore he'd been blown up in Old Faithful, and Andy told of being chased by a California biker gang. Their humor gravitated toward the macabre: Kerry has been assaulted six times in the past 14 months, and he imagines what Andy might have said about it, once he stopped chuckling, "That's just Kerry's luck."

Both had been close with their daughters, who were the same age. They talked about how good and smart the women were.

And both men had tried — again and again — to get sober.

"We'd be sober three or four months straight, then start drinking again," Kerry said. "He understood. I understood. You crash and burn and then get sober for a while. Then you lose a job, a relationship. Your mom gets mad at you. Life just starts collapsing on you. It catches up with you."

Andy was found dead July 15, 2018, on a trail behind Portland State University's football field. His pockets were inside out. Whatever he carried, or belongings he might have had, were gone. The Medical Examiner said he died of complications from chronic alcoholism.

The call from the Medical Examiner's Office came too late, about 10:30 that night, for his sister, Beverly, to visit his body.

"The hardest thing was that I couldn't get to Andy right then," she said. "I loved him. He was my baby brother. I've always taken care of him."

Beverly was 8 when Andy was born, and she

treated him like her little living doll.

“His belly button came off in my hand. I thought I broke him,” she said. “I was broken-hearted until my mom explained that was part of healing.”

The family lived in a middle-class Southwest Portland home. As kids they played outside until their father came home, when they would follow him inside, where their mother always had dinner and a homemade dessert waiting. On Sundays, the family attended the First Presbyterian Church.

“It was a very happy childhood,” Beverly recalled.

Andy was charismatic, but would often slip away to some place quiet, private.

“He had this habit of disappearing,” Beverly said. “I can’t tell you how many times my mom would say, ‘Go find Andy.’”

Everything came easily for Andy, his sister recalls. He excelled at everything, could learn every skill. But then he’d always want to move on.

He could have been a star athlete, but declined to join organized teams. He could have been a musician with an ear for music and a knack for the guitar, but he wasn’t interested in learning to read notes.

In school, he was a kind-hearted classmate who loved science and electronics, but he found classes a bore, and finally dropped out. He entered a mechanics program, then dropped out of that, as well.

Andy finally did land a job he loved, selling hearing aids for Paul Willoughby. He delighted in tinkering with the devices and helping people hear.

But he never did what was expected of adults — never bought a car, paid a mortgage or secured health insurance. He liked nice things but didn’t require them. He spent and shared his paychecks.

He drank. And then, he lost his job.

Beverly couldn’t pinpoint when Andy became homeless, or when she stopped thinking it might have been his choice. There were parts of being untethered he loved. The characters. Being on his own. Being away from things. Once, Andy told his sister, he met a man living outside who was hard of hearing, and had broken his hearing aid. Andy rummaged around the area until he found a bike spoke, which he used to fix the man’s device.

To make a bit of money, Andy sold copies of *Street Roots*, securing prime spots in front of the Safeway on Southwest Jefferson Street for himself and his buddy, Kerry. Customers and employees knew Andy well and supplied him with snacks of cake or fried chicken.

Through the years, Beverly kept hoping that Andy would stop drinking and find an apartment of his own. Along the way she

saved things that he might need — extra spoons, good dishes.

When he was sober, his sister attended his Alcoholics Anonymous meetings. She threw him a party when he earned a medallion after a year of sobriety. He tried again and again to stay sober, but nothing stuck.

“I assumed he would get a foothold,” she said. “But every time he would get into a program, somehow he would sabotage that, and I don’t know why.”

Andy would drop off the radar, leading Beverly to fear the worst. When temperatures spiked or dropped, when the rain began or when a rare snow storm swept through, she worried. She told herself that was Andy being Andy, “like a little crab or a turtle that would pull into his shell, he needed quiet time to restore himself.”

She worried someone would hurt Andy — like the time he woke up in a doorway and a stranger,

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“I loved him.  
**He was my  
baby brother.**  
I’ve always taken  
care of him.”

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hovering above, punched him in the face with a pair of brass knuckles.

“They didn’t know he was Andy,” Beverly said. “He was just a homeless person.”

Beverly still wonders, “Why?” Andy had a good start to life. Why was he homeless? Why did things end this way?

Few understand the pain in answering that question better than Kerry, Andy’s old Street Roots friend, whose own family and friends ask him the very same thing.

“I just drink too much,” he says with a shrug.

Today Kerry still sells Street Roots outside Safeway. But many terrible things have happened to him since his friend, Andy, passed away.

A group of teens hit him over the head with a metal pipe, he said, requiring doctors to close the wound with five staples. Another teen struck him with a wooden baton fashioned with a length of chain while he was sitting under the Burnside Bridge.

He’s been excluded from the library because of alcohol, which is painful because it’s his favorite place besides Safeway and the liquor store. And

he’s been excluded from the Portland Rescue Mission because of alcohol. He sleeps now on a bus that runs all night.

On a recent Friday, Kerry sits in the Street Roots office, working on his third cup of coffee. He rolls his suitcase nearby, along with his copy of *American CIPHER: Bowe Bergdahl and the U.S. Tragedy in Afghanistan*. He’s dressed in jeans, an Oxford and a colorful sweater, his thick hair brushed to one side.

Between the assaults, a lack of sleep and the alcohol, he said, his memory is slipping. Other things are falling apart, too.

His daughter has stopped talking to him. And his mother keeps emailing, begging him to stop drinking.

“She says she’s broken-hearted because of my drinking,” Kerry said. “She says she’s worried about me, that I’m going to die.”

Kerry paused then.

“When your mom says that,” Kerry said before stopping again, and rubbing his face, “it makes you think.”



An abandoned shoe on a foot trail near I-405 where Andy died.

# Methods

## Data Source

The Oregon State Medical Examiner maintains records of deaths investigated under its jurisdiction. Since December 2010, Multnomah County Deputy Medical Examiners have noted which people may have been homeless at the time of death. Deputy Medical Examiners make multiple attempts to identify a place of residence for decedents through scene investigation and interviews with relatives and social contacts.

According to ORS 146.090, the Medical Examiner investigates and certifies the cause and manner of all human deaths that are:

- (a) Apparently homicidal, suicidal, or occurring under suspicious or unknown circumstances;
- (b) Resulting from the unlawful use of controlled substances, or the use or abuse of chemicals or toxic agents;
- (c) Occurring while incarcerated in any jail or correction facility, or while in police custody;
- (d) Apparently accidental or following an injury;
- (e) By disease, injury or toxic agent during or arising from employment;
- (f) While not under the care of a physician during the period immediately previous to death;
- (g) Related to disease that might constitute a threat to the public health; or
- (h) In which a human body apparently has been disposed of in an offensive manner.

For the period Jan. 1, 2018, through Dec. 31, 2018, we extracted the date of death, sex, race, age, cause, and manner for death for records in which the individual's address was noted to be "domicile unknown" or "transient."

## Data Analysis

During calendar year 2018, 112 cases were identified as potentially homeless. Two reviewers independently assessed death narrative reports, supplemental information, and address information for each case to determine which investigations supported the classification of homeless using the Federal Housing and Urban Development or Health and Human Services definitions.<sup>1</sup> Discrepancies in classification were resolved by concurrent assessment or by using a third reviewer. Ultimately, 92 (82%) of 112 individuals initially coded as domicile unknown were classified as experiencing homelessness in Multnomah County at the time of their death. Of the 20 cases not included in this analysis, six lived elsewhere in Oregon but died in Multnomah County; for 12 cases there was not definitive information to confirm homeless status; one individual lived in supportive housing; and one person was housed. This analysis is limited to the 92 individuals experiencing homelessness in Multnomah County at the time of death.

To protect the privacy of decedents, demographic data is not reported if cell counts were below three. Low counts for manner of death is not suppressed because this information is publicly available from the Oregon Health Authority.

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1 <https://nhchc.org/understanding-homelessness/faq/>

To create the map (Figure 1), the variable "location of death" was used, unless the location was a hospital, in which case the location leading to the death was used, if known. Data were geocoded (i.e., assigned geographic coordinates) to the street level when possible; however, some locations were geocoded only to an approximate location (e.g., highway onramp). Decedents found on, or in, bodies of water, or with unknown incident locations, were excluded, leaving 87 deaths to be included on the map. A fishnet pattern was then overlayed, and points falling within each specific shape were summed. In this manner, individual death locations are obscured for confidentiality, but the overall pattern of death is displayed. Mapping was performed in ArcMap 10.3.1.

Because of the limitations of using Medical Examiner data for this report (e.g. calculating denominators is not possible because deaths could include non-Multnomah County residents), we compiled only the frequencies of each variable and did not attempt to analyze differences in this group of homeless decedents to any other group, or to estimate specific rates. Frequencies were compiled using SAS 9.4. For the season of death, the year was divided into October-March and April-September.





# Losing Tabitha to Save Her Children

Cindy Carlson had tucked the two youngest kids into bed. The two older kids were entertaining themselves in their rooms. It was about 7 p.m. on a Friday in January — cold, cloudy and long since dark — when a Beaverton police officer knocked on the door.

“Do you have a daughter named Tabitha?” the officer asked.

“Yes, I do,” Cindy said.

“Can we come in and talk to you?”

Carlson welcomed the officer in, her mind racing. The police had come looking for Tabitha before. Perhaps she had done something, or seen someone else do something wrong.

When the officer told her Tabitha was dead, it didn't sink in.

“What do you do?” Cindy asked later. “You sit there. You don't know. You're angry. You're heartbroken.”

Cindy afforded herself just that moment of private grief before turning to an equally painful task: how to tell Tabitha's four children.

Tabitha struggled with uncontrolled diabetes, chronic kidney disease, asthma and hypothyroidism. She had also used methamphetamines for the past 15 years. But when Cindy gathered the kids together the next morning, she told them the simplest truth: Your mom got sick. She fell asleep and she never woke up.

The 17-year-old cried, but the three younger kids, ages 12, 9 and 7, had barely known their mother. Cindy, their grandmother, had been their rock from the moment they were born. And she was

raising them the way she had raised Tabitha: to be strong, work hard and get dirty.

“She was a happy-go-lucky kid,” Cindy said of her daughter. “She liked to fish and garden and swim.”

Tabitha loved growing reliable crops such as carrots, tomatoes and lettuce. She loved her Strawberry Shortcake bike, complete with a little seat for the Strawberry Shortcake doll herself. And Tabitha loved the days when Cindy would pack peanut butter and jelly sandwiches and they’d drive out to a slough to catch monster catfish.

But Tabitha had a learning disability and struggled through school. With her mother advocating for her, Tabitha graduated through an Individualized Education Program at age 19 with a third-grade reading level.

As an adult, Tabitha longed for freedom and left her rural Washington County home for an apartment in North Portland. By 2001, less than two years after she graduated, Tabitha was diagnosed with manic depression and bipolar

disorder, became addicted to methamphetamines and given birth to a son.

Cindy babysat whenever she could. At least then she knew the boy was safe. But one day while Cindy was babysitting, Tabitha called. She had been driving with a man in a stolen car. They had wrecked and the man had split.

“The only thing to do is to turn yourself in,” Cindy said. Cindy thought a stay in jail might wake Tabitha up, but it was only the first in a revolving door of incarceration. The boy never went back to his mother.

Over the next 13 years, Tabitha faced charges in a series of crimes resulting from her addiction and mental illness, including unauthorized use of a vehicle, reckless driving, criminal mischief, forgery, theft and burglary.

Tabitha got sober at least three times, each time coinciding with a pregnancy. Cindy would learn

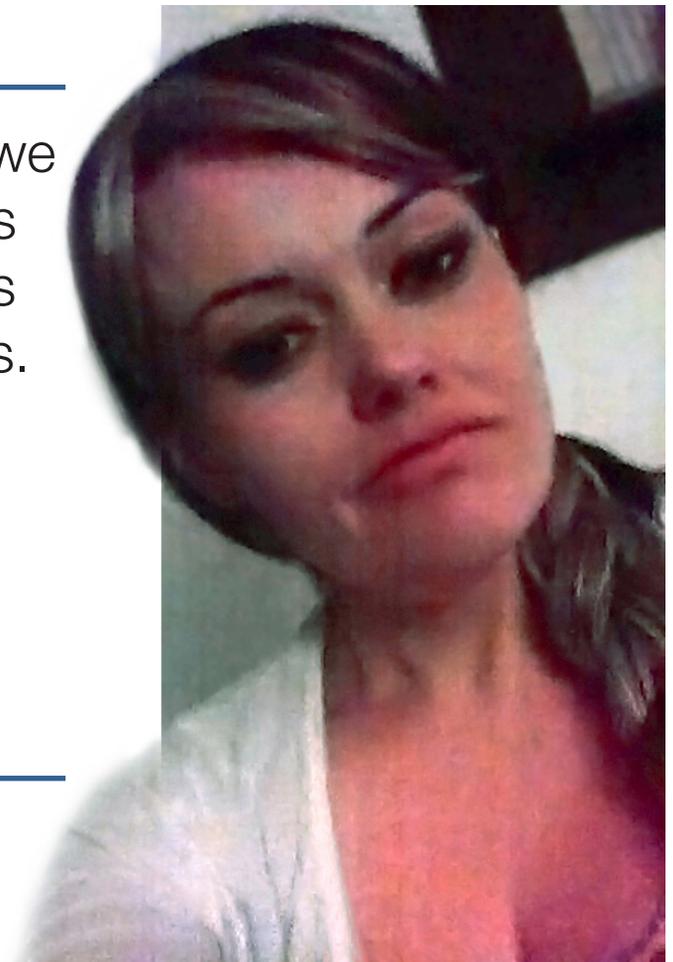
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“We always think of the legacy we leave behind, I don’t want hers to be that she was a homeless person who died on the streets.

**I want her legacy to be her children.”**

Cindy Carlson,  
Tabitha’s mother

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Tabitha was pregnant, bring her home and help her stay off drugs until the baby was born.

“I didn’t give her a choice to leave,” Cindy said. “It kept the baby safe.”

Living with her daughter could be a war when Tabitha flew into manic rages. And it was frustrating when they fought over housekeeping and clutter.

Cindy stopped trying to change Tabitha, stopped fighting over the disorder, the mess. Eventually, she stopped trying to rescue Tabitha. Because Tabitha had to choose, she said.

“You will forever and always be my baby. But now I have these little people who depend on me, like you did,” Cindy said, as if talking to her daughter. “You have to do what’s best for the little kids. I had to save the kids.”

Cindy watched Tabitha slip away after her youngest son was born. She was badly injured in an auto accident and won a \$25,000 settlement. She went through almost all of it in four months. But she did buy four little quad all-terrain vehicles for the kids. They’re still in the garage.

“I don’t have the heart to get rid of them, because it’s the only thing she ever did,” Cindy said.

Tabitha was 37 when her body was discovered on Jan. 3, 2018, in a trailer parked along Northeast Glass Plant Road. She died from an overdose of methamphetamines and methadone.

Death is difficult to forgive when it comes too soon, or when it feels like a choice.

“She made choices that were so about her that she forgot about them,” Cindy said of her grandchildren. “I’m angry. I raised her better than that. I sacrificed so much when I was younger. I’m angry she’s not here right now. I’m angry that I’m an older person. If something happens to me, what will happen to these kids?”

Today Cindy is raising them on her disability check. And she is raising them by example:

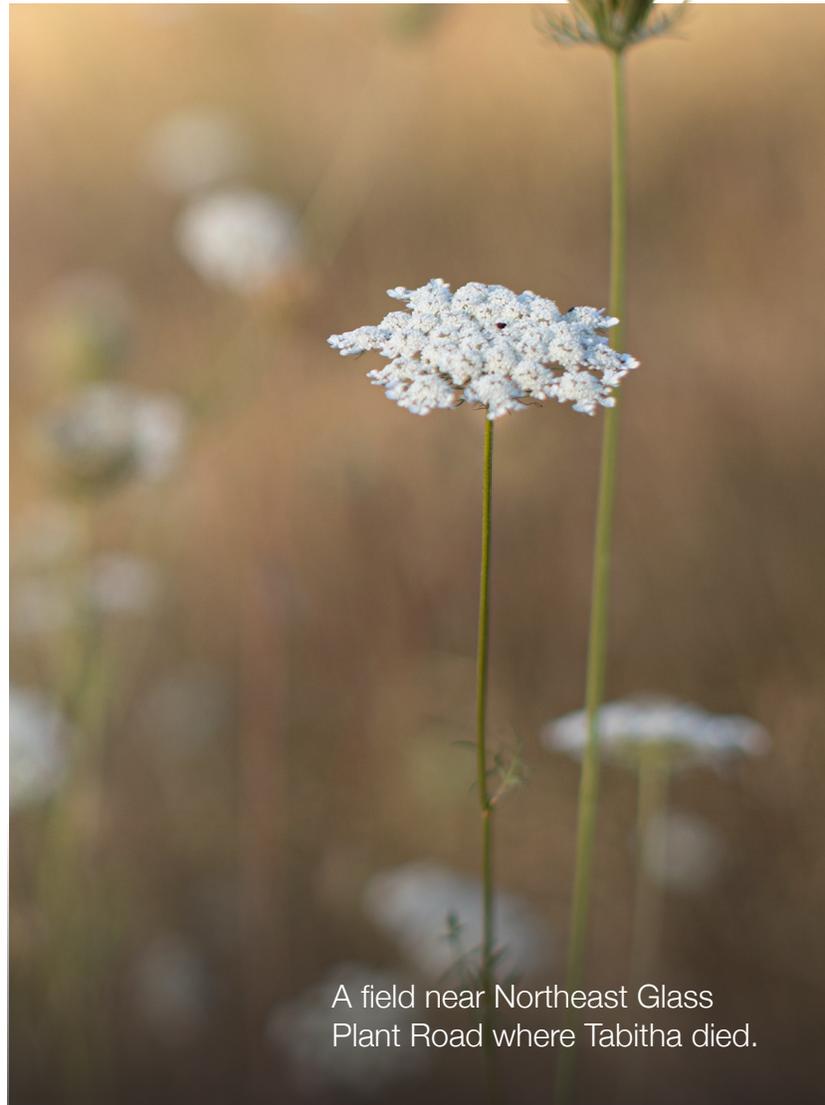
Don’t let people down. Finish what you start. Pick yourself up and step up. Do what you’re supposed to do.

“That’s part of life. You step up. You just step up. It’s just what you do,” she said.

Cindy looks at her daughter’s life and sees the wreckage. But she also sees her little girl. And she hopes that’s whom others will see when they pass someone on the streets. Someone’s daughter. Someone’s mother.

Tabitha was both.

“We always think of the legacy we leave behind,” Cindy said. “I don’t want hers to be that she was a homeless person who died on the streets. I want her legacy to be her children.”



A field near Northeast Glass Plant Road where Tabitha died.



# Results

## Age, Sex, Race

Seventy-six percent of individuals who died were male with an average age of 48 years. The 22 females who died had an average age of 44 years. Although race was not established in all cases, the majority of decedents were classified as White (73, 83%), followed by Black/African American (10, 11%). Other racial categories accounted for fewer than three deaths each. Racial information was missing for four of the deaths.

**Table 1**  
**Demographics of Homeless Medical Examiner Cases, Multnomah County, 2018**

Sex	Number (%)	Mean Age (range) (N=92)*
Male	70 (76%)	48 (22-76)
Female	22 (24%)	44 (20-70)
<b>TOTAL</b>		<b>47 (20-76)</b>
Race/Ethnicity*	Number (%) (N=92)	
White	73 (83%)	
Black/African American	10 (11%)	
Other	5 (6%)	

\*\*Note: Values may not add up to total due to missing data and low counts.

## Season

Because people experiencing homelessness are often exposed to the environment without shelter, we compared the frequency of deaths during cooler (October-March) and warmer (April-September) periods of the year. In 2018, half of all deaths (46, 50%) occurred between April and September, while 46 (50%) occurred during colder months. In two cases, hypothermia caused or contributed to death, both during in the colder October-March period.

**Table 2**  
**Season of Death among Homeless Medical Examiner Cases, Multnomah County, 2018**

Season	Number (%)
April - September	46 (50%)
October - March	46 (50%)
<b>TOTAL</b>	<b>92 (100%)</b>

# Cause and Manner of Death

The Medical Examiner's records include information on the cause and manner of death. The manner of death is classified as natural, accident, suicide, homicide or undetermined. Natural deaths are usually medical conditions, while the most common causes of accidental deaths are trauma and intoxication.

Table 3 shows the distribution of deaths by manner. Twenty-nine (81%) of the 36 accidental deaths were related to drugs or alcohol, while the remaining individuals died from trauma, five of 36 (14%), or drowning, two of 36 (6%). Of the 31 natural deaths, nine (29%) were from atherosclerotic or hypertensive heart disease, while eight (26%) were from complications from alcohol misuse. Other natural causes included uncontrolled diabetes and complications from chronic substance use. Almost 21% (19 of 92) deaths were suicides or homicides; most homicides, 60%, were caused by firearms. Six deaths had an undetermined manner.

**Table 3**

**Manner of Death among Homeless Medical Examiner Cases, Multnomah County, 2018**

Manner of Death	Number (%)
Accident	36 (39%)
Natural	31 (34%)
Homicide	10 (11%)
Suicide	9 (10%)
Undetermined	6 (7%)
<b>TOTAL</b>	<b>92 (100%)</b>

## Toxicology

In 49 (53%) of the 92 cases, drug or alcohol toxicity caused or contributed to death. Some of these 49 deaths were caused by more than one substance, but the leading causes of toxicity were methamphetamine (55%), opioids (47%), and alcohol (31%). The combination of methamphetamine and opioid was particularly common, 15 (31%) of 49 deaths.

**Table 4**

**Deaths Involving Substances as Primary or Contributing Causes of Death among Homeless Medical Examiner Cases, Multnomah County, 2018**

Substance	Number (%)
No substance	43 (47%)
Any substance*	49 (53%) of all 92 deaths
Any methamphetamine	27 (55%) of 49 substance related deaths
Any opioid (heroin, prescription, illicit or unspecified)	23 (47%) of 49 substance related deaths
Any heroin	15 (31%) of 49 substance related deaths
Any alcohol	15 (31%) of 49 substance related deaths
Any opioid plus any methamphetamine	15 (31%) of 49 substance related deaths
Any prescription opioid	15 (31%) of 49 substance related deaths
Any fentanyl	2 (4%) of 49 substance related deaths

\*Note: Deaths involving more than one substance fall under more than one category; total will be greater than 49.



Looking out on the Columbia River where one man was found in 2018.

## Location

Nearly one-third of homeless deaths occurred in outdoor public spaces, followed by hospitals (Table 5). Thirteen individuals were found deceased in a vehicle (car, RV, or camper) where they were residing.

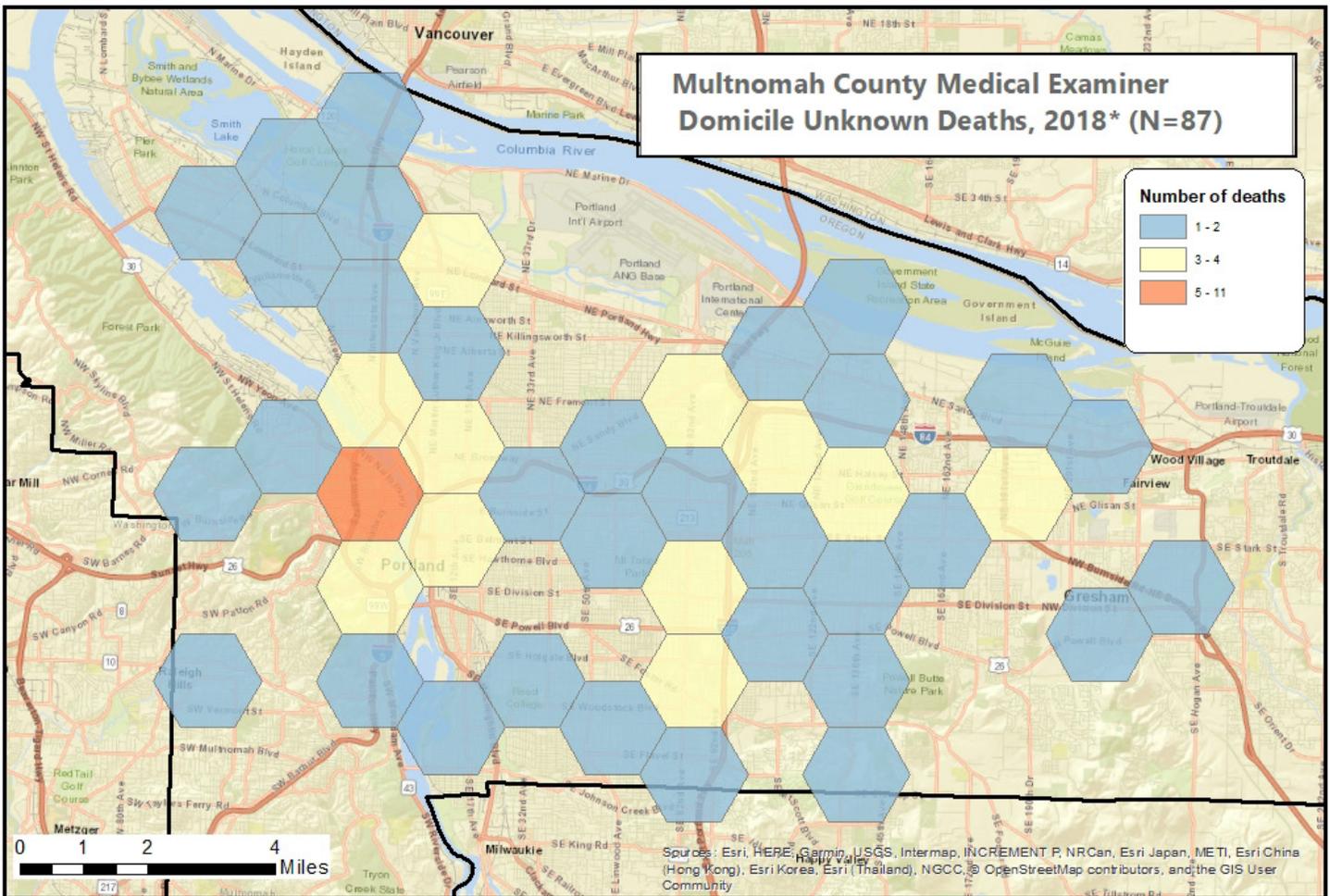
**Table 5**  
**Location of Death among Homeless Medical Examiner Cases, Multnomah County 2018**

Location	Number (%)
Outdoor public	29 (32%)
Hospital	16 (17%)
Car, RV, camper*	13 (14%)
Home/apartment	13 (14%)
Other non-residential	8 (9%)
Hotel/motel/shelter	7 (8%)
Outdoor private	3 (3%)
River	3 (3%)
<b>TOTAL</b>	<b>92 (100%)</b>

\* Found dead in/around vehicle versus struck by vehicle

Figure 1 shows the location of homeless deaths by location of deceased. For individuals who died in hospitals, the location is where the event leading to death occurred, if known. Deaths in or around rivers are excluded from the map. Deaths have a larger concentration in the downtown core, and near the other east-west and north-south arterials of I-84 and I-205.

**Figure 1. Multnomah County ME Domicile Unknown Cases by Location of Death, 2018**



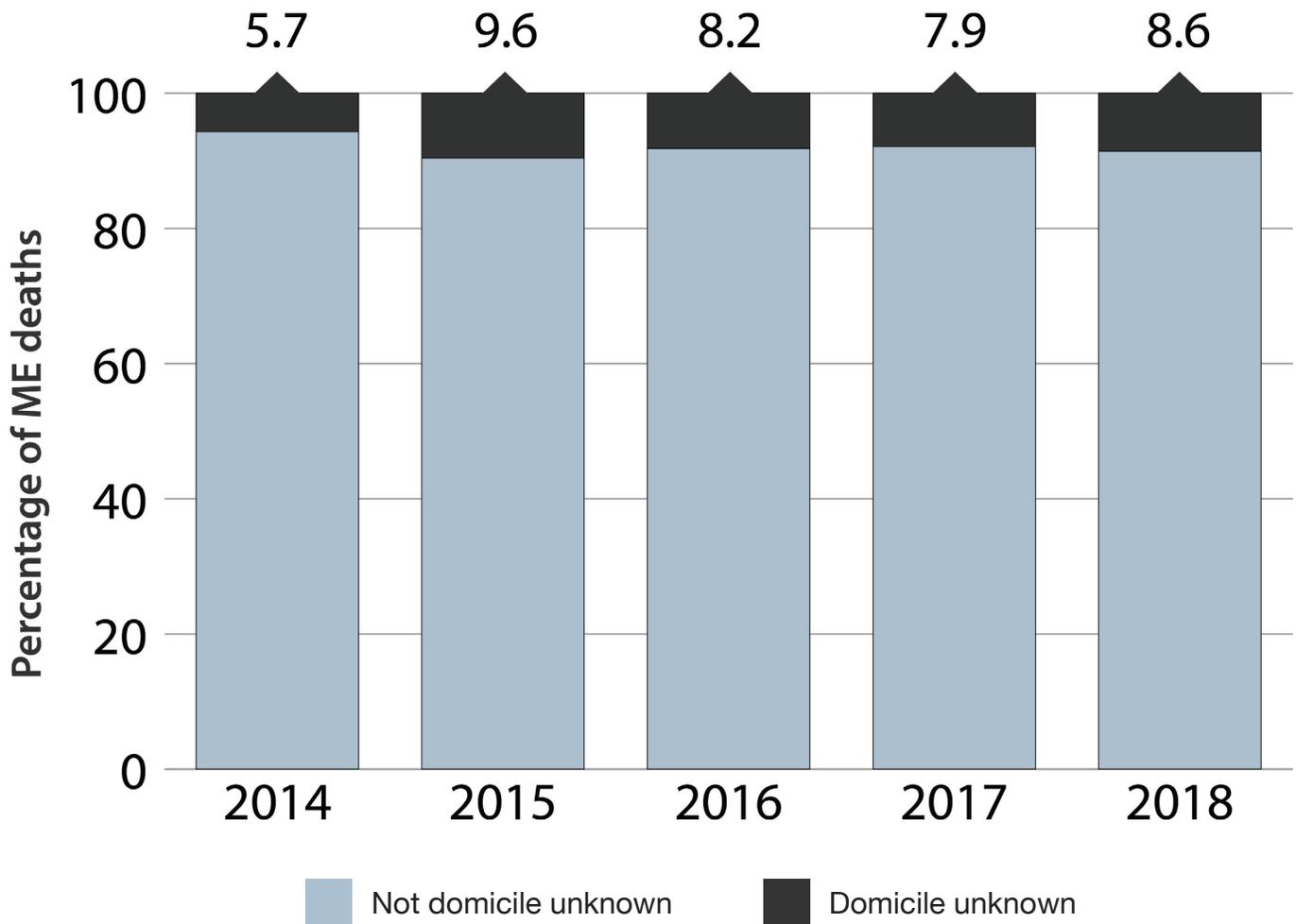
\*Map based on Multnomah County analysis of Office of the State Medical Examiner (SME) data for Multnomah County Domicile unknown cases. If death occurred at a hospital, then the incident location was used for the map, if known. For some locations, the closest intersection was used.



# Comparison to Previous Years

Since 2015, the proportion of Medical Examiner deaths occurring in homeless individuals has remained stable, averaging 8.6% over that four-year period.

**Homeless deaths as a percentage of total  
Medical Examiner Cases,  
Multnomah County, 2014-2018**



Data source: Local analysis of Medical Examiner data. Numbers may vary from previous reports due to refinements in case definitions.



# Vulnerable to Violent Crime

Tyler Chism knew the streets weren't safe. He knew because he had been sleeping on them ever since he began bouncing in and out of the adult foster care homes where he was sent to live at 18, to help manage his pervasive developmental disabilities.

He stopped taking his medication or going to counseling about when he turned 25. But as the rains began in the fall of 2018, he called his father, asking to come home.

"He was feeling desperate to find housing. He knew winter was coming" said his father, Mark Chism. "There's nothing a parent can do but identify ways of being supportive. But that couldn't include having him come live with us. We considered that."

Instead, he offered to reconnect Tyler to his

caseworker at the Oregon Department of Human Services for placement in a new foster care home.

That was the last time he heard from Tyler.

Early in the morning of Oct. 25, 2018, Tyler and his girlfriend were walking past the Lan Su Chinese Garden, carrying their belongings. They were arguing, which drew the attention of a man standing nearby. That man allegedly drew a sword from a walking cane and stabbed Tyler through the chest, puncturing his lungs, liver and aorta.

Tyler Chism was 28. He was one of 10 people killed in Multnomah County while experiencing homelessness in 2018, compared to four in 2017.

Among them was a young Street Roots vendor strangled in the back of a 2004 Pontiac Montana van, her body discovered days later in a tow lot.

Among them was a middle-aged man with a mental illness who was shot during an altercation

with a tattoo parlor owner in a strip mall parking lot.

And among them was a senior citizen, one of two people allegedly shot at random one November night by a convicted felon.

Law enforcement agencies don't routinely track the housing status of violent crime victims. But homeless advocates say they don't need that level of data to state the obvious.

"We've long said that homeless folks are much more likely to be the victims of crime than the perpetrators of crime," said Megan Husting, executive director of the National Coalition for the Homeless. "It's not just the numbers that have come out of your county."

The coalition has teamed up with the National

Healthcare for the Homeless Council and local governments across the country to better track and understand deaths among people experiencing homelessness. Few governments know the housing status of people who die.

"We don't want folks to disappear without recognition," Husting said. "It's a common misconception that there are crazy people on the streets are making our lives dangerous. When you're homeless, you are in an extremely vulnerable position."

Matthew Jacobsen, an acting sergeant for the Portland Police Bureau's Neighborhood Response Team, said the bureau doesn't track victims' housing status when investigating crimes. But he agreed with advocates that people experiencing homelessness are more likely to be victimized. He said the factors that people might assume would make someone dangerous — an addiction or mental illness — are actually what makes them more vulnerable to violent crime.

"In my experience, mental health issues and drug use can be very high," he said. "Those factors can put people in dangerous situations and make them vulnerable to a variety of crimes."

Tyler Chism's murder was a traumatic end to a traumatic life. Tyler had already been through trauma when Mark and Heather Chism adopted him at age 2. The family tried to offer him a stable life; he was a Cub Scout and Boy Scout, and played hockey and soccer. He picked up the guitar and discovered a talent for drawing.

But he expressed behavioral problems so severe that no counselor or psychiatrist could settle him. The Chisms placed Tyler into state residential treatment at age 13.

For the next 15 years, the Chisms were his advocates, as he continued his education and moved from foster care home to foster care home. They celebrated birthdays and holidays and still recall the day he graduated from the Serendipity School.

"It was a big celebration. He was so proud," Mark



Chism recalls. "He was indeed."

Whenever Tyler was asked to leave a foster care home, or whenever he chose to leave, his parents would reconnect him to a caseworker for placement somewhere else. And they drove in from the Oregon coast to see Tyler whenever he asked.

"It was always very short," Mark Chism said. "He would get ahold of us when he needed or wanted something."

The exchanges left the Chisms frustrated and sad. Tyler was an adult, and at some point he had to figure things out for himself. Mark and Tyler had some hard conversations over the summer of 2018, about choices, housing and the extent that his parents could help.

The what-ifs have come to haunt Tyler's parents. If only they could go back and do things differently, maybe Tyler wouldn't have been on that corner in downtown Portland at 2 a.m. Maybe he wouldn't have been killed.

"There's nothing we can do," Heather Chism said. "Even if we follow the process and see the person in jail, it doesn't bring Tyler back and it doesn't give us a chance to make things right."

"Those regrets are permanent," Mark Chism said. "Regret doesn't rule my life. It's just there and it's part of things. It will probably always be there. A permanent fixture, and there's no remedy for it."



Tyler Chism's dream album cover drawing.

# Acknowledgments

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