



Domicile Unknown

Review of deaths among people experiencing homelessness in Multnomah County in 2020





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.



A Message from Multnomah County Chair Deborah Kafoury

This Domicile Unknown report is the ninth that I have partnered with Multnomah County’s Health Department, the Medical Examiner’s Office and Street Roots to release. The stories in this report remind us, as they do every year, that those who passed away, as well as the people who are surviving outside right now, are indeed our neighbors. The people living and dying on the streets are often the same as those who once lived in their own homes like most members of our community — homes that offered them protection from the elements, the constant trauma and the instability that snowballs basic unmet needs into life-threatening crises with terrifying speed.

And while this report has always been descriptive in nature, it has also repeatedly served as a force for change. The analyses have driven many of the County’s, and even the state’s, policy directions and advocacy around the life-and-death challenges people experiencing homelessness face. Each heart-rending story of someone our community lost has clarified what’s at stake.

Over the years, the data and stories found in Domicile Unknown painted a stark picture of just how devastating and fatal the opioid epidemic was to people experiencing homelessness, infusing urgency into the decisions to mandate safer prescribing practices, expand treatment options like medication-assisted treatment and dramatically broaden the distribution of naloxone. The report has

also both guided and pushed our efforts to expand shelter access when and where they’re needed most — especially during bouts of extreme weather — and finding ways to make them more supportive, welcoming and inclusive.

Recently, the Oregon Legislature emphatically recognized the value of this report, passing Senate Bill 850, which requires all Oregon death reports to document if the decedent was homeless — indicated by entering their address as “Domicile Unknown.” Local jurisdictions across Oregon will now have the opportunity to leverage a more accurate picture of the number and nature of homeless deaths into urgent and responsive action.

The life-changing, life-saving difference that housing can make is exactly why we are working urgently to push the resources we have into programs and interventions that help people find safety, stability and a path forward.

In March 2020, when COVID-19 first began to spread in our community, we responded quickly to care for those who were living outside and at heightened risk for contracting the virus and prone to its more serious effects. Adding temporary shelter sites allowed us to maintain the number of shelter beds while practicing physical distancing.

However, it was the quick shift to providing individual rooms in physical distancing motel shelters and voluntary isolation motels that allowed us to offer a deeper sense of safety and hope that comes with being able to sleep under a roof, on a bed, behind a locked door. I’m grateful that these decisive actions helped us avert the surge of COVID-19 deaths that we feared was possible among those who were living outside.

Throughout the pandemic, we have also been preparing to fully leverage an historic opportunity to finally scale up our system of care, which has struggled to keep up with the immense need. Since the first dollars from the 2020 supportive housing ballot measure were made available in July 2021, we've begun the urgent work of moving more people than ever along the pathway to urgent housing, as well as preventing people on the edge of losing their homes from falling into unsheltered homelessness. We're doing that by providing more shelter, rent assistance and subsidies, and support services.

Critically, these strategies get people into existing homes now, and aren't reliant on the construction of new homes that can take years. We're also adding hundreds more shelter beds to our system, including the expansion of motel shelters, alternative village-style shelters and outreach teams.

And addressing a renewed methamphetamine crisis will also require ambitious policy actions. Key to our intervention will be the opening in 2022 of the downtown Behavioral Health Resource Center and smart, evidence-based use of Measure 110 funding to make effective addiction treatment as accessible as possible.

The crisis of homelessness is the result of decades of federal disinvestments and systemic economic inequalities, and local jurisdictions across the country are left to address the real-life consequences of

those disastrous decisions and unjust structures. Our understanding of the scope of, and solutions to, the challenges our neighbors surviving outside face wouldn't be possible without Domicile Unknown, which provides a painful but indispensable register of the risks and fates these neighbors experience.

This report continues to inform our policies and interventions. But just as importantly, it offers a profound connection to the people for whom the crisis of homelessness traumatizes their bodies, minds and souls, too often fatally. Their stories show us that rather than looking for ways to shuffle our houseless neighbors out of sight, we should be pouring our efforts into connecting them with the support, the stability and, ultimately, the homes they need to heal, recover and thrive. That's what we are doing, and that's what we will continue to do.

Finally, I want to thank the Medical Examiner's Office and the staff of the Multnomah County Health Department who worked so hard to complete this report, as well as the perennial partnership of Street Roots. A special thank you, also, to Dr. Paul Lewis who, as an on-call Deputy Health Officer, remains as dedicated as ever to leading this effort. Together, may we honor those whom we've lost by continuing to fight for those who live among us as neighbors.

Deborah Kafoury
Multnomah County Chair



A Message from Street Roots Executive Director Kaia Sand

The fight to create housing is, always, about saving lives.

For nearly a decade now, Street Roots has published this Domicile Unknown report with Multnomah County and the Medical Examiner. As a newspaper and an advocacy organization that works alongside hundreds of people experiencing homelessness every year, Street Roots is committed to communicating, and making meaning from, information.

Informed, we can more effectively act.

So now, with a decade of accumulated knowledge, there are harsh patterns worth noting. Most clear is this: People on the streets die decades before their time. This year, similar to most years, the average age people die is 46.

Just as Black, American Indian and Alaskan Native Portlanders are overrepresented in homelessness, so too did they die at a higher rate than white Portlanders experiencing homelessness in 2020.

People die ravaged by violence. Notably this year, gun violence harms people who live their lives in public. Every year, people medicate their struggles, and die in that way. More and more, it's the viciousness of methamphetamines that is taking lives.

It is startling that none of the deaths were caused by COVID-19, although it is important to note that

hospital deaths aren't tracked here. Still, it's worth noting the significance of Multnomah County and the Joint Office of Homeless Services' efforts to create spaciousness in shelters, to prop up tiny house dwellings so people wouldn't congregate in tight indoor spaces, and to provide motels for people on the streets exposed to COVID. Those were likely all life-saving measures.

This report underscores that providing housing and support services are about saving lives. When a person secures housing, they can stay out of this report's heartbreaking tally.

Each time someone we know at Street Roots moves into housing, we celebrate. The woman who told me that her best housewarming gift would be a pineapple upside down cake. The man who wanted a start off my spider plant so he could grow his own houseplant. The rhapsody about regular access to showers. The man who has struggled for years with an addiction to methamphetamines on the streets, and who knew clearly that he couldn't balance recovery with survival. His recent housing gives him a fighting chance. The people who now have housing to return to after hospital stays.

On and on, each person who moves into housing, and who receives services for their mental health and addiction, is a person for whom we are saying that we care that they live.

We light candles each year to honor all the people who die. Let us mound up the house keys so more people can live.

Kaia Sand
Executive Director, Street Roots

Executive Summary

For nearly a decade, Multnomah County’s “Domicile Unknown” report has provided a detailed, unflinching account of the number, causes and characteristics of homeless deaths in our community. Many of the deaths assessed in this year’s report come against the backdrop of a deadly once-in-a-century pandemic that deepened the vulnerabilities experienced by people surviving outside, while affirming that housing is undeniably as much a matter of health as it is a human right. The work of finding and implementing effective solutions to public health crises, whether it’s homelessness or any other epidemic, is critically dependent on the kind of information gathered and interpreted through this report.

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 resources and policies that can save lives.

The Multnomah County Health Department’s annual review of homeless deaths finds that during calendar year 2020, 126 people died in Multnomah County without a home of their own. The number of deaths in 2020 is the highest since Multnomah County began producing Domicile Unknown. However, the proportion of deaths occurring in homeless individuals has remained steady, averaging about 9 percent of all the deaths investigated by the Medical Examiner, over the most recent five years.

Since the Multnomah County Health Department and Medical Examiner began tracking deaths among people who were homeless in 2011, at least 766 people have died. In 2019, 113 people died, preceded by 92 people in 2018, 79 in 2017, 80 in 2016, 88 in 2015, 56 in 2014, 32 in 2013, 56 in 2012 and 47 in 2011.

Almost all these deaths were premature and preventable.

Key Findings

- The average age of death among people experiencing homelessness was 46, more than three decades younger than the average life expectancy for someone living in the United States.
- None of those identified as having their Domicile Unknown in 2020 succumbed to COVID-19. Some cases may have been omitted, however, as any individual hospitalized for at least 24 hours prior to a natural death would not be captured in this report.
- Methamphetamines were a significant factor, contributing to 62 deaths — nearly half of all deaths and nearly 80% of all deaths involving substances — the highest total number and highest percentage of total cases since Domicile Unknown was first published.
- Six of eight homicides were carried out with a firearm, the highest percentage in at least three years for which data was published. That tracks with an overall local increase in gun violence in 2020, when shooting incidents reported to the Portland Police Bureau more than doubled, from 388 in 2019 to 891 in 2020.
- Fewer people took their own lives in 2020; four deaths — representing 3% of all deaths — were from suicide, the smallest percentage since Domicile Unknown was first published in 2012.



Christopher Madson-Yamasaki

Born March 20, 1993. Died Feb. 27, 2020. Age 26.

From his late teens until his death at 26, Christopher Madson-Yamasaki had been trapped between warring forces: an addiction for which no medication could ease the craving, and a mental illness that kept recovery just out of reach.

Chris was just a few weeks shy of his 27th birthday when he overdosed on methamphetamines in a tent tucked below an overpass of Interstate 405. Anything of his that might have been valuable had been stolen by the time an anonymous caller dialed 911 early Feb. 27, 2020. Christopher had been left with a blanket, two sleeping bags and a pair of shoes.

Chris was among 62 people experiencing homelessness in 2020 who died of an overdose of methamphetamines. Methamphetamines caused nearly half of all deaths among people experiencing homelessness, and nearly 80

percent of all deaths involving substances. That's the highest total number and highest percent of total cases since Domicile Unknown was first published in 2012.

"It was such a struggle for Chris for so long," said his mother, Hope Yamasaki. "He did want to get help."

Chris was a wild kid who loved to be outside and ride his bike. He built structures out of tape and cards, assembled miniature freeway systems around his bedroom, and took apart electronics only to reassemble them in working order. He talked incessantly and, no surprise to his mom, was diagnosed with Attention Deficit Disorder.

"Chris was amazing. He was so kind and so nice. Even when he was young and wild," Hope said. "He had a bravery about him."

Once the family took a trip to visit the Space



Needle in Seattle. “We got there, and he thought we were taking off and he was so ready,” Hope recalled with a laugh. “He had no fears about heading into outer space.”

Chris excelled in school, and enrolled in vocational training through Job Corps to earn his diploma. In 2013, he entered AmeriCorps. The program sent him to a Colorado wind farm.

That’s where he had his first breakdown.

“He didn’t hurt anyone,” Hope said. “But he thought people could read his mind.”

He was asked to leave AmeriCorps and entered an in-patient treatment program. He was diagnosed with schizoaffective disorder, a chronic condition in which someone experiences symptoms of schizophrenia and disorders such as depression.

Chris secured a spot in a group home for young adults with mental illness, where a staff member watched him take his medication each day. But when he transitioned to independent housing, he stopped taking his medications and started using methamphetamines.

He lost his housing, and was too paranoid to remain in a shelter. Hope had other children at home, so she couldn’t let him stay at their house. When Chris visited once during a delusional break, she said, he lit papers on fire in the living room. Hope had to call the police.

“We spent so many years going in and out of programs,” she said. “I can’t even count. We went back and forth to in-patient. He was kicked out of rehab because of mental health problems and kicked out of mental health programs because of drugs.”

At the time of his death, Chris was on the waitlist for a residential treatment program for people with a dual diagnosis of mental illness and drug addiction.

Hope doesn’t remember who came to her door to tell her her son was dead. She had expected it, dreaded it, and lost faith that the system would save him.

Today she thinks about those glimmers of Chris — the real Chris — that she could glimpse when he was in treatment, on medications.

“It’s my kid. And when he was on his meds, you would see him again. Not all the way, but I would be so happy,” she said. “But it’s so fragile.”



Methods

Data Source

The Oregon State Medical Examiner maintains a database of all deaths investigated under its jurisdiction. In December 2010, the data field “domicile unknown” was added to the database for Multnomah County so that deaths of individuals who may have been homeless at the time of their death could be easily extracted. Death investigators make multiple attempts to identify a place of residence for decedents through scene investigation and interviews with relatives and social contacts.

According to ORS 146.090¹ 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, in a correctional facility or 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 which might constitute a threat to the public health; or
- h. In which a human body apparently has been disposed of in an offensive manner.

¹ https://www.oregonlegislature.gov/bills_laws/ors/ors146.html

Data Analysis

We extracted case information for all investigated deaths under Multnomah County jurisdiction during 2020 from the Medical Examiner database. Two hundred and two deaths were selected for review based on whether they 1) were flagged as “domicile unknown” or 2) had an indication of homelessness in the address field [“transient,” “homeless,” etc.] or had no address information. 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.² Discrepancies in classification were resolved by concurrent assessment or by using a third reviewer. Ultimately, 126 (62%) of the 202 individuals initially flagged as potentially domicile unknown were classified as experiencing homelessness in Multnomah County at the time of their deaths. Of the 76 cases not included in this analysis, 30 (15% of the 202 individuals initially flagged as domicile unknown) included information that indicated that the individual was likely not experiencing homelessness; 46 (23% of the 202 deaths) did not have enough information to determine homelessness status. This analysis is limited to the 126 individuals experiencing homelessness in Multnomah County at the time of death.

To describe the race and ethnicity of decedents, we matched Medical Examiner records to vital records death certificate data. Typically, funeral directors gather information on race and ethnicity from next of kin or close informant interviews and this data is typically more robust than the available Medical Examiner data. Although misclassification of race and ethnicity on death certificates occurs, especially for persons of American Indian or Alaska Native ancestry, it is low for White and Black populations and has decreased over time for the Hispanic and Asian/Pacific Islander populations.³ We categorized decedents using a rarest race algorithm. If a person only has a primary race or ethnicity listed, then that race is what is represented for them. If a person has three or more races listed then they are classified as “multiracial.” If a person has two races listed then they are assigned to the rarest group based on region-specific population data (i.e., American Community Survey (ACS) Public Use Microdata Sample (PUMS)) for Multnomah County.

The rarest groups in Multnomah County per ACS PUMS data are (rarest to least rare):

1. Native Hawaiian, Pacific Islander
2. American Indian, Alaska Native
3. Black, African American
4. Asian
5. Hispanic
6. White
7. Unknown

Because the rarest group may be different across geography and time, race data obtained from this method may not be comparable. (For example: In the State of Oregon, “Black, African American” is the second-rarest group, while it is the third-rarest group in Multnomah County.) Similarly, this approach may result in overestimates of death among the rarest groups.⁴

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

3 https://www.cdc.gov/nchs/data/series/sr_02/sr02_172.pdf

4 <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le7721a.pdf>

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

To create the map (Figure 1), the location where a death occurred was used, unless the location was a hospital, in which case the location leading to the death was used, when known. We geocoded addresses (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, for a total of 111 deaths reflected on the map. A fishnet pattern was then overlaid, with points falling within each specific shape summed. In this manner, individual death locations are obscured for confidentiality, but the overall pattern of death is displayed. Mapping was performed in ArcMap 10.5.1.

To assess the trend in absolute numbers of deaths over time, Joinpoint regression was utilized.⁵ Joinpoint takes count or rate data and determines where lines are best connected together. For count data, a poisson regression is run with the year as the independent variable. Joinpoint determines the annual percent change and if this value is statistically significant from zero at the $p=0.05$ level. We used Joinpoint 4.8.0.1 for this regression analysis.

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 and incomplete ascertainment since not every death of a homeless individual comes to the attention of the Medical Examiner), 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 and means were tabulated using SAS 9.4 (SAS Institute, Cary, NC).

5 <https://surveillance.cancer.gov/joinpoint/>



Amber Coughtry

Born Oct. 16, 1978. Died Sept. 29, 2020. Age 41.

“I don’t mind talking about Amber, but it makes me cry,” Laurie Bushnell’s voice broke, and she was quiet.

Then she sucked in a breath and went on.

“She had so many friends, from the time she was born. She was so willing to talk to everybody. To be nice to everyone. She didn’t have a bad thing to say about anybody,” she said of her daughter.

Amber Coughtry grew up in Lynnwood, Wash. She loved to roller skate and spent evenings at the rink with friends. Every once in a while, her parents would take her to a concert; the highlight of her youth was seeing Madonna. She excelled in school until she was 16, when her grades started to slip.

Her parents and a caring teacher encouraged her to get back on course, and Amber buckled down, finishing her final two years of school in a single year.

By her early 20s, she had a little girl, a duplex and a good-paying job. But Amber’s mom could see some troubling changes, too. At first, she thought it was just marijuana.

Then came a cascade of unfortunate events. In her late 20s, Amber lost her job and let her car insurance lapse. Then she got in an accident, and the driver of the other car filed suit. She had no money to take, and then her license was revoked. She couldn’t afford the duplex, but qualified for an affordable housing unit. By then she had three little ones to care for.

“That’s when things started getting worse for her. I had no idea how bad,” Laurie said. “She always thought things would get better. Well, things didn’t get better. She loses the apartment and comes and lives here. She knew she always had a place here.”



“I don’t know when it started, but she started struggling with depression,” Laurie said. “She just, it was like she was giving up.”

Amber lost custody of her kids. At the same time, she reconnected with a high school classmate, Billy Lewnes. Neither had a job, and soon they landed on the streets. They left for Portland in 2018 in part to be closer to Billy’s mom.

“You can always come back. You always have a place here,” Laurie told her daughter.

The last time they spoke, Amber and Billy called from Astoria, where they were vacationing with Billy’s mom in a hotel. Amber talked about how much she was enjoying the small luxury of a shower. As Laurie and Amber always did before hanging up the phone, they each said, “I love you.”

Amber and Billy were sleeping in their car, avoiding busy areas and established camps. The evening was warm and dry Sept. 28, 2020, when Amber and Billy pulled into a gravel lot next to Force Lake at the Heron Lakes Golf Club.

Police don’t know exactly what happened in that lot, or when. But sometime during the night, the couple was gunned down.

Laurie found out when a local officer knocked on her door. It didn’t make any sense, she thought. Amber was so easygoing, she would have given someone anything they wanted.

“I don’t think either one was worried about violence. She never said she felt like they were in danger,” Laurie said. “You know, as a mom, you think about it. When we took a long drive, we all slept in the car. We’d take a little nap. You just don’t think that’s going to happen.”



Results

Age, Sex, Race

Seventy-nine percent of individuals who died were male with an average age at death of 46 years. The 26 females who died had an average age of 43 years. The majority of decedents were classified as White (95, 75%), followed by Black/African American (14, 11%) and Hispanic (7, 6%).

Table 1
Demographics of Homeless Medical Examiner Cases,
Multnomah County, 2020

Sex	Number (%)	Mean Age (range) (N=126)
Male	100 (79%)	46 (21-76)
Female	26 (21%)	43 (21-69)
TOTAL		46 (21-76)
Race/Ethnicity	Number (%) (N=126)	
White	95 (75%)	
Black/African American	14 (11%)	
Hispanic	7 (6%)	
American Indian/Alaska Native	5 (4%)	
Other or unknown	5 (4%)	



Season

Because people experiencing homelessness are often exposed to environments without shelter, we looked at the frequency of deaths during cooler (October-March) and warmer (April-September) periods of the year. In 2020, about half of all deaths (65, 52%) occurred between April and September, while 61 (48%) occurred during the colder months of October-March. There were three deaths where hypothermia was listed as a cause or a significant other finding related to death, and all occurred in the October-March period (data not shown).

No one died from hyperthermia (heat-related illness) in 2020.

Table 2

Season of Death among Homeless Medical Examiner Cases, Multnomah County, 2020

Season	Number (%)
April - September	65 (52%)
October - March	61 (48%)
TOTAL	126 (100%)

An extreme heat event arrived in Multnomah County on June 25, 2021. Between June 25 and June 30, 2021, the County recorded temperatures during three consecutive days of 108, 112 and 116°F, shattering previous records. Although this year's Domicile Unknown report does not include the time period of the heat event, we acknowledge that the impact of this heat event was most immediately felt by those unable to flee or to cope, including persons experiencing homelessness. Preliminary analysis of heat-related deaths (as of Dec. 7, 2021) identified 68 persons succumbing to hyperthermia; at least two were experiencing homelessness.



Ryan Homsley

Born May 2, 1981. Died Nov. 7, 2020, Age 39.

An ambulance dropped Ryan Homsley at a local emergency room on the evening of Nov. 6, 2020. He was complaining of general pain. But without an obvious injury, and because staff thought he seemed interested only in a refill of narcotics, Ryan was discharged into what was now a crisp night. He continued to wander the hospital grounds, dancing on the helicopter pad and gyrating along the fence. It rained, and in the early morning the temperature dipped to 36 degrees.

When a construction worker spotted him at 7 a.m., Ryan was stumbling. After Ryan collapsed into a muddy ditch and stopped moving, the worker flagged down an ambulance. But it was too late. Ryan died from a combination of methamphetamines and hypothermia.

His clothes — two jackets, a long-sleeved shirt, sweatpants, jeans, four socks and sneakers — were soaked through.

Ryan Homsley had struggled for decades with poorly treated diabetes and an addiction to opioids. For a time, he was better known to the public as the Where's Waldo Bandit, making

headlines for holding up banks and promptly being caught.

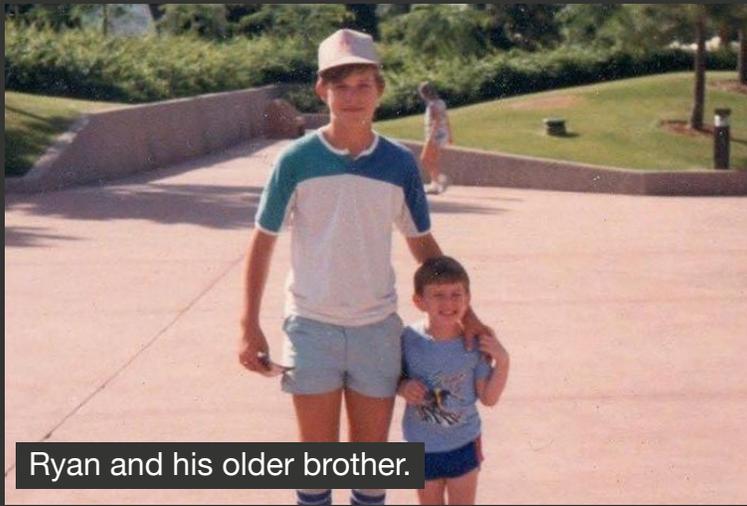
"I did love him. And it's sad. But also frustrating," Noah Homsley said of his brother's life and death.

Noah can't recall a time when it didn't seem like his brother, who was 10 years younger, wasn't trying to manipulate people to get what he wanted. The brothers were never close, but as younger men they had both moved across the country to Portland — Noah first, and then Ryan — away from their family in South Carolina.

When Ryan was in his mid 20s, his mother died.

"I didn't notice a problem until after mom died," said his younger sister, Kelly O'Dowd. "He was married, had a stable job. Then everything crumbled really quickly. He started drinking a lot. His marriage fell apart."

By the time he moved to Oregon, Ryan had already tried treatment for an addiction to pills and heroin. Noah hoped Ryan would start fresh on the West Coast.



Ryan and his older brother.



“I had a next-door neighbor with an extra bedroom,” he said. “And Ryan could stay there if he would agree to get a job within a month and be a productive citizen.”

Ryan didn’t pay rent, and he didn’t stay sober, so he was kicked out. Then Noah offered him his family’s basement room, if he would stay sober and be honest. Not long after that, however, Noah and his partner came home from a show at the Doug Fir and discovered their liquor was gone.

Ryan left Noah’s house and entered homelessness.

Five years after moving to Oregon, Ryan, bespectacled and wearing a striped sweater, walked into a KeyBank branch and asked for cash. Dubbed the Where’s Waldo Bandit, he was arrested three days later, after bragging about the crime on social media. He served just under two years in prison. But then, immediately upon release in 2013, he robbed a U.S. Bank branch in downtown Portland. He was arrested two days later and sentenced to five years in prison.

When he was released, Ryan seemed to make a real effort to stay sober. He secured sober housing and began receiving disability payments for his diabetes, payments that would cover life’s bare essentials. Noah encouraged him to spend time downtown and sketch people for some extra cash.

“I think he really tried,” Noah said. “I had conversations with him. I thought he was on his way to doing well.”

His sister sent him money for as long as she could, but in late 2019, Kelly had to cut him off. He blew up at her and said some horrible things. It was one of the last interactions they had.

“I loved Ryan and I wanted him to do well,” Kelly said. “But you can’t help someone who doesn’t want to be helped.”

In the late summer of 2020, Noah heard Ryan failed a urine test and was going to lose his housing. A few weeks later, Ryan tried calling from a hospital, but the call cut short. Noah had no way of finding out where his brother was or how to reach him.

A couple of months later, Noah got the call that Ryan had died. And after so many years of struggling with his brother, Noah had a hard time feeling anything but anger. Again it was Noah who picked up the pieces, and all of the business that comes with death — funeral arrangements, cremation, filing for a death certificate, and finally, receiving the medical examiner’s toxicology results, which confirmed the cause of death: hypothermia and methamphetamines.

“It was shocking to me. All this time he never alluded to meth. It was always downers. Oxycontin. Heroin,” Noah said. But then Noah considered meth’s ability to help keep a person alert.

“If you were sleeping at a bus terminal, would you want to go to sleep?”

Cause and Manner of Death

The Medical Examiner database includes 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 intoxication and trauma.

Among the 71 accidental deaths, 53 (75%) were related to drug or alcohol consumption, while the majority of the remaining individuals died from trauma (data not shown). For the 37 natural deaths, 12 (32%) were due to complications from drug/alcohol abuse. Other causes were diverse and included uncontrolled diabetes, cardiomyopathy, hemorrhage, and unspecified disease.

Twelve deaths in total were classified as suicide or homicide; 75% of homicides were due to firearms, while no suicides were due to firearms (data not shown). Six deaths had an undetermined manner.

COVID-19

No deaths identified as part of this report resulted from complications of COVID-19. Death investigators routinely test for COVID-19 if the

person had any symptoms of illness in the days before their death. Lack of confirmed deaths due to COVID-19 aligns with the local experience of disease transmission, with essentially no outbreaks among people living outside and relatively few shelter outbreaks in 2020. However, COVID-19 deaths may have been undercounted for the following reasons:

- An individual was hospitalized for 24 hours or longer prior to a natural death. These deaths are not investigated by the Medical Examiner.
- Routine COVID-19 testing through health care was limited early in the pandemic.
- The timing of the winter COVID-19 surge late in the year may have resulted in deaths in early 2021. These will be detailed in the 2021 report.
- The young average age of people who died while experiencing homelessness suggests that this is a young population. Risk of death from COVID-19 increases with age.

Table 3

Manner of Death among Homeless Medical Examiner Cases, Multnomah County, 2020

Manner of Death	Number (%)
Accident	71 (56%)
Natural	37 (29%)
Homicide	8 (6%)
Undetermined	6 (5%)
Suicide	4 (3%)
TOTAL	126 (100%)



Michael Bowen

Born May 7, 1974. Died Nov. 19, 2020. Age 46.

In the days before Michael Bowen was found dead on Nov. 19, 2020, the rain fell steadily, and temperatures hovered in the 40s overnight. At some point in those few days, Michael had laid down below the open sky, on a patch of dirt between the East Bank Esplanade and Interstate 5. He rested a hand on his chest. And there he died.

Bowen left behind three children, an ex-wife and two adoptive parents who loved him. He was 46.

“This is a man who was broken by life,” his ex-wife, Amy Bowen, said. “The officer told me it was peaceful, that he laid down and went to sleep. And I took comfort in that.”

Michael survived a traumatic childhood before he was adopted at age 12 by a family in Aloha. He graduated from high school, then community college. When he was 21, he met Amy.

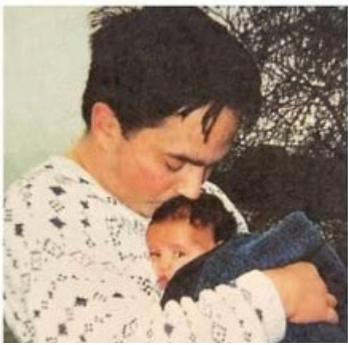
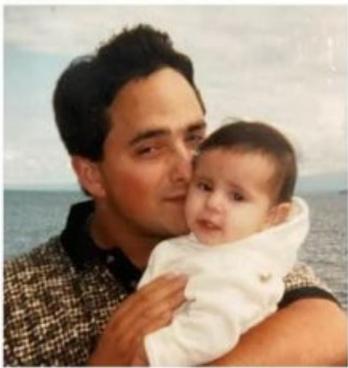
“He was loving and charming and kind,” she said. The couple married and soon welcomed a baby girl to their family. Shortly before the girl’s first birthday, however, Michael came home with divorce papers.

“Marriage is not for me,” Amy recalled him saying. He told her he had been cheating on her. “I didn’t see it coming,” she said.

Michael had two more children with different partners. But because he struggled to hold down a job, he couldn’t pay child support.

“He died owing me a lot of money,” Amy said, without animosity. She wasn’t angry with Michael — in fact, she hadn’t ever expected him to pay. All she had asked of him — hoped for him — was that he could know their daughter.

Amy’s life had turned out well after the divorce, and she could afford to be generous. She went



back to college, secured a good job, and fell in love with a man who loved their daughter and who supported her effort to keep Michael in their life.

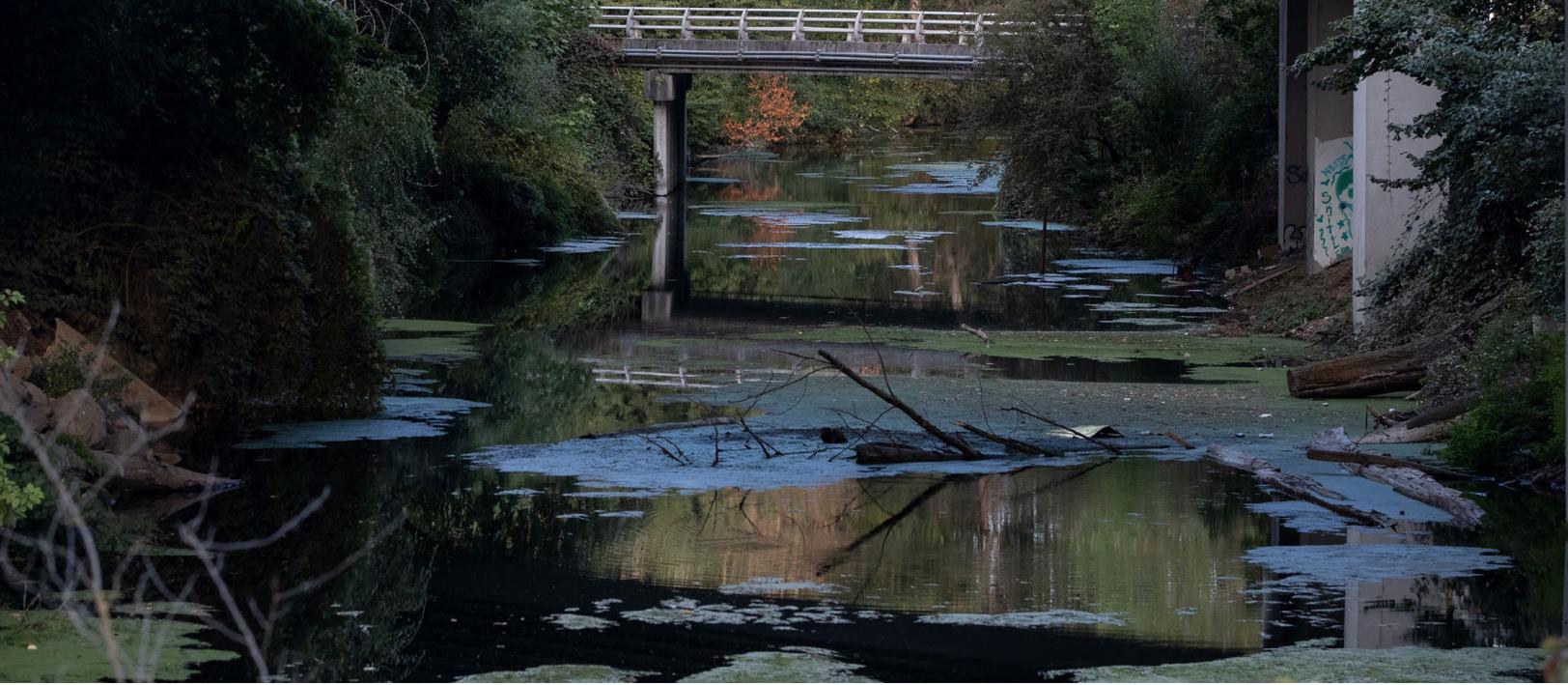
“He cut everyone out of his life, but never cut me out. I think he knows I loved and accepted him even if he hurt me,” Amy said. “I knew he was broken and, while he made his choices, on some level he couldn’t help it.”

In 2018, and again in 2019, Michael was picked up for failing to pay child support. When he didn’t show up for court, warrants were issued for his arrest. A conversation about child support was among the last interactions he and Amy had.

And yet when Amy learned that he was homeless, she and her husband asked him to move in. Their daughter had gone to college, and he could stay in her room, get back on his feet, they suggested. But Michael assured them he would be OK.

Michael had no history of drug use, no diagnosed mental illness. No criminal history. But he was haunted by something, Amy said, and he couldn’t shake his ghosts.

“He had moments of love and joy in his life,” Amy said. “But also a lot of pain and suffering.”



Substances

In more than half of the 126 deaths in 2020, drug or alcohol toxicity either caused, or contributed to, death. Some deaths were associated with more than one substance. Of the 78 deaths associated with drug or alcohol toxicity, amphetamine/methamphetamine was noted in 62 (79%), or nearly half of all deaths. Opioids were noted in 32 (41% of individuals for whom drug or alcohol toxicity caused or contributed to death). There were 27 (35%) deaths where both an opioid and amphetamine/methamphetamine caused or contributed to death.

Table 4

Deaths Involving Substances as Primary or Contributing Causes of Death among Homeless Medical Examiner Cases, Multnomah County, 2020

Substance	Number (%)
No substance	48 (38%)
Any substance*	78 (62%)
Any amphetamine/meth	62 (79%)
Any opioid (heroin, prescription, illicit or unspecified)	32 (41%)
Any heroin	28 (36%)
Any alcohol	14 (18%)
Any opioid plus any amphetamine/meth	27 (35%)
Any fentanyl or illicit opioid	4 (5%)
Any prescription opioid	2 (3%)
TOTAL	126 (100%)

**Note: Deaths involving more than one substance fall under more than one category; total will be greater than 78.*



Andrew Howard

Born March 5, 1991. Died May 22, 2020. Age 29.

They thought they were injecting heroin that night, as his girlfriend later told police. But as soon as the drug entered Andrew Howard's vein, he turned to her. "Something's not right," the 29-year-old said.

They didn't know the drug was laced with fentanyl.

Andrew vomited and collapsed on the hotel room floor. His girlfriend administered nasal Narcan, a drug that can reverse an opioid overdose, and dialed 9-1-1. Responding paramedics tried for 20 minutes to revive Andrew. They pronounced him dead at 11:20 p.m.

Andrew Howard was raised in Portland and Vancouver, where he split time between divorced parents before moving in full-time with his father, Lance. Andrew played basketball and football, liked video games — especially Final Fantasy — and loved girls.

"We used to make fun of him," his father said and chuckled. "He was always trying to date someone."

Andrew had a small circle of close friends and he counted his family among them. "He was just very sweet. He was such a big part of our lives. Always smiling," Lance said. "He would come sit by me, even when he was older. He was very affectionate."

Andrew was smart — not street smart, his dad said — but book smart. Math smart. Andrew could do calculus in his head. But when he thought about a chosen profession, he was drawn toward healing. He wanted to be a massage therapist.

But he veered off course from those goals after leaving high school. He moved in with his mom without any firm plan of what to do next. Andrew didn't see his father so often anymore. Not until Andrew's mother, Lance's ex-wife, called one day.

"Come and get your son," she told Lance. Lance showed up at their apartment and was stunned when he saw Andrew.

"I didn't know that he had any kind of drug addiction until she called me," Lance said. "He



Andrew, left, and his dad, Lance.

was in his room, it was a total disaster. I didn't recognize him."

Andrew entered a residential treatment program, the first he would try in the ensuing decade. And the rest of his story would unfold, Lance said, through a series of family counseling sessions they would attend each time he got clean.

He said he fell in love with someone. At first he didn't know she had a drug addiction. Lance remembers Andrew saying, "I don't know how to help her."

"I begged him, 'Don't mess with that stuff,'" Lance said.

After that, Andrew fell back into using again, mostly heroin, but also methamphetamines. Part of his use was to numb a feeling of failure, that he had let his father down, Andrew said in one counseling session.

He was arrested in 2014 for robbing a Plaid Pantry. A judge granted him probation on the condition he would seek treatment and refrain from using drugs or alcohol. He would violate those conditions again and again over the next five years.

"He had so much help. He could have gone to prison for five years. Instead he had a chance to go into treatment," Lance said. "We're in court crying, thinking our kid's going to prison. But the addiction is so powerful, especially when you're in it. All you can think about is how to

feed that hunger inside you. To come out of it is a monumental effort."

And Andrew did come out of it. The last time Andrew tried residential treatment, he graduated with six months sobriety and moved home with his dad. His frame filled out. His face was full of color and clear. He landed a job and spent his free time playing softball with other people in sobriety.

"I'm never going to do that again," he told his dad, saying he was done with drugs. But he wasn't done with his girlfriend, and that tie to addiction quickly pulled him back in — this time for the last time.

Lance had to ask him to leave. "He was 29 years old. There was nothing I could do, other than try and be there for him, but I couldn't have someone in my house doing drugs."

The last conversation they had was in early May 2020.

"I'm really worried about you," Lance told his son. "You were doing so well. I don't understand."

"I'm trying to get my life together," Andrew promised. But Lance was scared, more scared for his son than he had ever been. His last words to his son still haunt him.

"I don't want to get a call that you've died on a hotel bathroom floor," he said.



Location

Nearly half of all deaths (62, 49%) occurred in outdoor public spaces (e.g., parks, sidewalks, homeless encampments), followed by hospitals (32, 25%), homes/apartments (7, 6%) and outdoor private spaces (e.g., parking lots) (6, 5%) (Table 5).

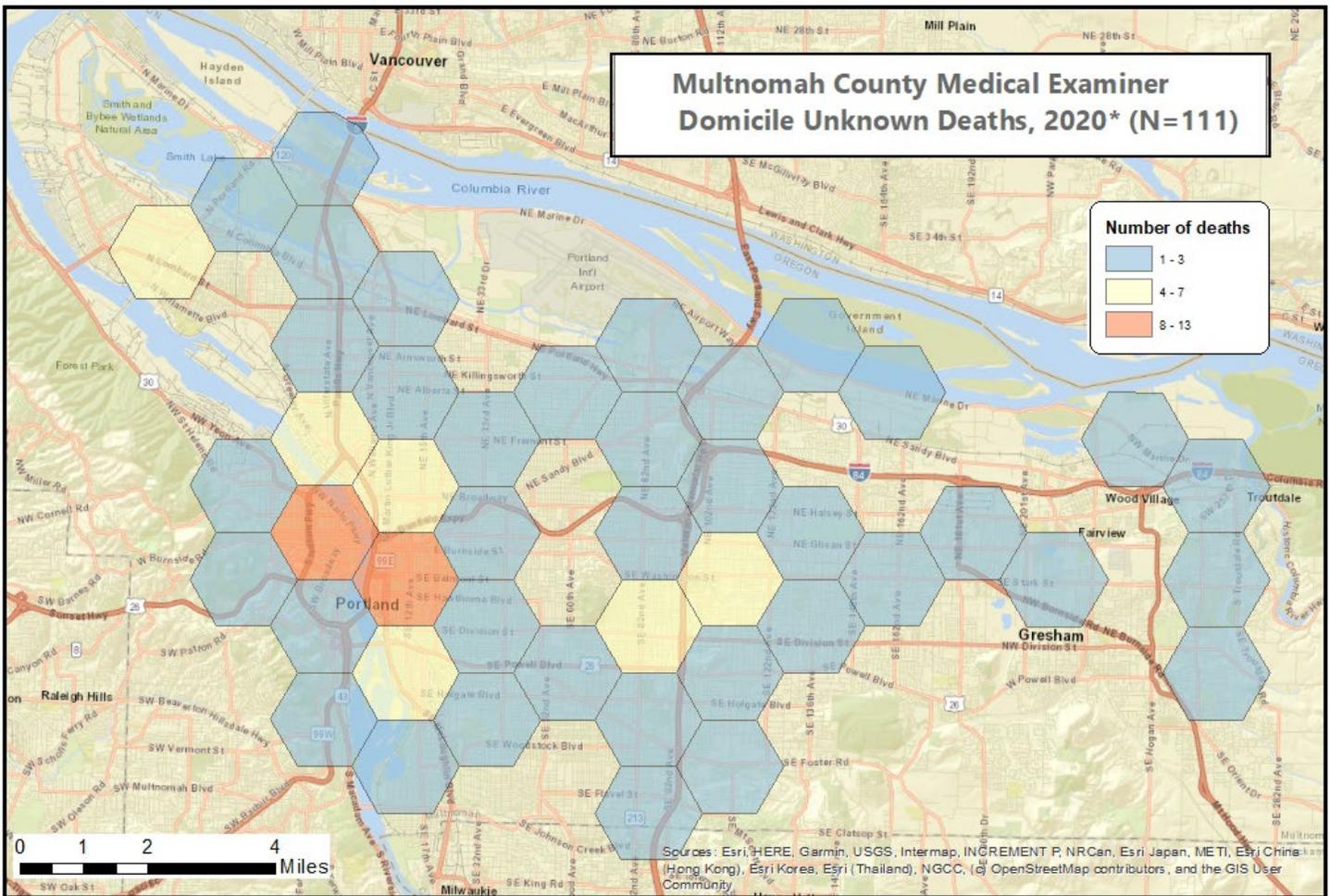
Table 5
Location of Death among Homeless Medical Examiner Cases, Multnomah County, 2020

Location	Number (%)
Outdoor public	62 (49%)
Hospital	32 (25%)
Hotel/motel/shelter	13 (10%)
Home/apartment	7 (6%)
Outdoor private	6 (5%)
Car, RV, camper*	3 (3%)
River	3 (2%)
TOTAL	126 (100%)

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

Figure 1 shows the distribution of deaths in persons experiencing homelessness in 2020. 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 Portland core, and near the other east-west and north-south arterials of Interstates 84 and 205. However, deaths occurred in all quadrants of the County. One hundred eleven locations (88%) were able to be mapped.

Figure 1. Multnomah County ME Domicile Unknown Cases by Location of Death, 2020

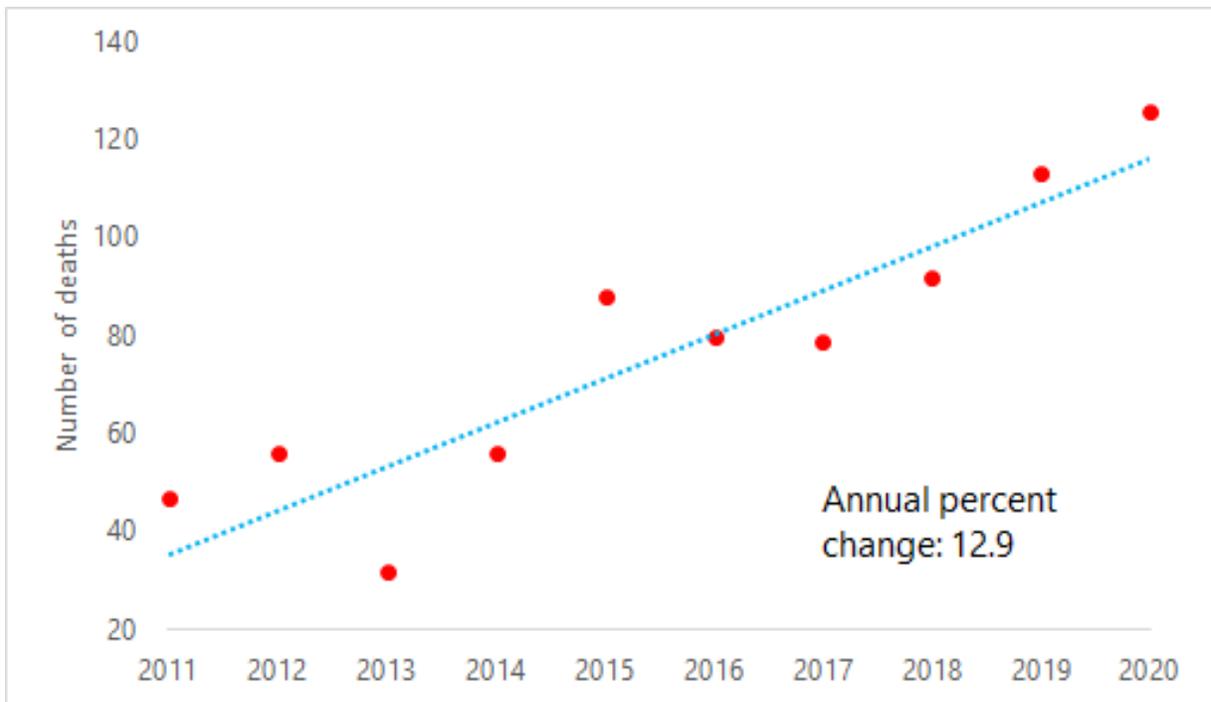


*Map based on Multnomah County analysis of Office of the State Medical Examiner (SME) data for Multnomah County Domicile unknown cases. If death occurred at a hospital, then the incident location was used for the map, if known. For some locations, the closest intersection was used.

Trends over time

By absolute numbers, deaths have ranged from 32 in 2013 to 2020's value of 126 (Figure 2). This results in a significant annual percent change of 12.9% per year. Since 2015, the proportion of deaths occurring among homeless individuals have remained mostly steady (averaging 9% over the 2016-2020 time period). The value has been as low as 7.9% in 2017 to as high as 10.4% in 2019 (data not shown).

Figure 2. Multnomah County ME Deaths Over Time, 2011-2020





Harold Major

Born Sept. 16, 1989. Died Nov. 7, 2020. Age 31.

On the evening of Saturday, Nov. 7, 2020, gunfire erupted at S.E. 33rd Avenue and S.E. Powell Boulevard. Harold Major, age 31, was sitting in his tent when a stray bullet pierced his neck. Another bullet struck him in the upper back. He died before reaching the hospital.

Harold was one of eight people killed in a homicide while experiencing homelessness in 2020, and one of six people killed by guns. That's the highest percentage of people experiencing homelessness killed by homicide in at least three years for which data was published, and it tracks with an overall increase in gun violence in 2020, when shooting incidents reported to Portland Police increased 130%.

Harold was a fixture in the neighborhood, where he would pick up trash and try to keep campsites tidy. After three years struggling with substance use and homelessness, he had told his sister, just two days before his death, that he was about ready to get help.

Harold was the second oldest of five kids, in a family that rattled around from Sacramento to

Las Vegas to Minneapolis. Harold and his sister, Crystal, were just 11 months apart, and the pair were inseparable, perhaps more so because of the instability and addiction that ran so deep in the family.

The kids finally landed in Happy Valley in their early teens, and spent their remaining school years living with extended family. Their mother was in and out of their lives. Their father was in prison.

Then, at age 19, Harold, his younger brother and two other teens all pleaded guilty to beating up a young man in an abandoned house in Gresham. Harold and his brother were sent to prison.

Crystal, meanwhile, finished school, found a job, had kids, and bought a house and a nice car. But she never lost touch with Harold and their dad. They kept in touch every day. Those relationships, she said, cemented a core tenet of her faith: "People make mistakes, and it's not our place to judge," she said.



And when Harold was released from prison she was there to pick him up. He stayed with Crystal's family for six months, working at a family business and making good money, she recalled. But one day she told Harold she had to work late and couldn't fetch him from his job.

No problem, he told her. He'd get a ride. He returned to Crystal's house at 1 a.m. and told her he was going to stay with their mother, who was living in her car at the time.

"Harold, you're high right now," she said. "Harold you can't."

But the methamphetamines had grabbed him. He would never again sleep in a house. Still, Crystal wasn't one to break ties. They spoke regularly and met often. He liked to go to Shari's and play slot machines. Other times she would pick him up with no plan in mind.

"He would fall asleep in my car because he knew it was safe," she said. "And I'd just drive around."

Harold's addiction spiraled quickly. He would have hallucinations and call his sister in a panic. Someone was after him, chasing him, trying to kill him, he would say. And Crystal would talk to him until he calmed down, or until she found him and scooped him into her car.

She pleaded with him to quit using meth, to go home with her and get clean. She tried interventions, bribery and tears. But each time he would say, "I'm not ready."

"I used to say, 'Why can't they just stop doing what they're doing?'" Crystal says today. "But the addiction is so powerful that some people don't want to do it. That drug is so devious, so destroying, so powerful."

The last time she spoke to her brother was Nov. 5, 2020, when she brought him groceries and cash and, as she always did, asked him to get in her car and get treatment.

"I'm about ready to be done," he told her. "I'm almost ready to stop." He was killed two days later.

It's been more than a year since Harold's death, and the shooter still hasn't been found. Crime Stoppers recently announced a [\\$2,500 reward](#) for information leading to an arrest. Crystal said they may never find out who did it, but she set aside some of Harold's ashes just in case, for his killer.

"I want them to know that if my brother was alive, he would forgive them," she said. "They took someone's life and because of that, their life is changed forever. I forgive them. But I want them to know it wasn't just some homeless kid. It was my brother."

Acknowledgments

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Published in cooperation with

Multnomah County Health Department and
Street Roots

Sponsored by

Deborah Kafoury,

Multnomah County Chair

Stories

Reported and written by **Kate Yeiser**

Photos

Motoya Nakamura,

Multnomah County

The families of Christopher Madson-Yamasaki,
Amber Coughtry, Ryan Homsley, Michael Bowen,
Andrew Howard, and Harold Major

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