

A photograph showing a memorial setup at night. In the foreground, there are several small, lit tealight candles in glass holders of various colors (red, gold, clear) and sizes. Behind them, larger pillar candles are arranged in a row, surrounded by white daisies and other flowers. The background is dark, suggesting an outdoor nighttime setting.

# Domicile Unknown

Review of deaths among people experiencing  
homelessness in Multnomah County in 2019



Multnomah  
County

**street  
roots**



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.



## Since launching

the first Domicile Unknown report in 2011 with Street Roots, I've been asked what the community stands to gain from the publication of this report. And when I see that the number of people experiencing homelessness who have died in Multnomah County — 113 in 2019, the highest we've ever counted — I can almost understand the impulse to ask. It can be hard to confront, in such a stark way, how our community allows so many people to lose their lives on our streets year after year.

But I don't think that this is the right question. Rather, I think we're better served by asking what we stand to lose if we don't pursue this report and the difficult truths that it reveals each year.

Domicile Unknown brings to light the harsh realities and immense risks that our neighbors endure when they are forced to live outside without a stable home. From the report, we learn how many people died while experiencing homelessness, and also how and when and where they passed away. It also tells us who these people were: people like Tisha, Terry and Michelle, whose stories in this report tell us of the full lives they led, the challenges they faced and the throbbing pain of loss left in their wake.

This report is a reminder that safe shelter or housing isn't just walls, a roof and a door. It's safety, comfort and warmth. It's the stability that means someone can tend to their health and personal needs. It's survival. It's a right.

Without producing Domicile Unknown and taking its findings to heart, we stand to lose our sense of outrage on behalf of, our capacity to grieve for and our willingness to be moved to action by the plight of our neighbors living — and dying — outside.

Israel Bayer, the former executive director of Street Roots, often said that "homelessness is not normal." These pages are a resounding alarm against the lure of normalizing and accepting homelessness as an inevitable, intractable reality. We must keep acting with the conviction that Tisha, Terry and Michelle would each be alive today if our systems were positioned to consistently help those who are hardest to reach and most in need.

Our response system isn't there yet. But we know what it takes to end people's homelessness: housing, combined with services like mental health and substance use disorder treatment that help someone stay in that housing.

And, we're making progress. Four years ago, the creation of the Joint Office of Homeless Services marked a turning point. Informed in part by Domicile Unknown, the Joint Office has expanded and strengthened our shelter system, worked to prevent people from losing their homes, and opened up pathways for thousands of people to access safe and stable housing. On any given night, 12,000 people in our community are in homes of their own because of this work.

There's also so much we must improve — especially with regard to how we support people whose untreated behavioral health challenges exacerbate their homelessness. But as I write this, we are on the brink of another monumental turning point.

In May, voters overwhelmingly supported the HereTogether supportive housing ballot measure, approving one of the nation's largest-ever investments in homeless services to pair with our recent investments in affordable housing. These funds won't just give us the resources to drastically scale up our current efforts to get people into housing — they'll give us the capacity to realign our whole system so that we can provide the supports people need to find health, stability and opportunity once they're inside.

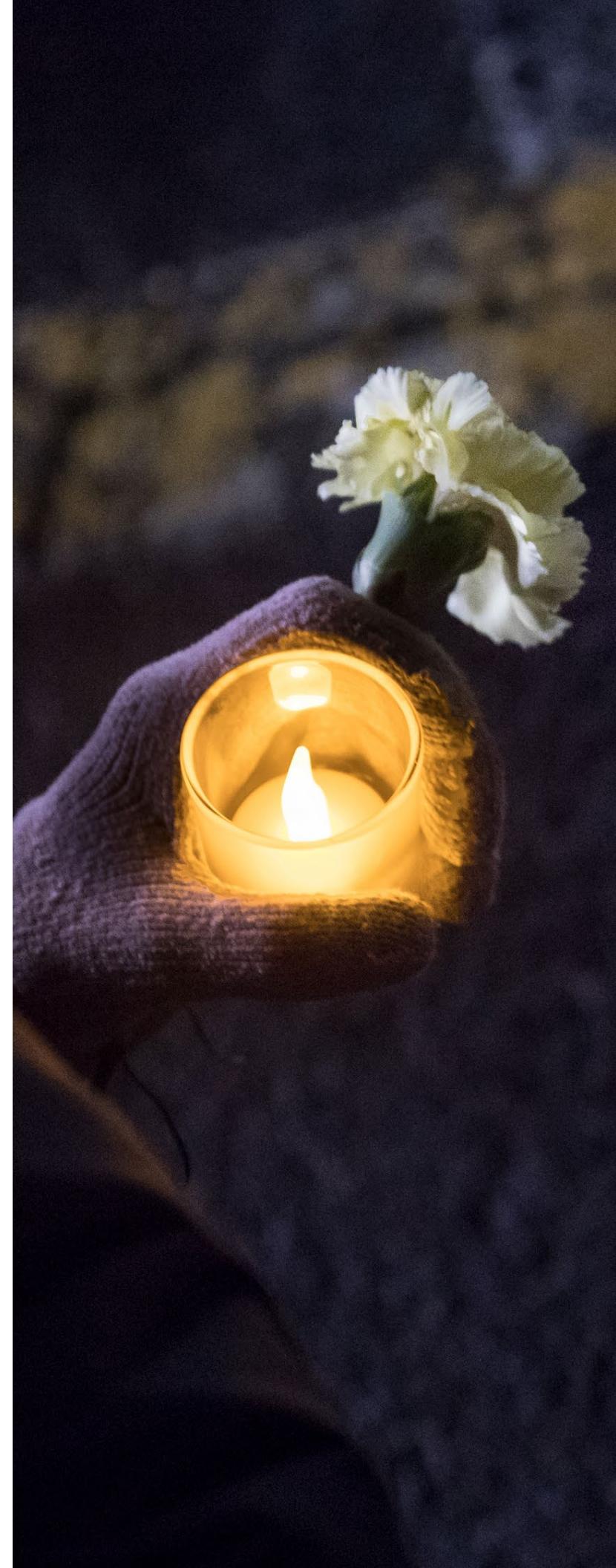
The systems that have successfully helped so many families, elders, veterans, and women and children escape homelessness will finally be able to adequately and consistently meet the needs of our neighbors with the highest barriers and most complex challenges to housing.

That will include Multnomah County's new Behavioral Health Resource Center, which will give people experiencing chronic homelessness downtown a single place to take care of their daily needs, access counseling and engage in behavioral health treatment. The center will offer shelter and transitional housing, too.

It's never been so necessary to confront the numbers and stories of this report. As we continue to wrestle with the COVID-19 pandemic, the toll of which will be reflected in the next report, we cannot — we must not — turn away from those who are most vulnerable to its dangers.

I want to thank the Medical Examiner's Office and the staff of the Multnomah County Health Department for their immense work in putting this report together. A special thank you to Dr. Paul Lewis who has remained committed to leading this effort. And I want to acknowledge the call to action that Street Roots always contributes to this effort. Domicile Unknown is a stark assessment of what's at stake as long as people experience homelessness, but it also compels and commits us to build up the response we know our community deserves.

**Deborah Kafoury**  
Multnomah County Chair





We release this report 10 months into a pandemic that has stricken people across the world, but the deaths counted here preceded the pandemic. These yearly Domicile Unknown reports have informed the sense of urgency to the peril unhoused people face in this pandemic — why we at once have to fight for each housing unit in the long term and each motel room and insulated pod and hygiene support in the short term.

Many of us can look beyond COVID-19 and imagine the life we will return to. But homelessness is its own relentless public health epidemic. It is my hope that the tenderness and rawness of 2020 will translate into ongoing commitment to meeting the enduring challenge of homelessness.

These reports matter to that resolve. Winter solstice, the darkest day of the year, is the national homeless memorial day. A Street Roots vendor, Rick Davis, has spent the last year building a memorial in our office to those in our community who have died.

"People aren't going to remember me unless my face is up there," he said.

Too many people do die in anonymity, many enumerated in this report, but let us memorialize them in the work we do for the living.

#### **Kaia Sand**

Executive Director, Street Roots

## This report

is a litany of grief. It reminds us that a too-frequent outcome of homelessness is early death.

Street Roots has partnered since 2011 with Multnomah County to count the number of people who die on the streets, together recognizing that these deaths are preventable, and that such knowledge must inform our work.

Street Roots is one place where news of these deaths is delivered by word of mouth. But this grief is felt throughout the city, in tents and camps where people hold their own memorials. As friends die, those left living grieve, some in turn self-medicating against the deepening despair.

Homelessness gnaws at the body and the spirit. It's too commonplace for people to lose bits of their body by amputation as they freeze or become infected. One Street Roots vendor, Max McEntire, went to great lengths to keep his wife warm this winter because she had already had both legs partially amputated due to frostbite. "I don't want them cutting on her anymore," he said to me.

She moved into housing only weeks ago, and I am reminded again and again that housing saves lives. Every house built, every rent that's assisted, every eviction prevented, every mental health support and addiction treatment, every investment into the wholeness of the poorest people in our community — this report reminds us that what's at stake is life and death.

# 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 resources and policies that can save lives.

The Multnomah County Health Department’s annual review of homeless deaths finds that during calendar year 2019, 113 people died in Multnomah County without an address or a home of their own. The number of deaths in 2019 is the highest since Multnomah County began producing Domicile Unknown, however, the proportion of medical examiner deaths occurring in homeless individuals have remained mostly steady. In 2018, 92 people died, preceded by 79 in 2017, 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 643 people have died.

Drugs or alcohol caused, or contributed to, about half of the deaths in 2019. 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 quarter of cases where drugs or alcohol caused or contributed to death.

Nearly half of those who died, 53 people, were found in outdoor public spaces that included sidewalks, parks and homeless encampments. Another 10 people were discovered in outdoor spaces that were privately owned, such as parking lots. Hypothermia caused or contributed to the death of four people.

Among those who died in 2019, a third died of natural causes, some caused by complications from drug and alcohol abuse, and others who died from chronic disease including heart disease or stroke, uncontrolled diabetes, or untreated pneumonia.

Another 10 people died in traumatic accidents including inhaling smoke from a fire or being struck by a car, truck or train.



# Tisha Moss

It was shortly after sunrise and crisp on the morning of May 15 when a conductor for the Union Pacific Railroad rounded the bend, headed west on tracks that hug Interstate 84. As he crossed 181st Avenue, a pedestrian came into view.

Tisha Moss walked alongside the tracks, her back to the oncoming train. Her head was down, and headphones covered her ears. The train engineer sounded his horn, but she didn't react, didn't look up, didn't appear to hear. The train struck Moss. It was 6:52 a.m.

Moss was 26 years, one month and 12 days old. She was one of at least eight people experiencing homelessness in 2019 who lost their lives after being struck by a car, truck or train.

"Her spirit was bright," her mother Noreen Moss said during a conversation shortly before her own death from cancer, on Dec. 10. "It didn't seem to matter what was wrong."

And a lot had gone wrong for Tisha. But, when her mother received a call from the Medical Examiner's Office that morning in May, a train was the last thing she had expected would take her daughter's life. "I was more worried about her overdosing than anything," she said.

Tisha Moss grew up in a blended home with four sisters and brothers. Home life hadn't been easy, and they each found a way to cope. Tisha's older sister, Theresa Gardner, started a family early and moved to Dallas, Texas. Tisha stayed with extended family and friends. But an addiction to methamphetamines had taken hold. She rotated on and off the streets.

By age 18, Tisha was in trouble with the law and had landed in jail. It started with petty theft and interfering with police, but progressed to criminal trespassing, burglary and, finally, a felony for possessing a firearm.

Theresa Gardner was sure the final arrest, in February 2019, would keep her sister in jail for a while. "The times she was locked up, I felt like, 'Thank God she's safe,'" Gardner said. "I don't have to worry about who she's with or where she's at."

And so when she got a call from a niece May 15, telling her Tisha had died, Gardner didn't believe it at first. She pulled up the roster for the Multnomah County jail, to reassure herself



that Tisha was safe. She discovered her sister had been released more than a month earlier.

Gardner hadn't seen her sister in years. She had tried to get Tisha into a recovery program, get her into school, get her a job. She had helped her out of dangerous situations and offered housing. But at some point, she gave up and cut ties.

"After Tisha's passing I struggled a lot with guilt. What could I have done differently? Could I have saved her? Did I need to kick her out?" she said. "And then comes the regret. I should have spent more time with her. I didn't really know who my sister was."

Gardner organized a virtual memorial service — months before COVID-19 made virtual memorials the standard — so that family members across the country could gather. She compiled stories from the people who knew Tisha best.

"Tisha was in and out of my life. I thought it was just me, but come to find out it wasn't just me. I had so many people tell me stories. The holes I had, they were filling in."

But Gardner already knew about one of her sister's most painful — and even selfless — experiences, and what it said about who Tisha was deep down. She'll never forget it.

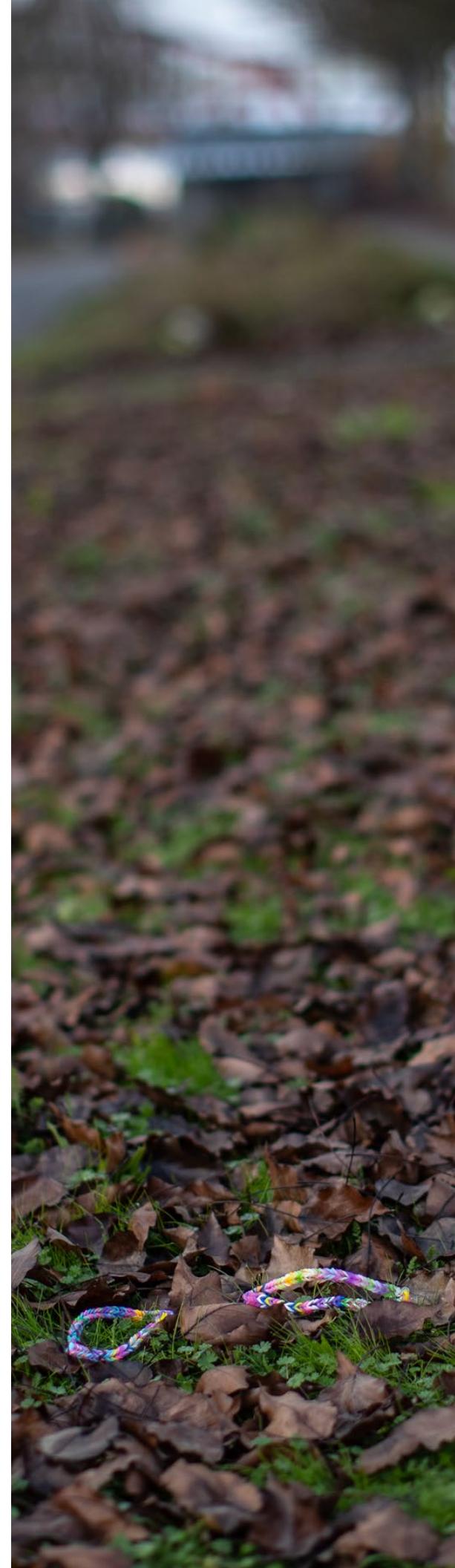
During her life, Tisha had been trapped by her addiction, often unable to care for herself, let alone others, Gardner said. And yet, Tisha made one choice that showed she could make one of the most searing sacrifices to save someone else.

Six years ago, Tisha gave birth to a daughter. She tried those first few months to be a mom, but the struggle showed her all too clearly that she wasn't able to parent. Tisha told Gardner about the life she dreamed for her daughter, one in which the girl would feel safe and loved. A beginning that would allow her daughter to thrive.

And so she gave her daughter up.

After Tisha died, Gardner tracked down the adoptive parents and discovered the little girl was living exactly the life her birth mother had wanted for her.

"She made that choice all on her own. As hard as it was at the time," Gardner said. "It was the most selfless decision she could have ever made."





# Methods

## Data Source

The Oregon State Medical Examiner (OSME) 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. During 2019, the OSME began using a new database, which also includes a field to flag possibly homeless individuals. Death investigators make multiple attempts to identify a residence and housing status 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, correction 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.

For the period January 1, 2019 through December 31, 2019, we extracted from the database the date of death, sex, race/ethnicity, age, cause, and manner for death for records in which the individual's address was noted to be "domicile unknown/homeless" or "transient," as well as narrative description and incident/death location information to assist in categorization and mapping.

# Data Analysis

Case information for all investigated deaths under Multnomah County jurisdiction during 2019 was extracted from the Medical Examiner database. One hundred and sixty deaths were selected for review based on 1) flagged as domicile unknown/homeless, or 2) had an indication of homelessness in the address field (“transient,” “homeless,” etc.). 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 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, 113 (71%) of 160 individuals initially flagged as potentially homeless were classified as experiencing homelessness in Multnomah County at the time of their death. Of the 47 cases not included in this analysis, 15 (32%) included information that indicated that the individual was likely not homeless; four (8%) died in Multnomah County, but records indicated that they resided elsewhere; and 28 (60%) did not have enough information to determine homelessness status. This analysis is limited to the 113 individuals experiencing homelessness in Multnomah County at the time of death.

Race and ethnicity were combined into one variable for this analysis. We used the “most rare” algorithm, where Hispanic ethnicity overrides the race value unless the race is more rare. So, a person who is categorized as White and Hispanic would be counted as Hispanic in this classification.<sup>2,3</sup> To protect the privacy of decedents, demographic data were suppressed if cell counts were below three. Low counts for manner of death were not suppressed because this information is publicly available from the Oregon Health Authority.

To create the map (Figure 1), the location where death occurred was used; if the location was a hospital, the location leading to the death was used if known. We 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). After decedents found in bodies of water, or with unknown death locations were excluded, we mapped 97 deaths using a fishnet pattern overlay, and color coding reflecting the number of deaths within each hexagon. 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.<sup>4</sup> 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).

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

2 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3681827/>

3 <https://sharedsystems.dhsowa.state.or.us/DHSForms/Served/le7721a.pdf>

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



# Terry Riha

Randy Riha expected his younger brother, Terry, to call on Dec. 26. Randy's family had gone out of town, so he had invited Terry to stay for a few days.

"We didn't hang out too often," Randy said. "I would have gotten him cleaned up and gotten him some food."

Terry had struggled with paranoid schizophrenia for 30 years and was living on the streets. That holiday visit in 2019 would have been their chance to reconnect.

"I was looking forward to hanging out with him," Randy said. "But life does what it does."

Instead Randy came home from work on Dec. 27 to find police officers at his door.

Terry had been hit by a car, crossing Northeast Halsey Street at 6:30 that morning.

Terry Riha had been raised with his two older brothers in the Midwest, stayed out of trouble as a kid and was generally a happy person. He had a knack for mechanical things, and could often be found disassembling and reassembling some machine or other.

But in his early 20s, Terry developed schizophrenia. He stayed with their parents for much of his adult life, cycling through hospitals and behavioral health providers. Their parents died — first their mom in 2004 and then their dad in 2005 — and Terry moved with their oldest brother, John.

Then in 2011, John died. Randy, who lived in Happy Valley with his wife and son, couldn't take Terry in. Instead Randy spent years driving Terry to medical appointments and securing rooms for rent. But Terry would always struggle to stay in those rooms in the end.

Terry would take medications, but not always the proper dose, and sometimes not at all. As time went on, his psychosis worsened.

"It was pretty hard. You never knew when you would get a call and something was going wrong," Randy said. "His mind wasn't there. He would do some off-the-wall things. Million voices in their heads."

The best treatment for someone with a chronic mental illness begins with stable housing that doesn't require that person to be stable and medicated first, said Courtney Pladsen, director of clinical and quality improvement for the [National Healthcare for the Homeless Council](#).

People need housing and health and social services at the same time to manage their illness as successfully as possible.

"Just that one piece provides so much stability," she said. "The longer someone is homeless, the more difficult to move into housing and the more permanent those negative impacts of homelessness become."

The delays and gaps in treatment and other health impacts of homelessness can be irreversible for some people. "Your ability to make improvements to health at that point are so limited, it can be almost palliative," she said.

In those final years, Randy would meet Terry at a Shari's restaurant for a plate of steak and eggs, or meet Terry in the Clackamas Town Center parking lot just to give him some cash.

"I remember the last time I saw him. I was having car problems. I made it out to see him, but I couldn't shut the car off," Randy said. They stood outside near Southeast 122nd and Stark. He gave Terry some money and tried to ask how he was doing. The only thing Terry wanted to discuss was how to fix Randy's car.

That's the kind of guy Terry was, always a giver. It was Dec. 24, 2019. Three days later, Terry died.

It's almost been a year now, and Randy says the pain remains fresh. So is his frustration with a system that wasn't designed to welcome Terry or keep him safe.

"There need to be more places for people like him," Randy said. "And not just shelters for a night, but a place they can call home, so they can come and go, and not have to be out. I can't imagine being out in the cold."

Terry's older brother, John, left, Terry pictured in middle



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# Results

## Age, Sex, Race

Seventy-six percent of individuals who died were male with an average age at death of 46 years. The 27 females who died had an average age of 45 years. Although race was not established in all cases, the majority of decedents were classified as White (80, 80%), followed by Black/African American (8, 8%), American Indian/Alaska Native (5, 5%), and Hispanic (4, 4%). Racial information was missing for fifteen of the deaths.

## 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 2019, nearly half of all deaths (51, 45%) occurred between April and September, but 62 (55%) occurred during the colder months of October-March. There were four 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).

**Table 1**

**Demographics of Homeless Medical Examiner Cases, Multnomah County, 2019**

Sex	Number (%)	Mean Age (range) (N=92)*
Male	86 (76%)	46 (18-89)
Female	27 (24%)	45 (23-73)
<b>TOTAL</b>		<b>46 (18-89)</b>
<b>Race/Ethnicity*</b>		<b>Number (%) (N=92)</b>
White		80 (82%)
Black/African American		8 (8%)
AI / AN		5 (5%)
Other		4 (4%)

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

**Table 2**

**Season of Death among Homeless Medical Examiner Cases, Multnomah County, 2019**

Season	Number (%)
April - September	51 (45%)
October - March	62 (55%)
<b>TOTAL</b>	<b>113 (100%)</b>

# 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 trauma and intoxication.

Table 3 shows the distribution of deaths by manner. Among the 57 accidental deaths, the majority, 42 (74%) were related to drug or alcohol consumption, and many of the remaining individuals died from trauma (10, 17%) (data not shown). For the 34 natural deaths, 10 (32%) were due to complications from drug/alcohol abuse, while 7 (22%) were from atherosclerotic or hypertensive heart disease or stroke. Other causes included uncontrolled diabetes, pneumonia, hemorrhage, and unspecified disease. Twenty-one deaths in total were classified as suicide or homicide; 3 of 6 homicides were due to firearms while 2 of 15 of suicides were due to firearms (data not shown). One death had an undetermined manner.

# Toxicology

Drug or alcohol toxicity either caused or contributed to death in more than half of the 113 deaths in 2019. Some deaths were associated with more than one substance, but the most common was amphetamine/methamphetamine, noted in 43 (68%) individuals for whom drug or alcohol toxicity caused or contributed to death. Alcohol was noted in 21 (33%) and opioids in 20 (32%) of individuals for whom drug or alcohol toxicity caused or contributed to death. There were 15 (24%) deaths where both an opioid and amphetamine/methamphetamine caused or contributed to death.

**Table 3**

#### Manner of Death among Homeless Medical Examiner Cases, Multnomah County, 2019

Manner of Death	Number (%)
Accident	57 (50%)
Natural	34 (30%)
Suicide	15 (13%)
Homicide	6 (5%)
Undetermined	1 (1%)
<b>TOTAL</b>	<b>113 (100%)</b>

**Table 4**

#### Deaths Involving Substances as Primary or Contributing Causes of Death among Homeless Medical Examiner Cases, Multnomah County, 2019

Substance	Number (%)
No substance	50 (44%)
Any substance*	63 (56%) of all 113 deaths
Any amphetamine/meth	43 (68%) of 63 substance related deaths
Any opioid (heroin, prescription, illicit or unspecified)	20 (32%) of 63 substance related deaths
Any heroin	16 (25%) of 63 substance related deaths
Any alcohol	21 (33%) of 63 substance related deaths
Any opioid plus any amphetamine/meth	15 (24%) of 63 substance related deaths
Any prescription opioid	1 (2%) of 63 substance related deaths
Any fentanyl or illicit opioid	2 (3%) of 63 substance related deaths

\*Note: Deaths involving more than one substance fall under more than one category; total will be greater than 63.



## Location

The most frequent location of these deaths, accounting for nearly half of the total, was outdoor public spaces (53, 47%) such as parks, sidewalks and homeless encampments; followed by hospitals (18, 16%) and outdoor private spaces (e.g., parking lots) (11, 10%) (Table 5).

**Table 5**

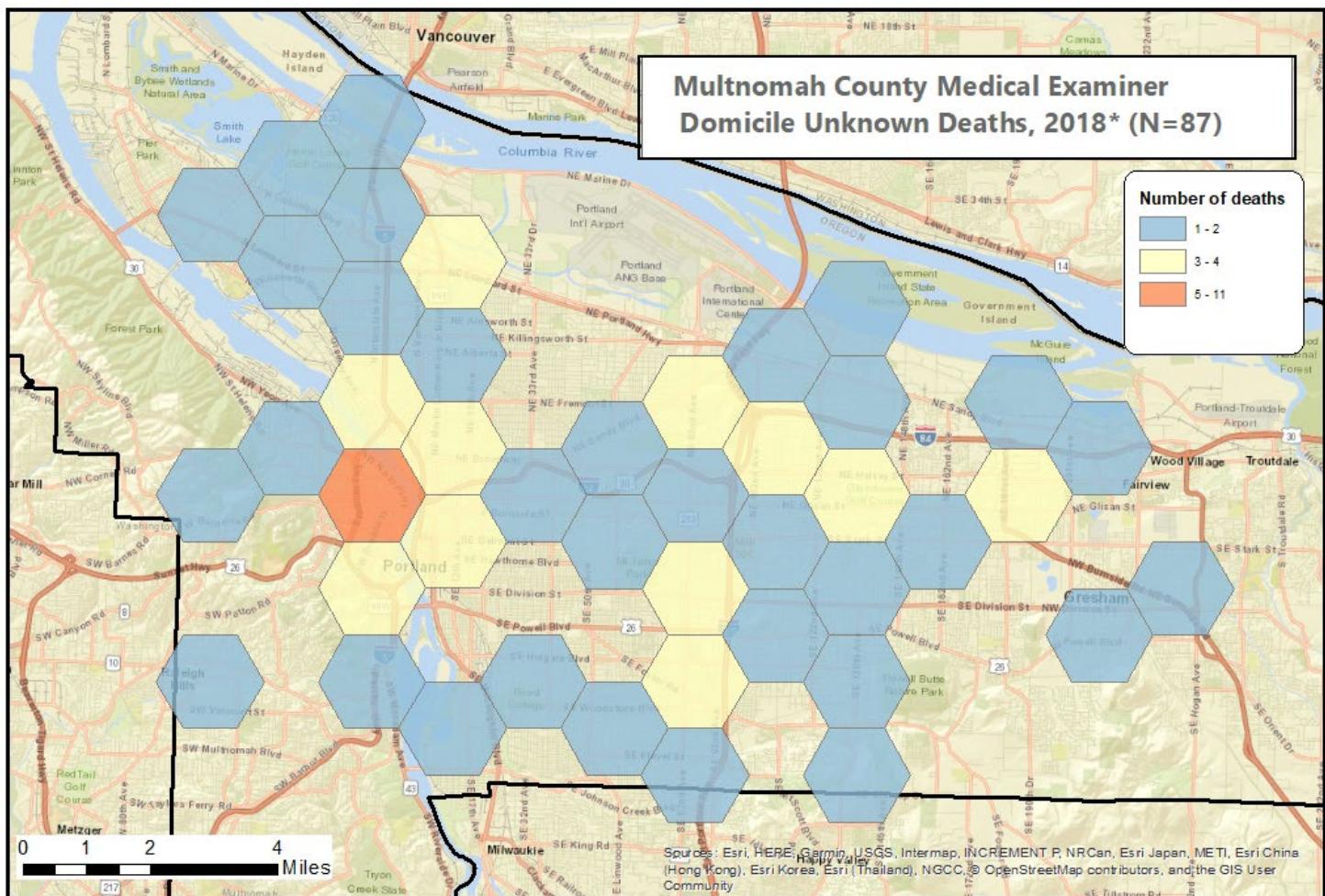
**Location of Death among Homeless Medical Examiner Cases,  
Multnomah County 2019**

Location	Number (%)
Outdoor public	53 (47%)
Hospital	18 (16%)
Outdoor private	11 (10%)
Home/apartment	9 (8%)
Hotel/motel/shelter	7 (6%)
Car, RV, camper*	3 (3%)
Other non-residential	3 (3%)
River	2 (2%)
<b>TOTAL</b>	<b>113 (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, 2019**



\*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.

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# Michelle Wheeler

Michelle Wheeler wanted a child, and she didn't need a partner to pursue her dream. In her 20s, she started the process to get pregnant on her own terms.

Her son, Elijah, was that dream come true. In the months after his mother died, Elijah went through boxes of paperwork and calculated the cost of the medical treatments that brought them together. It wasn't cheap.

"She wanted me," he said. "She really wanted me."

Wheeler had struggled with a substance use disorder and wasn't perfect, Elijah said. But she made things work. She secured a Section 8 rent assistance voucher and found them an apartment.

"We were kind of poor. But she made sure I always had dinner, even if it was Wheat Thins. Or we'd go to Shari's and she would get me food and she would just drink coffee."

It was just the two of them until his baby sister arrived six years later. By then Michelle had secured a job as a certified nursing assistant, but circumstances — ones that Elijah and Wheeler's mother would adamantly refute — led the state to take her children away.

Elijah was 14 when the state removed him from Michelle's care. He landed in a foster home for teenage boys, where he remained through his teen years and earned a high school diploma. He says he will always resent being taken from his mom. After that, she spiraled quickly, sliding into homelessness and back to drugs.

"The whole ordeal more than devastated my daughter," said Michelle's mom, Esther Wheeler.



During her six years of homelessness, Michelle stayed infrequently at shelters or with her mom. More often she slept in cars or on a sheet of cardboard outdoors.

Michelle's belongings were frequently stolen or lost after cleanups and camp removals. Neighbors, passers-by and businesses tried to shoo her along.

"Any time you lay down to sleep when you're homeless, you get harassed. You move to another place, and it happens again," Esther said. "You try to go into a fast food restaurant to wash your face, and someone makes you leave."

Esther wasn't supposed to have guests at her small one-bedroom apartment. But Michelle would slip in and curl up on the bedroom floor. When Esther could no longer risk being kicked out herself, she had to turn Michelle away. Michelle would come by, crying, asking to use the bathroom, and her mother had to tell her to relieve herself outside.

Esther offered Michelle her Saturn sedan, until that broke down. Then Michelle would come by her mother's for a fresh piece of cardboard, and find a place to camp nearby.

"Sometimes she slept on the ground close to here, right on Bell Street," Esther said. "I'd fix her food. I'd heat her up whatever I was having — could have been a rice dish with chicken or mac and cheese. And I'd bring it over."

Michelle secured a car of her own at one point, and would park close by. Some nights Esther could hear the neighbors scream, calling her daughter names.

Through it all, Michelle tried to stay in her son's life, and Elijah said he remembers good times. Once when he had a car of his own, she brought him an AC/DC album and slid into the passenger seat for a too-fast tour with the new driver, music blaring. When things weren't so good, she seemed too overwhelmed to connect.

Elijah talked about how his mother would always laugh so easily, how she seemed to search for the joy in life "even when she was at the bottom."

"She was still trying to find things to laugh at. Funny stuff," he says. "We'd be driving around and she would see something and laugh."

Elijah will turn 21 on Dec. 26. And that reminds him of something else he'll miss about his mom — she always remembered his birthday, always overshadowed by Christmas, even when no one else did.

It was on his birthday two years ago when he saw her for the last time. The day passed without notice, until she showed up in the evening.

She was living in her car, and had to shift her belongings to make room for him in the passenger seat. They took a drive on long roads and talked. Then she pulled into a Target parking lot and presented him a chocolate cake. She had found a way to bake it.

"It was really good. No candles, just real simple. It made me happy," Elijah said. "No one remembers. But she remembers."

By then, the good times had become rare, and Elijah couldn't accept his mother's drug use. He would get so frustrated and demand to know,



“Why don’t you just stop?”

“But now I understand,” he said. “You just get exhausted with living.”

He recalls the last time he heard her voice. It was months before she died, when she called him from a number he didn’t recognize. But as soon as he heard her voice, he hung up.

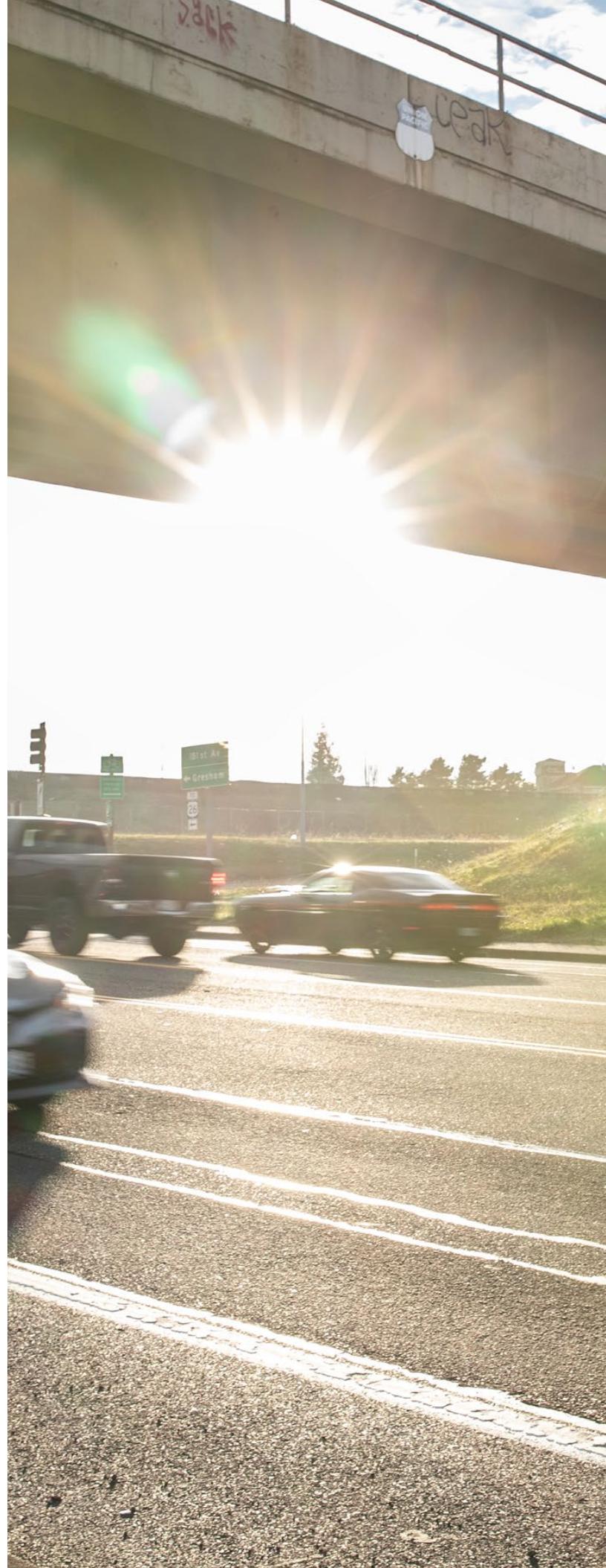
At 5:22 on the morning of July 24, a passerby dialed 9-1-1 to report someone lying on the I-84 eastbound off ramp to Southeast 181st Avenue. When police arrived, they found Michelle dead from a hit and run.

The Medical Examiner’s Office called Esther to give her the news, and she called Elijah. It was a call he had grown to expect one day.

“The thing is, I knew she was going to die,” he said. “A lot had happened over the years. She had been beaten up, pepper-sprayed, raped. Imagine sleeping on cardboard in the snow. She had to do that.”

Elijah has come to terms with her death. This summer he finally moved out of his foster care home and into a place of his own. He works for a grocery delivery service and takes side jobs. During his free time, he works on old cars. He thinks he might like to go into social work to help fix a system he feels let his mother down.

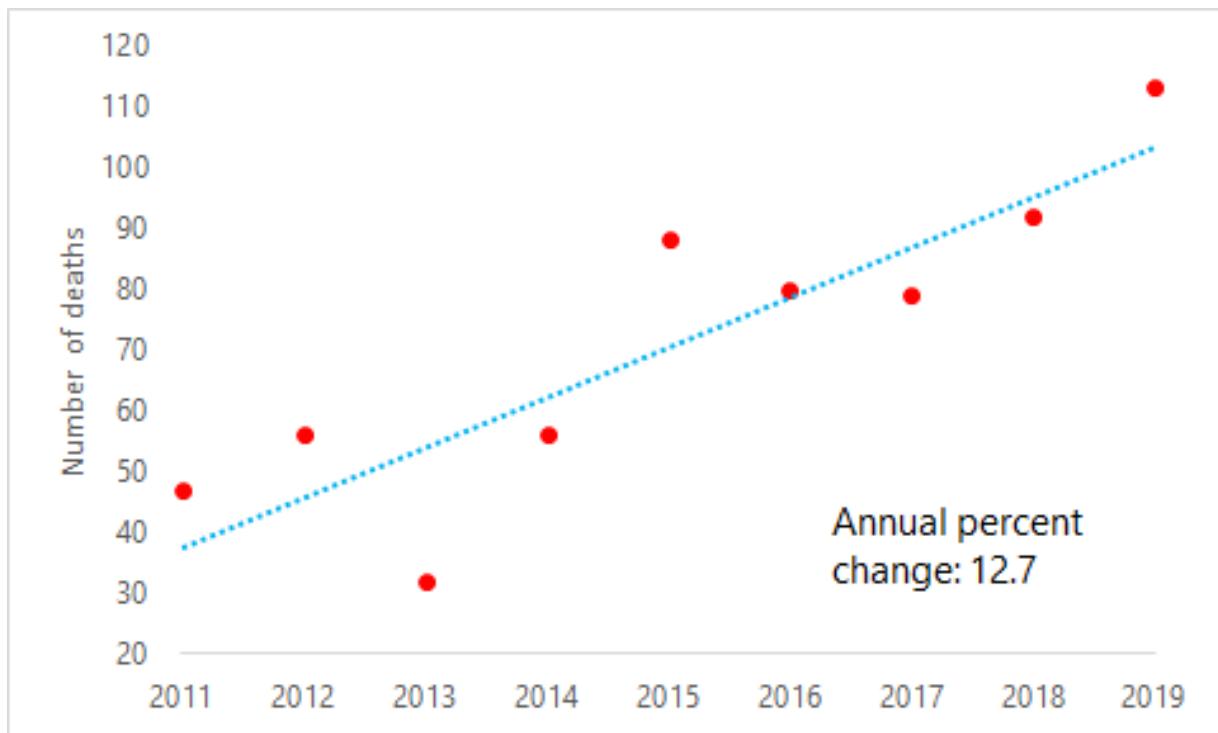
“You go through something really hard, you kind of figure it out or you don’t. You change,” he said. “I was one of those who figured it out. And that’s how she raised me to be.”



## Trends over time

By absolute numbers, deaths have ranged from 32 in 2011 to 2019's value of 113 (Figure 2). This results in a significant annual percent change of 12.7% per year.

Since 2015, the proportion of medical examiner deaths occurring in homeless individuals have remained mostly steady (averaging 8.9% over the 2015-2019 time period). The value has been as low as 7.9% in 2017 to as high as 10.4% in the most recent year (data not shown).





## Data limitations

Although medical examiner data is a rich and timely source of information on a subset of deaths occurring in our jurisdiction, there are some limitations that could affect the findings in this report. First, since deaths occur among both residents and non-residents of our county, we do not calculate rates of death, since the denominator (the population at risk) is not known. Further, the medical examiner does not capture all deaths in homeless persons, so these numbers should be viewed as an undercount of the unknown true value. Secondly, although the domicile unknown field was added in 2011, it is possible that its use by investigators has not been consistent over time, depending on investigator skill and knowledge. Thirdly, in March 2019 the OSME changed their database, and this crossover could have affected the use of the domicile unknown variable, as it existed with a new name and appeared in a new location. However, the change also meant more data entry was being done in the field, so it is also possible that it was used more widely. Fourthly, location where death occurred was not always known, and the inherent instability that results from experiencing homelessness means even when known, the location of death should be interpreted with caution. Lastly, race and ethnicity data were incomplete in this database. It is possible that a more thorough review of the investigator narrative may have provided more information.

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