

Domicile Unknown

Review of deaths among people experiencing homelessness in Multnomah County in 2017



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Published in cooperation with

Multnomah County Health Department and Street Roots

Sponsored by

Deborah Kafoury, Multnomah County Chair

Photos courtesy

of Motoya Nakamura/ Multnomah County, Cheyenne Thorpe,
Street Roots and the family of Joseph Russo.

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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.



“ How many of our most vulnerable neighbors have to end up on our streets before we all can agree that this is unacceptable? ”

There is a question that keeps me awake at night, especially as the warm summer days turn to cold and wet autumn nights, and we are once again reminded that there are at least 56,000 households in our community, right now, struggling to keep a roof over their heads.

How many of our most vulnerable neighbors have to end up on our streets before we all can agree that this is unacceptable?

We launched Domicile Unknown in 2012, in the wake of the Great Recession, while standing at the precipice of an unprecedented housing emergency. We hoped it would help us identify the gaps in public policy and help us move in a direction that could save lives.

And it has. The analysis in part prompted the city of Portland and Multnomah County to create a joint office of homeless services that in two years that has served 65,000 people. We expanded low-barrier and severe weather shelters. We promoted, through the Multnomah County Health Department, comprehensive opioid policies, including the distribution of the rescue drug Naloxone. We've invested more into preventing homelessness and rapidly re-housing veterans, survivors of domestic violence and people of color. Last year alone, we helped more than 6,000 people who would have wound up homeless keep their housing; and another 6,000 who were outside, in shelter or in a potentially dangerous doubling up situation, get back into a home.

But if seven editions of this report have proven anything, it's that no single disease, no substance,

and no season is singularly responsible for these deaths. What they did have in common was homelessness.

The simple truth is that being homeless means you are at risk of dying alone in a park, in a doorway, or in your vehicle. Shelters provide immediate safety, and should provide stability and services. But in order to prevent people from dying on our streets we must ensure that every person has access to decent, affordable housing and to health care that includes mental health and addiction treatment.

That's why I'm championing supportive housing which combines a home with intensive mental health and addiction services to help people with physical, social, economic and environmental challenges take care of their health, access treatment and recover. As communities across the country experience similar deaths from mass homelessness, it's clear this is not a local problem that can be fixed with local solutions, but a state and national crisis needing a much broader response.

Everyday, our partners at Street Roots tell us the stories of people who have left homelessness behind and are fully living their lives. I want to thank Street Roots, the Medical Examiner's Office and the Health Department for working on this report to build a future we can be proud of: one in which being ill or disabled doesn't mean you could lose your home, and losing your home doesn't mean you could die on the street.

Deborah Kafoury
Multnomah County Chair



“ Let this knowledge light the way as we insist on a future where people have the housing and services they need. ”

People on our streets die decades before their time. This report insists on acknowledging that hard truth of homelessness. It is a rallying call.

Beyond the statistics, remember that these are daughters, sons, parents, cousins, aunts, uncles, grandparents, neighbors, friends. Street Roots, a newspaper sold by people experiencing homelessness and poverty to earn income, is on the front lines of these sorrows. We hold memorials for people who die too early. Our community mourns together. We hear stories – the person who could fix anything, the song they could play by ear on the guitar, the favorite color, the antics that made their friends laugh.

The deaths on our streets reverberate through the living. People who are homeless have weathered too many losses, and all the traumas of homelessness make securing housing even harder. We are decades into the extreme federal disinvestment into housing. Historic and ongoing racial injustices disproportionately destabilize housing for people of color. Housing costs are too high and incomes too low.

This report reminds us that when it comes to homelessness, people's lives are on the line. The freezing weather in January 2017 proved fatal for five people sleeping outside who died of hypothermia. The repeated traumas of homelessness exacerbate health vulnerabilities. People are exposed to violence, and they lack safe conditions for a range of health struggles, including mental illness and addiction.

Many of these deaths would have been preventable with housing, and additional support for their addictions and illnesses.

This seventh annual report emerges from our shared commitment to lifting the veil on this recurring tragedy. During this time, Multnomah County has extended its work addressing homelessness, forming the Joint Office of Homeless Services in 2016 with the city of Portland, helping move people from homelessness to housing, and working to create supportive housing, deeply affordable housing coupled with mental health, addiction and other services. All of this work must be bolstered by strong state and federal support. We must do all we can.

During our Street Roots memorials, our vendors light candles. Imagine a candle for each person counted in their death on the streets – at least 438 since 2011. Let this knowledge light the way as we insist on a future where people have the housing and services they need.

Kaia Sand

Executive Director, Street Roots

Introduction

The Multnomah County Health Department's annual review of homeless deaths finds that 79 people who were experiencing homelessness died on local streets in 2017. Since Multnomah County first began tracking deaths in 2011, at least 438 people have died.

The Department undertakes this report to determine the number, characteristics and causes of homeless deaths in Multnomah County. "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.

What the Report Captures

The Oregon State Medical Examiner and Multnomah County Medical Examiner's Office are responsible for investigating all suspicious or unattended deaths, including accidental or violent deaths and overdoses.

The Health Department works with the Multnomah County Medical Examiner's Office to review cases in which people were likely homeless. The methodology has remained the same since the first report. One limitation, however, is that this effort captures only a portion of those homeless individuals who died in the hospital. As a result, the total reported is the minimum number of deaths among the homeless.

Key Findings of the 2017 Domicile Unknown

- During calendar year 2017, 79 people died in Multnomah County without an address or home of their own.
- Since the Multnomah County Health Department and Medical Examiner began tracking deaths among people who were homeless in 2011, 438 people have died.
- The methodology has remained the same since 2011, but the number of deaths is almost certainly higher because the tally only captures a portion of those who died in hospitals.
- The number of deaths in 2017 is almost unchanged from 2016, when 80 people died. In 2015 (88 died); 2014 (56), 2013 (32), 2012 (56) and 2011 (47).
- 2017 saw one of the most severe winters in memory. Fifty-eight percent of the deaths occurred between October and March, including five people who died of hypothermia in January 2017.
- Drugs or alcohol caused or contributed to more than half of the deaths in 2017.
- Methamphetamines were a leading cause and contributor of deaths associated with drugs or alcohol, followed by opioids. Prescription opioids contributed to just two deaths, and fentanyl to one.

Not Just a Roof:

The self respect that comes from being housed makes vendor feel ‘human again.’

Art Garcia was homeless for long stretches of his life, from the time he was an infant until well into his 50s. As a baby his first beds were in tents or cots in California migrant camps or the locked rooms of an infamous California orphanage called Sunny Acres. He spent 10 consecutive Christmases in a jail cell, followed by countless nights on Portland’s streets.

Today Garcia is 71, with an apartment of his own, a late model Chevrolet and a 5-year-old chihuahua named Migo. Both the man and his dog favor fedoras and fashionable jackets. Today life is good, despite the pains of poor health and old age.

Garcia can’t list all those he has lost. First his father. Then his mother, who jumped from a train. Then his brother, a police chief in Vernonia, who was murdered on the job five weeks after his baby girl was born. Later, drugs took acquaintances and close friends alike.

“When you’re a drug addict, death is always going on. People are always dying,” he said. “It was really often that people overdosed and you’d wake up and someone would be dead. You’re talking to the guy, and the next morning you wake up and they’re gone. On the streets, it’s like that, every day.”

Garcia would have died like that, too, he said, with a needle in his arm. But he got tired. And then he got a place to live — not a room

to rent by the week, but an apartment of his own.

“On the streets, you go stand in line to eat. Everyone is telling you what to do. You’re living like an animal. The bathrooms are few and far between. Housing is the first step to being a human again,” he said. “I didn’t quit drugs and get clean and go get a house. I got housing first.

“Then I started feeling good about myself, and then I quit. I don’t think I could have quit on the streets. I tried to do that for a million years. You think, ‘What’s the use of quitting?’ You want to be inside. You want to join the world.”



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 146.090, 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 Jan. 1, 2017, through Dec. 31, 2017, we extracted from the database 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

Case information for all investigated deaths in Multnomah County during 2017 was extracted from the Medical Examiner database. Eighty-eight cases were coded "domicile unknown." 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.¹ Discrepancies in classification were resolved by concurrent assessment or by using a third reviewer. Ultimately, 79 (90%) of 88 individuals initially coded as domicile unknown were classified as experiencing homelessness in Multnomah County at the time of their death. Of the nine cases not included in this analysis, five (6%) included information that indicated that the individual was likely not homeless; two (2%) died in a Multnomah County hospital, but records indicated that they were transient in another county; and two (2%) did not have enough information to determine homelessness status. This analysis is limited to the 79 individuals experiencing homelessness in Multnomah County at the time of death.

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.

1 <https://www.nhchc.org/faq/official-definition-homelessness/>

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, when 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, for a total of 74 deaths reflected on the map. The kernel density function was used to calculate the density of deaths by their point location. The kernel density tool fits a smoothly curved surface over each point; more points are reflected as “warmer” colors on the map (shades of red), while fewer points are reflected by “cooler” colors (shades of blue). 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.



A Mother Grieves: “I couldn't fix things for her.”

Catherine expected the call would come one day. In truth, she had expected the call for 25 years, since her daughter first began running away to use drugs with dangerous friends and older men. But when the Medical Examiner's office called on a Tuesday evening in December, as she sat in the den of her Eugene home, Catherine couldn't immediately process the words.

“At first I thought she had gotten into trouble again,” Catherine said. “But then I realized they were telling me she was dead.”

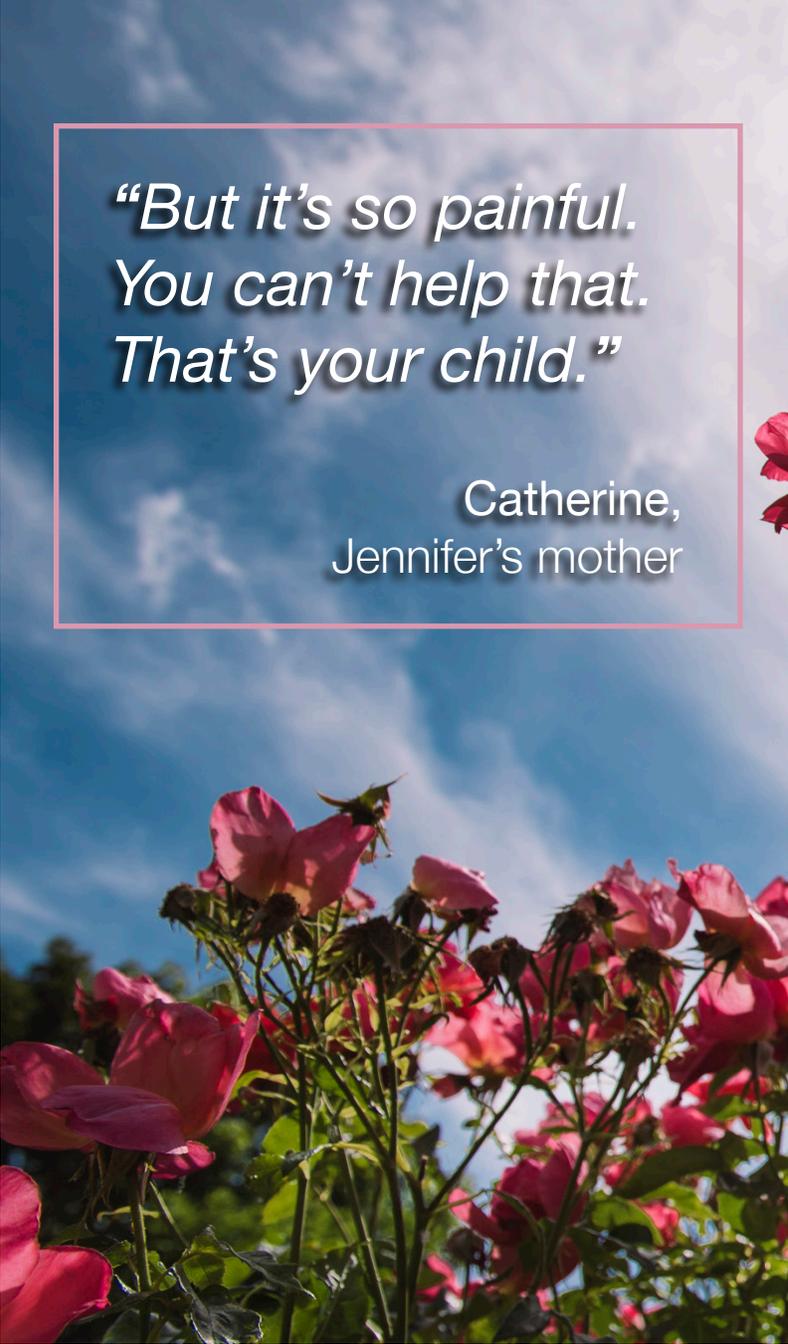
Catherine and David's daughter, Jennifer, had overdosed on a cocktail of meth, heroin and prescription drugs. She left behind two daughters and the family who adopted her at age 2.

“I feel some relief that bad things can't happen to her anymore,” Catherine said. “Her life was a terrible tragedy, and it didn't get better. No child deserves what life was for her.”

When David and Catherine adopted Jennifer into their middle-class family of four in Eugene, Jennifer had already survived an infancy of drugs and violence. As a toddler, Jennifer threw tantrums that wouldn't stop. As a kindergartner she picked fights. In the ensuing years, teachers complained about her behavior. She didn't like holidays, or sports, or playing the violin, or languages. Her mother struggles to recall many happy moments at all in Jennifer's life.

“She had a lot of support at school, a lot of support at home. A lot of people cared about her,” Catherine said. “But she was a very troubled child. There wasn't a day of peace, ever.”

Jennifer began running away from home at 11 and 12. Catherine would charge into drug houses after her, and pull her away from people mixed up in trouble.



*“But it's so painful.
You can't help that.
That's your child.”*

Catherine,
Jennifer's mother

“At about 12, I knew if we didn't stop her, she was going to die,” Catherine said. “We looked around Eugene and there was nothing. We looked around Oregon and there as nothing.”

The family tried therapy. They sent Jennifer to a summer outdoors program. Then they tried an all-girls boarding school. But Jennifer ran away.

At 16, she ran away with a much older man. They married, had a child, then divorced. She lost custody. She married another man and had a second little girl. She lost custody of her second daughter, too. Jennifer would change her name, then take on nicknames. She would



secure housing, only to lose it again. She tried the Eugene Mission, but couldn't follow its zero-tolerance drug policy.

Eventually, Jennifer left for Portland, where she slept on streets and in area shelters. But often her belongings were stolen; one time thieves even took her dentures. She would infrequently call her parents, who maintained a vestige of connection with a monthly allowance.

"She felt like she had to be in the world all by herself," Catherine said. "She wanted friends, but she didn't have them. She wanted peace, but she couldn't find it."

Jennifer was found on a Thursday morning in November, on a shelter cot. She had fresh

needle marks on the soft skin of her right inner arm, and a syringe lay nearby. It took 13 days for officials to track down her mother's phone number.

"You do feel like you failed," Catherine said. "You adopted this child because you wanted her to be your daughter. Your purpose was to give her a good life. I can't think of any time when I wasn't doing everything I thought I could do. But I couldn't fix things for her."

Catherine knows, in that rational part of her mind, she did everything she could.

"But it's so painful. You can't help that," she said. "That's your child."



Results

Age, Sex, Race

Seventy-five percent of individuals who died were male, with an average age at death of 48 years. The 20 females who died had an average age of 41 years. Although race was not established in all cases, the majority of decedents were classified as White (61; 81%), followed by Black/African American (7; 9%) and Hispanic (4; 5%). Other racial categories accounted for fewer than three deaths each. Racial information was missing for three of the deaths.

Table 1
Demographics of Homeless Medical Examiner Cases, Multnomah County, 2017

Sex	Number (%)	Mean Age (range) (N=80)*
Male	59 (75%)	48 (0-81)
Female	20 (25%)	41 (21-69)
TOTAL		46 (0-81)

Race/Ethnicity*	Number (%) (N=78)
White	61 (81%)
African-American/Black	7 (9%)
Hispanic	4 (5%)
Other	3 (3%)

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

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 2017, over one-third of deaths (33; 42%) occurred between April and September, while 46 (58%) occurred during the colder months of October-March. Five total deaths due to hypothermia occurred during January 2017.

Table 2
Season of Death among Homeless Medical Examiner Cases, Multnomah County, 2017

Season	Number (%)
April - September	33 (42%)
October - March	46 (58%)
TOTAL	79 (100%)

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 40 accidental deaths, 24 (60%) were related to drug or alcohol consumption, while the remaining individuals died from trauma (8, 20%), hypothermia (5; 13%), and asphyxia or carbon monoxide (3; 7%) (data not shown). For the 23 natural deaths, nearly half (10; 43%) were from atherosclerotic heart disease, while seven (30%) were due to complications from alcohol abuse. Other causes included atrial fibrillation, diabetic complications, pulmonary hypertension, and unspecified natural disease. Ten deaths in total were attributed to suicide and homicide, while six had an undetermined manner. Causes of death for these undetermined manner included drowning and overdose.

Toxicology

In more than half of the 79 deaths in 2017, drug or alcohol toxicity either caused or contributed to death. Some deaths were associated with more than one substance, and methamphetamine was noted in 21 (46%) individuals for whom drug or alcohol toxicity caused or contributed to death, or more than one-quarter of all deaths. Opioids were noted in 19 (41%) of individuals for whom drug or alcohol toxicity caused or contributed to death. Overall, there were 10 (13%) deaths where both an opioid and methamphetamine caused or contributed to death.

Table 3

Manner of Death among Homeless Medical Examiner Cases, Multnomah County, 2017

Manner of Death	Number (%)
Accident	40 (51%)
Natural	23 (29%)
Suicide	6 (8%)
Homicide	4 (5%)
Undetermined	6 (8%)
TOTAL	79 (100%)

Table 4

Deaths Involving Substances as Primary or Contributing Causes of Death among Homeless Medical Examiner Cases, Multnomah County, 2017

Substance	Number /Percent of Total
Any substance*	46 (58%) of all 79 deaths
Any methamphetamine	21 (46%) of 46 substance related deaths
Any opioid (heroin, prescription, illicit)	19 (41%) of 46 substance related deaths
Any heroin	16 (35%) of 46 substance related deaths
Any alcohol	14 (30%) of 46 substance related deaths
Any opioid plus any methamphetamine	10 (13%) of 46 substance related deaths
Any prescription opioid	2 (4%) of 46 substance related deaths
Any acetaminophen	2 (4%) of 46 substance related deaths
Any fentanyl or illicit opioid	1 (2%) of 46 substance related deaths
TOTAL	79 (100%)

*Note: Deaths involving more than one substance fall under more than one category; total will be greater than 46.

A Life, and Death: “Utterly alone”

It was after midnight when Rudy Madrid rolled out a sleeping bag in the doorway of an auto company in Northwest Portland. He took off his shoes and set aside a grocery bag with medications and a loaf of white bread. Then he stretched out, in stockinged feet and a T-shirt that read, “Don’t bother me. I’m busy.” He crossed his ankles and closed his eyes.

Rudy Madrid fell asleep with \$17 and a Safeway card in his pocket, itching from lice, suffering from heart disease and lung disease, and losing a battle with alcohol.

At some point, during the early hours of a mild August morning, Rudy Madrid died.

Madrid had recently been evicted from a furnished room in an affordable complex after he failed to pay rent. Again. He had stopped working as a vendor for the newspaper Street Roots after he started getting drunk. Again. His extended family had long ago lost track of him. He had a daughter somewhere, a distant nephew told investigators. But no one knew where.

“We all die alone, but he really died alone,” said Deborah Letourneau, who met Madrid when he sold Street Roots outside St. Patrick Catholic Church after Sunday Mass. Letourneau and her husband, Don, would stop to buy a paper and chat.

“We became fond of him and interested in his life,” she said. “Like any relationship you get to know bits and pieces over time.”

He asked about their children and grandchildren. He told them about his childhood in Southern California, about his sweethearts on the streets, and about his struggle with alcohol.

“Week after week he would mention the number of days he had been sober,” Letourneau said. Over time, he began to look healthy and his appearance grew tidy. His clothes were clean. His face was shaven.

“He looked awake, just like he was coming into his full person,” she said.

Then he slipped away. His eyes grew glassy. He sounded different when they spoke. He asked them for cash. They stopped seeing him at the church and would wonder where he had gone. It was another vendor who told them Rudy had died.

Letourneau went to the Street Roots newspaper office for a small memorial service, joining just a handful of people sitting in metal chairs in the lobby. Someone lit a candle. She

said a few words. She said he had a good heart. That she was sad he had died.

“Just to mark that he was here and we were lucky enough to know him a little bit,” she said. “And that was all. It was so obvious to the few who were there, how utterly alone this man was. In so many ways.”





Location

More than one-third of homeless deaths occurred in outdoor public spaces, followed by hospitals (Table 5). Eleven individuals were found deceased in a vehicle (car, RV, or camper van) in which they were residing, and two of the hospital deaths were also in persons living in a vehicle.

Table 5

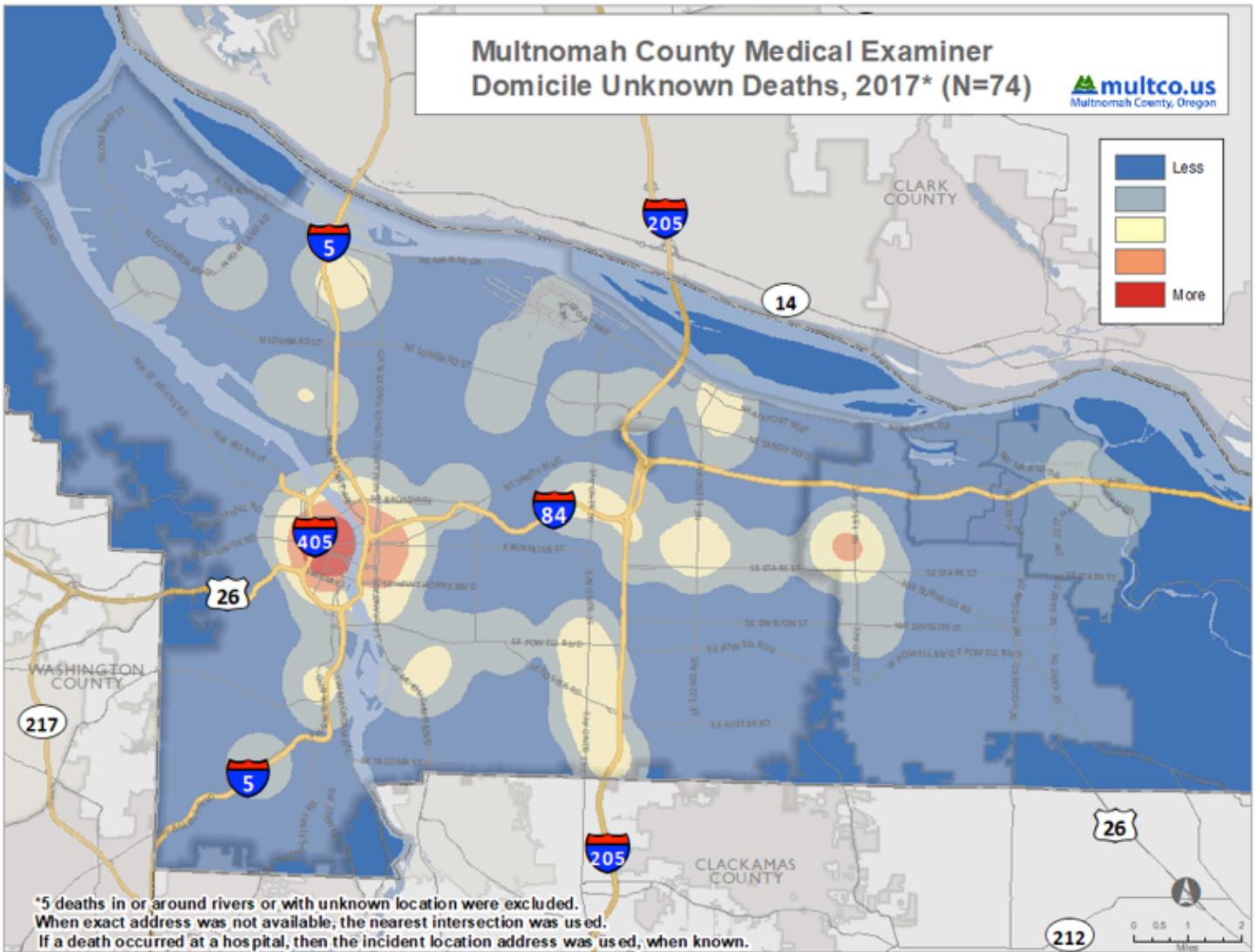
Location of Death among Homeless Medical Examiner Cases, Multnomah County 2017

Location	Number (%)
Outdoor public	31 (39%)
Hospital	16 (20%)
Car, RV, camper*	11 (14%)
Home/apartment	7 (9%)
Hotel/Motel/Shelter	6 (8%)
Other non-residential	4 (5%)
Outdoor private	2 (3%)
River	2 (3%)
TOTAL	79 (100%)

* 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 Interstate 84 and Interstate 205.

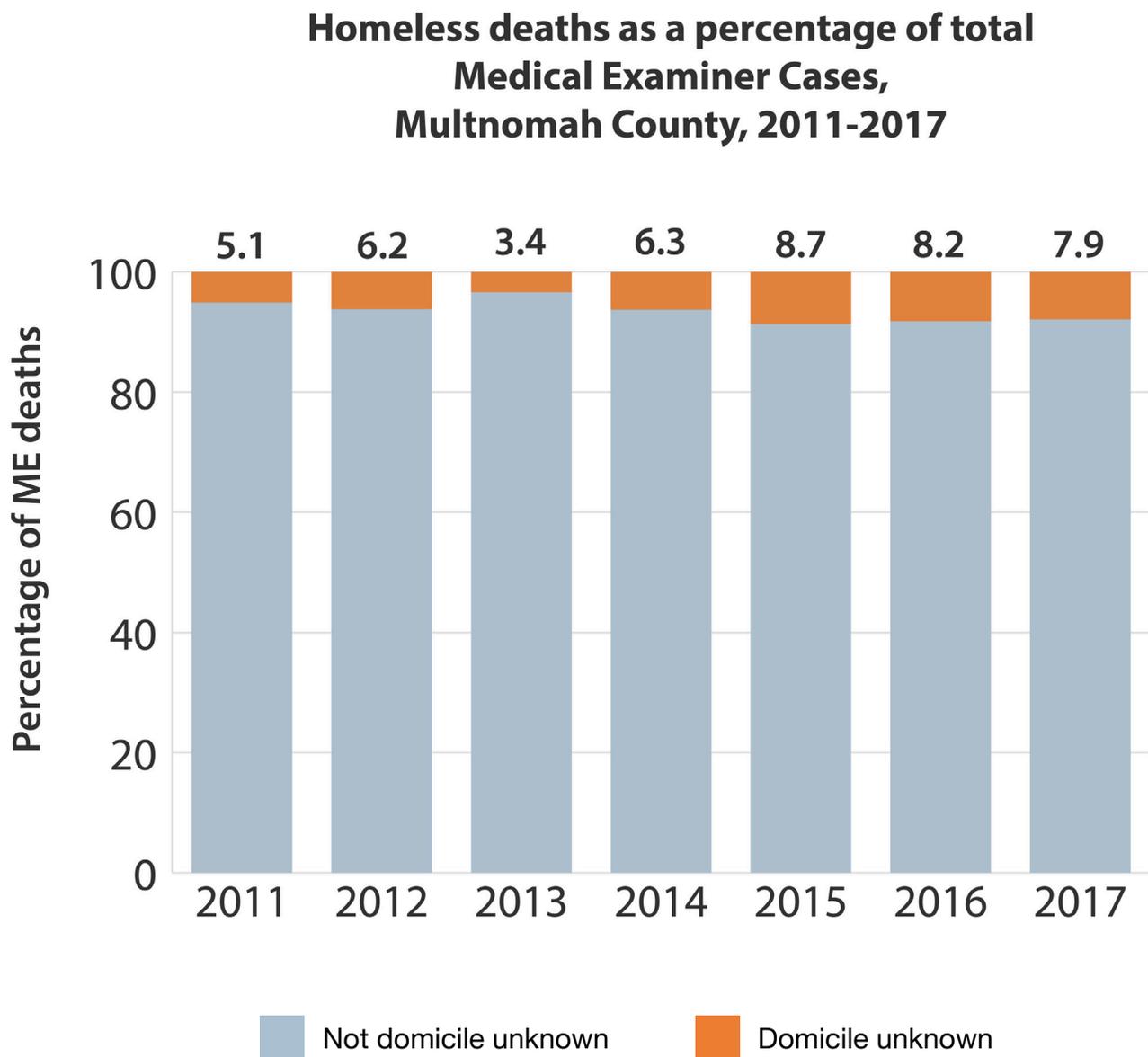
Figure 1. Multnomah County ME Domicile Unknown Cases by Location of Death, 2017



Comparison to Previous Years

Since 2011, Medical Examiner investigations of deaths occurring in homeless individuals have increased, although the data show decreases in 2016 and 2017. 2013 had the lowest count during the previous 6 years (32 deaths), and 2015 had the highest (88 deaths). The overall proportion of ME-investigated cases who are in homeless individuals has also varied over time, ranging from 3.4% in 2013 to 7.9% in 2017 (Figure 2).

Figure 2. Percent of Multnomah County ME deaths who are Domicile Unknown, 2011-2017



Ripples of loss:

A brother's battle with addiction

Joe Russo was as meticulous as he was charismatic.

As a machinist, he was satisfied with a screw or bolt only when it measured to the 1,000th of an inch. And he dispensed advice to anyone who would cut corners at the Estacada lumber mill where he worked in the early 2000s.

He kept to himself around the shop and kept busy. But when he relaxed, he was a charmer.

Russo wore a Sam Elliott mustache and drove classic cars. "Not classic fixed-up ones, but cars like you would find in a barn, rusted and dirty," his former employer, Tom Hale, said. "He always had fins and wings."

Russo was drug-free when he worked at the mill; random drug tests assured that. But that was an exception in the life of a man who battled addiction for decades.

Russo was 6 when his mother died of cancer. He was 7 when his father's liver gave out. Joe and his five siblings shuffled between family friends and godparents. When Joe was 10, he and his older brother, Steve, landed in a foster home with 11 other boys.

"Joe thought they were terrible. He hated it there," said Steve Russo. "It was rough, but they gave us discipline again. Dinner came at a

certain time."

The brothers and sisters went on to marry and start families of their own. They stayed in touch. Joe followed his oldest brother, Don, to Oregon.

When Don Russo died in 2007, Steve flew to Oregon for the service, and reunited with his little brother, Joe. Joe had lost his teeth by then, and his face had aged far beyond his 50 years.

"You could see that his life had been rough," Steve said. "I just remember the good old Joe. So lovable, he didn't have a care in the world."

Two years later, Joe told his brother he wanted to get clean for good. Steve and his wife, Judy, had a stable life in Arizona, and they flew Joe south to live with them. Judy did the cooking

and drove Joe to doctor's appointments. Steve gave Joe work assembling patio furniture. The brothers spent free time assembling model airplanes, a hobby they learned they had in common.

But Joe couldn't seem to hold onto sobriety. A year later, he left.

"And I didn't hear from him again," Steve said.

But Joe stayed in touch with his little sister, Jackie Russo. He would borrow someone's phone and call her for money. "The same thing over and over," Jackie said.

And she sent him money when she could, when Joe needed shoes, when it was snowing up north and Joe was sleeping outside. Then one day he called. And instead of asking her for cash, he asked how she was doing. She was going through a divorce, it must be tough for her, he said. When she hung up the phone, she cried.

Joe was working on his sobriety. He secured



a room of his own in Portland and landed work cleaning up the streets downtown. He and Jackie began exchanging photos. They talked on the phone. And in 2014, Jackie came to Portland for a visit. Joe took her downtown and introduced her to his friends, most of them living on the streets. “It was they best thing ever,” she said. “I was just being allowed into part of his world.”

She rented a car and they visited Multnomah Falls, the fish hatchery, the Rose Garden. They walked along the waterfront and talked for hours about growing up, about family. Joe was happy. And Jackie was hopeful. She returned to California, to her job at the Long Beach City Hall, where homeless people commonly crowded the hallways.

“I look at these people and say, ‘God. That’s my brother.’” she said. “It just happens, and it breaks my heart. You get to a point where there’s nothing you can do, and they have to want to fix themselves. And it can get to a point where sometimes they can’t.”

Her brother Joe reached that point on Sept. 8, 2017. Russo had stayed the night at a girlfriend’s apartment, and she heard him get up to use the bathroom, where he flicked on a nebulizer that calmed his lungs, strained from years of heavy smoking. Sometime during the early morning, he collapsed on the floor and died from an accidental overdose of methamphetamines, methadone and heroin.

Steve took the call the next morning. Another call. Another loved one gone.

“We lost our mother, then our father. Then

my sister died of cancer. Then I lost my son,” Steven said, his voice cracking. “And then we lost Don. Then my sister Diane slipped in the tub. Then Joe. So it’s just me and my sister Jackie — the baby.”

Steve called Jackie so rarely that she knew something was wrong when she saw his number flash on her phone. After hearing the news, her mind replayed the last exchange she had with Joe; he texted her asking for money the week before.

“But I had my house payment, and it’s tight.” He had asked her to call him, but she didn’t. When she tried to reach him a few days later, he didn’t pick up the phone or return her texts.

Regrets haunt Jackie to this day — thoughts that she should have sent him money. She should have picked up the phone. A lifetime of loss has taught her that, misplaced or not, those regrets don’t fade.

“I have buried so many people, from the time I was 3 until I was 55,” she said. “I feel guilty for being the youngest, because I had a home, because normal people raised me. And I feel guilty for that. It doesn’t go away. It just sits there.”



To see all previous Domicile Unknown Reports visit multco.us/domicile-unknown