

# Murder-suicide desperation prompts soul-searching in Oregon

by [Rick Bella](#)

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c. 2012 Religion News Service PORTLAND, Ore. (RNS) For the past few years, Terry Daniel Sr. and Lisa Haynes used good cheer to camouflage their deteriorating health and dwindling finances. They kept up running jokes with neighbors. Their easy banter made them popular at their mobile home park's annual picnics.

But about 10 months ago, their problems finally overwhelmed them. Haynes, 55, saw her epilepsy rage out of control, resulting in seizures so violent that she injured her neck and was forced into a rehab facility. Daniel, 60, and debilitated by a life of hard labor, began using a walker full time. That was hard on both of them because he was Haynes's caregiver.

Feeling desperate and out of choices, they planned a final exit together, police said, and made a recording to explain their reasons. On Feb. 12, Daniel shot Haynes and then himself. Haynes died as planned in their mobile home near Milwaukie, Ore., but Daniel survived a gunshot wound to the chest. He may have ended her suffering, but he turned his own life upside-down, tripping legal and social dominoes that haven't yet settled.

Daniel immediately confessed to police. As soon as he was released from the hospital, he was charged with murder, spawning discussions in health and legal circles about how two very poor people with disabilities found themselves in such desperate circumstances.

Oregon permits physician-assisted suicide, but only in very narrow circumstances and only to patients with access to health care. Mark Kaplan, a professor of community health at Portland State University who has made a specialty of studying suicide, said the state's first-in-the-nation assisted suicide law provides few options for people like Daniel and Haynes.

Kaplan said up to 10 percent of elderly or near-elderly residents are uninsured, and many more can't afford the kind of supplemental insurance that will provide a strong safety net.

"This is exactly why I spoke out two years ago in favor of health care reform," Kaplan said. "We have a huge problem in the U.S. with elderly and near-elderly who are uninsured and underinsured. Their options are constrained as they struggle with debilitating conditions. ... Then those options begin to contract, with no way out."

"In many respects," Kaplan said, "these murder-suicides are society-assisted suicides: suicides because of society's failures."

In a few places in the world -- England, Wales, Northern Ireland and the Australian state of Victoria -- a similar case might bring the lesser charge of manslaughter. But in Oregon, as in the rest of the U.S., premeditated killing calls for a charge of murder.

"Ultimately, the charges were decided by a grand jury," said Gregory Horner, Clackamas County chief deputy district attorney. "And they chose from the options that were presented, according to the law."

Daniel is being held without bail in the Clackamas County Jail, awaiting a trial, and remains on suicide watch.

"There is no way you can second-guess prosecutors' decision to charge murder in a case such as this because the elements are all there," said John Henry Hingson of Oregon City, a prominent defense attorney. "But the state of the law would be an interesting legislative debate, considering all the profound legal, moral and ethical issues and bringing together philosophers, ministers, legal scholars and people physically sick at the end of life. All of those voices should be heard."

Murder-suicides are fairly common in Oregon. Between 2003 and 2011, 183 people died in 81 events, according to Oregon Public Health Division statistics.

Suicide experts say there are two basic kinds of murder-suicides. The most common involves domestic violence in which a dominating partner, motivated by jealousy, anger and paranoia, kills the other partner and then himself. The vast majority of these are committed by men.

Less common are "mercy-killing" murder-suicides in which a couple -- often frail, elderly and desperate -- agree to die together. Some see it as an act of love. And by all accounts, Daniel and Haynes were very much in love.

Daniel, a former Marine, moved to Oregon in the early 1970s. He worked for years as a custodian and often took a second job while raising two sons. About nine years ago while living in Portland, he met Haynes, a former truck driver who had fallen on hard times. She had no family and few friends.

"She was homeless," said Daniel's son, Jacob Fernandez, 35. "She was living behind his house, and he took her in. From then on, they always wanted to be with each other. He loved her very much."

About four years ago, Daniel bought a mobile home for about \$6,000. They were comfortable and happy, but the good times didn't last. Both began a steady decline, which took a sharp downturn about 11 months ago. Haynes, no longer able to walk, had to start using a wheelchair. She also lost a lot of control in her right hand.

Battling his own mobility problems, Daniel stepped in without complaining.

"He waited on her hand and foot," said neighbor Doris Shanks. "You don't find very many men who would do what he did for her. These are two people who fell through the cracks."

During Haynes's last grand mal seizure, she suffered so much damage to her neck that doctors recommended corrective surgery. She was sent to a rehab facility. Daniel, who no longer drove, rode a public bus every day to visit her and took her home on Sundays, loading her and her wheelchair onto the bus.

Eventually, however, Haynes was discharged.

On Feb. 12, Daniel once again rode the bus and picked up Haynes, arriving home shortly before 6 p.m. After making a recording to announce their plan to die together, Daniel went next door to use a phone to call his son, according to a neighbor.

Unable to connect, Daniel returned home, took a small-caliber semiautomatic pistol and shot Haynes once in the chest, then himself, authorities said. Neighbors called 9-1-1 and when deputies arrived, they found Haynes dead. Daniel was rushed to a hospital.

After recuperating for five days, Daniel was discharged and immediately arrested. The turn of events upset neighbors. "He just couldn't do it anymore," said neighbor Dorothy Gage. "Both were at the end of their rope, really. It is a really sad situation."

Daniel and Haynes lived hand to mouth, making do on Social Security disability payments. Neither had a pension or any savings to fall back on. They were regular customers at the mobile home park's table of donated and gleaned food items. All of their choices, in everything, were limited by lack of money.

Daniel told neighbors that Haynes was evicted from the rehab center when her Medicare benefits ran out. Fernandez said he was unsure of Haynes's insurance status or whether she knew how to navigate the health care bureaucracy.

At the same time, Fernandez said he is not sure whether his father was aware of Oregon's physician-assisted suicide law. His court-appointed attorney denied requests to speak to Daniel.

It's unlikely that Haynes would have qualified for physician-assisted suicide, even if she and Daniel were aware of the law. To be eligible, a patient must be under the care of a doctor who determines he or she is terminally ill, has less than six months to live and can make a reasoned, informed decision about suicide.

Being under a doctor's regular care presumes that the patient has health insurance or enough money to pay for medical services.

Others said Daniel and Haynes should have been able to consider options other than suicide. The Rev. Clifford O. Chappell works with Andrae Brown, an assistant professor at Lewis & Clark College's Graduate School of Education and Counseling, to help desperate people find meaningful connections and a feeling of community support.

"There is hope, whether they can see it or not," said Chappell, pastor of St. Johns All Nations Church of God in Christ in North Portland. "No matter how dire a situation looks, there are people out here who really care. There's no reason to feel isolated, with no hope. There's no reason to suffer in silence."