



Decades Adrift in a Broken System, Then Charged in a Death on the Tracks

Martial Simon, mentally ill and homeless, spent years in and out of hospitals before being accused of shoving Michelle Go in front of a subway train.

By [Andy Newman](#), [Nate Schweber](#) and [Chelsia Rose Marcus](#)

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To the homeless men lined up outside Holy Apostles Soup Kitchen in Manhattan, Martial Simon was a familiar figure: often incoherent, usually angry about something.

But over the course of Mr. Simon's endless circuit of hospitals and jails, outpatient psychiatric programs and the streets, Larry Williamson grew friendly with him.

The frequent targets of Mr. Simon's ire, Mr. Williamson said, were doctors and the medical establishment. He was upset that hospitals were discharging him before he believed he was well enough to live on his own.

Mr. Simon's ragged journey continued until 9:37 a.m. on Jan. 15, when, according to what the police said was his confession, he [shoved Michelle Alyssa Go](#), a 40-year-old stranger, in front of a train at the Times Square subway station. She died instantly.

Mr. Simon, 61, a former cabby and parking-lot manager who immigrated from Haiti at 13 and started showing symptoms of schizophrenia in his 30s, will probably spend the rest of his life locked away.

But his decades adrift in New York, where his lawyer estimates he was hospitalized at least 20 times, illustrate a broken system of care for some of society's most severely ill members, a failing writ large every few years when another person with a history of psychiatric hospitalization commits an awful act of violence, mental health experts and homeless advocates say.

The revolving door for those with chronic mental illness has accelerated lately as long-term trends like the [reduction of inpatient psychiatric beds](#) have shifted the burden of treating such patients to hospital emergency rooms stretched thin by the pandemic.

The system is not intended to work this way.

When someone experiencing psychosis is brought to a hospital, the patient is supposed to be evaluated, admitted to an inpatient ward if necessary, treated until considered stable and then released in coordination with outside care providers.

But those basic steps are often not followed, according to several social-service providers who said that some hospitals in the city were refusing to even admit patients they find too disruptive, or admitting them briefly and discharging them without aftercare planning.

One homeless-shelter operator, BronxWorks, said that in 2020, after several unavailing attempts to have a client admitted to a psychiatric hospital, the man [shoved another man](#) in front of a train. The victim survived.

The current crisis comes after more than a half-century of deinstitutionalization has largely emptied out the lockdown psychiatric hospitals where thousands of patients in New York were once held indefinitely under brutal conditions.

Many people with even serious mental illness can manage outside the walls of an institution — holding a job, living independently — with support from family or from therapists and case managers. And experts stress that most people with severe mental illness, including schizophrenia, which is characterized by delusions and hallucinations, are not violent.

But for people who cannot find stability on the outside, the mental-health system faces the difficult decision of whether to try to keep them in an institution, even if against their will.

Too often, said Dr. Xavier Amador, an expert on schizophrenia who worked in psychiatric inpatient programs in New York for decades, doctors are releasing patients who should not be on their own.

“People do not ‘fall between the cracks,’” he said. “In our mental health care system, they are pushed between the cracks. They’re pushed out the door, and there’s an abyss.”



Mayor Eric Adams speaking at a candlelight vigil in honor of Michelle Alyssa Go after she was pushed in front of a train last month. Martial Simon, schizophrenic and homeless, is charged in her killing. Yuki Iwamura/Associated Press

The killing of Ms. Go, coming amid a spike in violent crime, horrified New York and [drew hundreds of mourners](#) to a vigil in Times Square.

Ms. Go worked at the consulting firm Deloitte, lived on the Upper West Side and volunteered counseling at-risk families, including homeless ones, about nutrition and job-interview skills. A witness [said she “never saw”](#) Mr. Simon charging at her. (He was initially identified by the police as Simon Martial, not Martial Simon.)

The attack also posed an early challenge for Mayor Eric Adams, who promised voters he would rein in violent crime while also securing better care for homeless people with mental illness

Mr. Adams, like Gov. Kathy Hochul, has vowed to build more so-called supportive housing, which provides social services on site and is in acutely short supply. He called for the creation of more “respite beds” for people who are not sick enough to be hospitalized but who are too unstable to return to shelters or the streets.



But another psychiatrist with long experience in New York's psychiatric emergency rooms, Michael Pratts, said that a fundamental problem with the mental health care system now is that no single entity seems to be responsible for the well-being of someone like Mr. Simon.

"There's nobody in charge of this guy over time," Dr. Pratts, the former medical director of a regional psychiatric emergency room in Syracuse and a former fellow in the psychiatric emergency room at Kings County Hospital Center in Brooklyn, said in an interview. What is missing, he said, is "some kind of cumulative assessment."

Mr. Simon's medical records have not been made public. But an advocate for homeless people who was given access to some of them said they show that in 2017 he told a psychiatrist at the state-run Manhattan Psychiatric Center that it was just a matter of time before he pushed a woman to the train tracks.

He was discharged soon after, said the advocate, who spoke on condition of anonymity to protect the person who allowed the advocate access to the records.

A spokesman for the State Office of Mental Health, which runs the hospital, declined to speak about Mr. Simon, but wrote, "If a patient were to indicate he or she presented a danger to themselves or others," the agency "would take all necessary steps to protect the patient as well as the public."

Dr. Amador, the former director of psychology at the New York State Psychiatric Institute, another state hospital, said that if a patient with a long history of schizophrenia and hospitalizations said he thought he would try to kill someone, he should not be discharged, but should instead be treated "until he's not believing that to be true about himself."

Haunted by Delusions

Before Martial Simon fell ill, he was a hard worker and an athlete. He played high school soccer in Newark. In the winter, he shoveled snow to help support his family, his older sister Josette Simon said.

"Each time it snowed, he was so happy," she said. "And then he comes in from shoveling, showing my mother all of the money, all happy."

But after Mr. Simon turned 30, while he was living with his sister's family, his behavior shifted. He asked to borrow around \$2,000. Another time, she said, he borrowed her car and returned only the key, saying the car had been damaged.

One day, Mr. Simon told his sister people were coming out of the TV and following him. “I tried to sit him down because I know he wasn’t himself,” she recalled.

Around 1995, his mother called the police because he was outside her apartment in East Orange, N.J., shouting at hallucinations. One summer night in 1998 in Manhattan, he held up two cabbies in two hours by putting his hand in his jacket and pointing as if he held a gun, prosecutors said. He was jailed for 18 months.

In 2002, Mr. Simon went to live with Josette in Virginia. By then, she said, he had been given a diagnosis of schizophrenia. She drove him to the hospital for weekly medication shots. He still had delusions, she said, but was too fogged to act on them.

Eventually he returned to New York, and to trouble. He called his sister occasionally from jail or a hospital. Ms. Simon said she did not understand why the system could not or would not help him.

“If you see him, you can tell something is wrong,” she said. “So you lock him up and then you just let him out in the street?”

She last heard from her brother around 2013.

New York’s subway system, long a refuge for homeless people seeking to avoid shelters, has seen an increase in attacks. Ms. Go’s killing followed a year in which felony assaults in the subway were up nearly 25 percent compared with 2019, despite a pandemic-fueled ridership plunge. Thirty people were pushed to the tracks in 2021, up from 20 in 2019 and nine in 2017, the police said. It is unclear how many were random attacks by mentally ill people.

Since the pandemic began, New Yorkers have noticed an increase in the number of people on the streets and the subway who appear severely disturbed, although there is no hard data.

There are many factors behind this, but some come down to simple math.

From 2012 to 2019, the years leading up to the pandemic, the number of adults in inpatient psychiatric beds at hospitals and state institutions in New York City dropped to about 3,000 from about 4,100, according to the State Office of Mental Health. The decrease came after Medicaid slashed reimbursement rates for longer psychiatric stays, putting financial pressure on hospitals to use their beds for more lucrative patients.

But the number of people in dire need of help has not declined. From 2013 to 2020, the number of homeless people in New York City with serious mental illness jumped to about 13,200 from 11,500, according to federal housing department statistics.

At the start of the pandemic, hospitals took hundreds of psychiatric beds offline and used them for Covid-19 patients, although most have since reopened.

Many mentally ill people who are no longer remaining in hospitals can now be seen on the streets or cycling in and out of emergency rooms. At some city hospitals, more than half the people seen in the emergency room for psychiatric problems return within 90 days.

In late December, BronxWorks, a nonprofit that runs seven homeless shelters for the city, including one for 200 mentally ill men, sent a draft report, “Inpatient Psychiatric Care for Severely Mentally Ill Homeless Individuals in NYC,” to the incoming mayor’s transition team.

The document cited several recent episodes in which shelter staff members called 911 about a violent client, furnished medics with his psychiatric history and had a mental-health professional recommend admission, only to discover when the client showed up at the shelter again that a hospital had quickly released him.

BronxWorks, a city contractor for more than 20 years, wrote that some hospitals’ practices were “leading to poor health outcomes and increased criminalization of mental illness amongst homeless New Yorkers.”

In one case, BronxWorks said, after a client injured people, a hospital “refused to admit this client, stating that he posed too high a risk to their staff and other patients.” BronxWorks asked that the client be transferred to a hospital with a specialized psychiatric emergency room. Instead, he was released.

The agency that runs the city’s public hospitals declined to comment on the report.

Another social-services executive, Joe DeGenova, the president of the Center for Urban Community Services, which runs housing and mental-health services for homeless people, said he understood the pressures that hospitals were under. “Nevertheless,” he added, “I think the hospitals are too free to do things the way they want to do them.”

Dr. Amador said that there has been a shift in the psychiatric profession, away from considering the lifelong arc of illness.

“Psychiatrists are no longer trained to look at someone’s long-term needs,” he said. “They’re turned into mechanics, dispensing psychopharmacology over a 72-hour period, or a one-week period, and then, ‘My job is done.’”

Often in New York, a horrific crime by a mentally ill person is followed by a spasm of official action. Last year, Rigoberto Lopez was charged in subway knife attacks on four homeless people that prompted a flood of police officers into the transit system. Before Mr. Lopez there was West Spruill, whose 2015 murder of a shelter director led the city to create “Intensive Mobile Treatment” teams of mental-health field workers.

In 1999, Andrew Goldstein pushed Kendra Webdale in front of a train, leading to Kendra’s Law, which allows court-ordered outpatient treatment — an intervention doctors attempted on Mr.

Simon in 2009, court records show. Records that would show whether the order was issued are sealed.

Mr. DeGenova said the Intensive Mobile Treatment teams — which include social workers, a nurse, peer advocates and a part-time psychiatrist and as of September served 330 people — were effective at keeping many severely ill people out of trouble.

But BronxWorks said in its report that some social-service providers had clients who had been on a waiting list for an I.M.T. for nearly two years. The city declined to say whether Mr. Simon was assigned to one.

Just days before Ms. Go's death, Mr. Adams and Ms. Hochul held a joint news conference. The governor announced yet another specialized homeless outreach unit, "Safe Options Support" teams that include nurses and behavioral health specialists.

The mayor announced yet another surge of police officers into the subway.

Two officers were at the far end of the platform when Mr. Simon pushed Ms. Go, the police said.

After Eight Years, a Phone Call

Mr. Simon's life became a wearying treadmill: hospitalization, release, arrest, jail, release, missed parole appointments, warrants.

He was convicted of trying to rob another cabdriver in 2017. In 2019, a charge of possessing a crack pipe was dismissed after he was found unfit to stand trial.

Mr. Williamson, the homeless man who described being friendly with Mr. Simon, despite not knowing his name, said Mr. Simon often voiced frustration about his inability to find stable housing and about his prescriptions for antipsychotic medication running out.

Mr. Williamson and three other soup kitchen clients recognized Mr. Simon from photos. All described him similarly.

"He was always arguing about stuff," said William Taylor, 76 — that the line was moving too slow, that he was not being served enough food. Although Mr. Simon could be verbally abusive, the men said, they never saw him lay hands on anyone.

Mr. Williamson said he last encountered Mr. Simon about two years ago.

"He was complaining about his medications," Mr. Williamson said. "And doctors doing him wrong."

On July 20, 2021, Mr. Simon was released from Bronx Psychiatric Hospital. The next day, he missed an appointment with his parole officer and disappeared off the radar again.

On Dec. 17, outreach workers from the Bowery Residents' Committee encountered him at an end-of-the-line subway station in Jamaica, Queens. He was talking to himself, but pleasant and nonaggressive, said a committee employee who was not authorized to speak to reporters and requested anonymity.

Mr. Simon was offered services, which typically include transportation to a barrackslike shelter where upward of 20 men often share a room. He politely declined

Twenty-nine days later, Josette Simon's phone rang. It was The New York Post: Her brother had just killed someone, the reporter said.

Ms. Simon said she had spent much of the time since weeping, for Ms. Go's family, and for her brother.

"Oh Lord, please," she said. "To know my brother cost somebody their life, not because he's a bad person, but because he didn't get help? It's unbearable."

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<https://www.nytimes.com/2022/02/05/nyregion/martial-simon-michelle-go.html>