

MSOP's COVID-19 Response was a Disaster

Matthew Feeney

The global pandemic has caused much stress as populations across the world deal with new restrictions and society adjusts to define a new normal. I will not minimize the seriousness of this disease and the tragic loss of many hundreds of thousands of lives during this pandemic. This journal is being written while in isolation to document what I believe to be an organization's gross civil rights violations that were intentionally or negligently inflicted under the pretense and guise of mandated quarantine procedures.

The Minnesota Sex Offender Program (MSOP) is a "secured treatment facility" in Moose Lake, Minnesota that is supposed to provide psychological care and treatment to their clients, who are civilly committed to this program for "indeterminate" sentences (de facto life sentences). MSOP had over nine months to plan and prepare their COVID-19 Continuity of Operations Plans and could have learned valuable lessons from the Minnesota Department of Corrections prison facility located 1,000 yards away which went through their own wave of COVID-19 infections and lockdowns several months ago.

A MSOP memo dated 6 November 2020 confirmed "our program has spent months preparing for possible cases in our facility and modify how we operate". This memo also stated, "we have confirmed positive COVID-19 cases within our program". This did not give the clients any numbers, nor did it inform us if it was staff or clients who were infected. When asked, staff said they could not tell us due to "HIPPA privacy", yet we were able to get that information from the local evening news on broadcast television.

In late-October 2020, two clients in our unit (who knows how many on other units) received an official letter from MSOP Health Services notifying them they had been in "close contact" with a "known positive" individual. The two clients receiving the letter were not isolated or given any restrictions as required by the CDC. They were "monitored" for symptoms while being allowed to freely roam around our 100-person living unit without even being required to wear a mask. Our unit has no single rooms, so at least two other individuals were living and sleeping within feet of those who had been exposed to a known infected person.

On 5 November 2020, our entire unit was placed on lockdown. All clients were locked in our cells for 23 hours a day. We were allowed out in roommate pairs for 15 minutes a day to make a phone call, shower or get

ice. We were not allowed to utilize the microwaves, vending machines or computers during this time.

On 13 November 2020, my cellie (who had an asthma attack the week previously) complained of multiple COVID-like symptoms and was moved to an Isolation Unit. Despite having no symptoms, as a precaution, I was forced to move to a different Quarantine Unit. My cellie was given a test for COVID-19 which came back negative, but it was determined he had pneumonia. I was not tested and remained in the isolation unit. It should be noted there are no air filters in the air ducts between cells, which are constantly blowing air between them.

On 16 November 2020, we received a memo stating they were finally going to implement the Point Prevalence Surveillance (PPS) as suggested by the CDC. This meant testing the entire facility population at one time. Ironically, this same memo ended by stating, “while acknowledging the interventions are difficult at times, it is a significant accomplishment to be able to state our client population had zero positive cases up until the end of October”. Ends up they were patting themselves on the back way too early.

The next day (Tuesday) I was given the COVID-19 test. By Friday morning, I was verbally told to pack up – my test had come back positive and I was being moved to the Isolation Unit. Upon arrival on DELTA unit, I was handed a memo dated 20 November 2020 stating I was being “temporarily moved to an Isolation Unit to minimize the risk of additional exposure across the entire facility”. Nowhere in this memo did it even state I had tested positive for COVID-19 and I did not receive the actual lab results until 25 November 2020.

We had all received notification that we were infected with a potentially life-threatening disease, but nobody checked to see how we were doing or let us know what to expect health wise. That first day I was a wreck and was anxious for my 15-minute break to call home and inform my parents of the positive test result. I asked staff three times that day when my 15-minute break would be; at 9am when I first arrived, at 2pm when staff checked my temperature and again at 7pm by pushing the Intercom button. Staff said they would “get back to me” – they never did and I never got my 15-minute break that first day. I was just diagnosed with a potentially fatal disease and they “forgot” to give me my only 15-minute break to call my family and let them know of the diagnosis, that I had been moved and how I was doing. Nothing. No phone call on one of the most stressful days of my life.

The next day, I got my 15-minute break. Delta unit only had one GTL tablet style digital phone (these new tablets are installed on other units, but not turned on or working). This phone had such a bad connection my parents could not understand a word I was saying. The digital screen then switched to landscape mode and disconnected my call. I frantically called back (dialing sidewise) and once again, my parents could not understand me. They said it was like I was talking through an underwater tunnel. I spoke slowly, I yelled, I tried wiggling the cord – nothing made a difference. My folks were not able to understand my condition was non-life threatening. My folks and I were both crying with frustration by the end of the call. I reported the phone issue via Client Request Form.

Locked up for another 23 hours, here comes my next 15-minute break – something that had kept me going. However, once again I had the same issue with the same phone. I reported it again to staff, told my parents to call to complain and submitted another Client Request Form.

When isolated by yourself in a cell 23 hours a day, it is crucial for your mental health to stay busy. The two main things to do are watch TV and read. Watching TV is a wonderful time burner. Unfortunately, unlike every other state facility, MSOP dropped cable a few years back and only provides 18 channels of Over-The-Air reception. While severely limited, it is better than nothing. But on the Quarantine (CHI) and Isolation (DELTA) units, the wiring is so bad that 6-10 of the 18 stations do not come in. They have such weak signal that they are completely unwatchable. This was reported multiple times while living on CHI and DELTA. As of 28 November 2020, no response was received.

Reading books is another great past time. I received notice that I had received some books from the Arrowhead Public Library's Mail-A-Book program. Previously these library books were delivered to us with our mail. For some reason MSOP changed the process and now required us to pick the books up in person during our assigned property times, so during lockdown no one was able to go to property. Usually, property will accommodate and deliver to the units, but MSOP decided to suspend all property deliveries to the quarantine and isolation units. We still received daily mail, and remember, library books were previously delivered with the mail. Thus, the exact people who were isolated and most needed books to read were actively prevented from receiving reading material by newly created procedures.

So how about library books from the MSOP library? In prison segregation, the prison library supplies access to a fully stocked book cart three times a week. Now with the prisons being on unit lockdowns, the amazing librarian at Moose Lake prison is hand-delivering carts of books to every unit in the prison. We have no such opportunity here. I even wrote to the librarian asking why we have no book cart, and as of 28 November 2020, I have received no response. Ironically, this last July I wrote a suggestion to the librarian that each unit have a book cart where clients could donate/share our own books. This suggestion was denied because “all regular living units have 3 opportunities per week to attend the library. Also, as I understand, you will soon be able to resume the Arrowhead Library System “Mail-A-Book””.

As an avid reader, I subscribe to the *Sunday Star Tribune* newspaper, the weekly *New Yorker* and *People* magazine. As allowed by policy, these periodicals get shared to interested clients on my unit via a distribution list. While on CHI, I received these periodicals with my mail, and attempted to share them with the regular list by utilizing special green client-to-client correspondence envelopes. The mailroom returned them to me with an unsigned post-it note stating that per policy, media could not be shared between different units. I wrote a kite responding I lived on the same unit as the people I was sending the reading material to, and was only temporarily on a different unit due to quarantine and that people are hungry for human contact and something to read and asked that they please make an exception. This kite got returned – unanswered – on 23 November 2020 with the receiving guard’s time stamp circled because the staff who picked mine up forgot to time-stamp it, and so the mail room did not bother responding to my kite. I instantly handed it back to the staff and asked them to time-stamp and *resend* it. So here we have staff that are blindly following rules that common sense should have exempted due to temporary quarantine restrictions. They are communicating via unsigned post-it notes and then choosing to be passive-aggressive by not responding to a client’s written request sent from a Quarantine Unit because other staff forgot to properly time-stamp it. This is someone truly going out of their way to create issues and emotional distress by failing to realize during times of emergency like a quarantine, some exceptions to the regular rules and policies need to be made especially since the goal was to share reading material with people who were also locked down and thirsty for things to read. Blindly citing

“policy” shows a complete lack of empathy and inability to look at the big picture during special times.

For the entire seven days I was in isolation in DELTA unit, no one was able to find the key to the padlock under my bed. This prevented my bins from being stored under the bed where they belong. I asked staff four times (on two different shifts) on my first day, and the next day I asked again and they contacted a supervisor. I wrote a client request – as of 28 November 2020, I still never got a response. While the practical result of this was the relatively minor inconvenience of having to keep my bins in the middle of my limited floor space during my stay, there are larger concerns. It is hard to trust my care and well-being to a group of people who cannot find a key to their own lock. There are serious psychological doubts caused by relying on an organization for my health care during a potentially life-threatening infection when their actions reflect either general ineptness or an intentional disregard of basic care and concern.

MSOP had nine months to see and watch the rest of the world prepare, yet their plan did not isolate people who had contact with known infectious people. Ironically, someone who was in contact with someone who complained of symptoms (later proven to be pneumonia and not COVID-19) was physically moved to a Quarantine Unit, where I eventually contracted the disease they were trying to prevent.

Once DELTA unit became the Isolation Ward comprised of confirmed positive COVID-19 patients, why were all the clients on this ward still restricted to our rooms 23 hours a day? There should have been open movement on the unit to allow proper socialization and support amongst ourselves, as well as access to a (working) telephone to call our friends and family.

There have been a great many studies on the psychological damage caused by solitary confinement. Even in prison, prisoners are required by law to be out of their segregation cells an hour a day. You would think that a mental health treatment facility would be exceptionally aware of the additional stresses and burdens put on those clients confined 23 hours a day, especially those who received the additional stress of a positive test result. MSOP has therapists, counselors, and psychologists on staff for exactly that sort of intervention. While on lockdown, there are no treatment groups, so these staff should have been available to help mitigate the mental health pressures experienced by the clients in their care. At the time I wrote this essay, not once did I ever receive a mental health visit or welfare check.

Surprisingly, on 25 November 2020, I did receive an unexpected visit from a doctor. We had a good visit. I commended her on checking in on us – she seemed truly surprised that she was the first. I told her the extreme stress of not being able to properly communicate with family due to the broken phone. She took notes of the time/date stamps of the client request kites where I had noted the phone was not working. It was a step in the right direction, but why did it not that happen sooner and more often?

Ironically, within five minutes of me starting to write this essay, a fellow client on our unit “lost it”, and started banging and kicking his cell door. He yelled through the vent that staff were refusing to facilitate a legal call he had requested in writing. He screamed his frustrations and refused to quiet down and listen to staff. Finally, a senior staff officer declared they had been authorized to use chemical agent to enforce compliance. This threat/warning was made by staff several times and panicked the clients on the unit. I heard multiple rooms calling staff through their intercoms to remind them this was a COVID-19 positive unit with many clients suffering from respiratory distress and that deploying chemical irritants on units with no filters between cells would put lives at risk. The enraged client was removed 25 minutes later and no chemicals were used. However, the fact they were ‘authorized’ in the first place defies common sense. This action would have clearly endangered the lives of others and would have probably incited a riot.

The next day a different client, this one in the cell next to me, cut himself with a razor and had to be dealt with by responding staff. I understand the first man’s anger, sense of betrayal and frustration. I empathize with the other client’s lack of control and information. Instead of pounding on my cell door or cutting my wrist, I am writing all this down, trying to document the experience in the hopes that changes can be made to prevent such issues in the future. I am afraid that these words will fall upon the deaf and uncaring ears of an institution that is using this worldwide pandemic as an excuse to create human misery and discomfort. Yes, pandemics are tough, and no one is exempt from suffering during these trying times. However, the majority of the issues I experienced could have been foreseen or handled in a more expedient manner. Locking everyone up and forgetting about them is not a response plan. It is a disgrace that nine months into a pandemic an organization like MSOP did not have staffing issues figured out, or plans on how to provide basic needs like working television stations and books to read.

This journal was not written by someone who is merely upset at minor discomfort caused during an emergency pandemic. I worked for 12 years with the American Red Cross of the Saint Paul Area. I taught disaster response classes and helped write Continuity of Operations Plans for various companies. I was an active part of the Minnesota Rapid Response Team One and volunteered with the National Red Cross during Hurricane Katrina and New York for 9/11. I have lived and worked through many disasters and I am familiar with proper disaster response, and MSOP's response was itself a disaster.

POSTSCRIPT

My cellie was hospitalized for his pneumonia and eventually tested positive for COVID-19. He almost died, was on life support and two months later is currently in rehab learning to breathe and walk again. After being released from isolation, I was able to return to my living unit for one week of freedom before we were all locked-down again for another two-week period. This time my experience was a bit more manageable because I was able to retrieve my books from property during the week between lockdowns. I now had ample material to read. Mental health checked in on me a few times, unit staff went out of their way to be helpful, all 18 TV channels worked, the telephones worked and our 15-minute break was eventually increased to 30 minutes. This leads one to ask, if it was logistically possible to have 30 minute breaks, why did it take five weeks to figure that out? And although I saw improvements during this second lockdown, three men died, including someone who had lived five cell doors down from me. And although five weeks of extreme solitary confinement was made extra stressful due to MSOP's disorganized and flawed response, I also fully realize how blessed I am to have survived COVID-19 at MSOP with nothing worse than a minor sore throat. On 19 January 2021, the *Star Tribune* published an article about the COVID-19 situation at MSOP, which quoted from the above essay.

ABOUT THE AUTHOR

Matthew Feeney is incarcerated in Minnesota. He has received multiple writing awards from PEN America and the League of Minnesota Poets. His writing has appeared in numerous publications including *The Analogue*

Sea Review, The Pinyon Review, Evening Street Review and *Upon Waking: 58 Voices Speak Out from the Shadows*. Three of Matthew's poems were performed live at the 2019 World Voices Festival in New York City. Another poem was composed into choral music and is pending a post-COVID-19 performance. An OBJECT America project featuring a recording of one of Matthew's poems was exhibited in France, Germany and Switzerland. You can learn more about his work by visiting his website www.matthewfeeney.com.