

# Study shows 144,000 US inmates denied care for hepatitis C

E.P. Milligan  
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A recent survey and round of interviews at state prisons across the United States revealed that staff are refusing treatment to at least 144,000 inmates suffering from hepatitis C. If left untreated, the condition can potentially mean a slow and agonizing death sentence. The recent revelation once again sheds light on the horrific conditions facing inmates in prisons across America, a country which is time and time again hailed as the richest in the world.

Prison officials cited high drug prices as their reason for failing to treat inmates. The anti-viral medication required to treat the condition frequently can cost over \$90,000 for a 24-week regimen, depending on the strain of the virus and the patient's medical history. The new round of drugs, introduced within the last decade, have over a 95 percent success rate in eradicating the virus, involving very limited side effects.

The previous form of treatment involved a year-long regimen of shots and ribavirin pills that produced chemo-like symptoms in patients, with only a 50 percent cure rate. The older, less effective form of treatment costs around \$70,000.

Hepatitis C (HCV) is one of three types of blood-borne virus that infects the liver, causing inflammation. Whereas hepatitis A usually causes only a short-term infection, B and C can lead to long-term and even lifelong inflammation. Long-term infection can lead to serious medical complications including liver damage, cirrhosis (scarring of the liver), liver cancer, and even death. According to the Centers for Disease Control, roughly 75 to 85 percent of people who become infected with HCV will develop a chronic infection. While vaccines exist for types A and B, there is no vaccine for HCV.

Around 97 percent of inmates living with HCV are denied access to the cure, according to a survey

conducted through the Toni Stabile Center for Investigative Journalism at Columbia University's Graduate School of Journalism.

The high price of the new treatments has led both state and federal prisons to ration the drug, limiting it to patients with a high risk of developing liver problems or with low blood platelet levels. It can take two to three decades before the disease becomes life-threatening, while patients can transmit the disease during this entire period, through such means as the sharing of toothbrushes, razor blades and needles, or less commonly through sexual contact.

What is more, many prisons ignore their own already subpar guidelines for standards of care. Florida Department of Corrections records show that 181 or more inmates who met the criteria for treatment throughout the state of Florida did not get the cure. Department policy states that prisoners are eligible for HCV therapy when the disease reaches Stage 2, at which point the liver shows mild to moderate thickening or scarring of tissue.

Once an individual is incarcerated, he or she is typically allowed care through the prison itself. States restrict or prohibit any type of private or outside care.

The prisons' refusal of treatment stands in violation of the 1976 US Supreme Court ruling in *Estelle v. Gamble*, which described such practice as a form of "cruel and unusual punishment." The ruling stated that "deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain'...proscribed by the Eighth Amendment."

Whereas about 1 to 2 percent of the total US population has HCV, within the prisoner population the prevalence rate is over 17 percent, according to a 2014 article in the journal *Public Health Reports*. Because of

the spike in the infection rate for HCV in the most recent years due to the spiraling opioid epidemic, it is likely these rates are already far higher. The newest study estimates that as many as 75,000 HCV-infected people are released from prison per year, often with limited access to testing, let alone treatment.

New hepatitis treatments include Merck's Zepatier, priced at \$54,000 for a 12-week course of treatment, and AbbVie's Viekira Pak, priced at \$83,000.

However, it is Gilead Science's drugs, Sovaldi and Harvoni, that dominate the market, bringing in \$19 billion in annual revenue for the company. Sovaldi is priced at \$84,000 for a 12-week course of treatment, or \$1,000 per pill, while Harvoni is priced at \$94,500.

Gilead's pricing strategy was the subject of a US Senate report released in December of 2015. The 18-month Senate investigation looked at 20,000 pages of internal company documents, finding that Gilead priced the new hepatitis C treatments as high as they thought the market would bear, with no consideration for how this would limit patient access.

These new drugs in the United States, Canada and Europe remain far more expensive than in the rest of the world, which does not share the same drug patent laws. Sovaldi, for example, costs \$4 per pill in India—a total cost of \$336 for a 12-week regimen. The health ministry of India announced in January of this year that it plans to provide free treatment at all government health set-ups, according to an article in the *Indian Express*.

The rationing of health care among the prison population mirrors the rationing of health care for workers and their families in the United States and internationally. It reflects the irrationality of a system in which the health needs of the population are subordinated to the profit interests of large pharmaceutical companies, insurance firms, and hospital and drug store chains.



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