

**PENNSYLVANIA INSTITUTIONAL LAW PROJECT**

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**PENNSYLVANIA HOUSE JUDICIARY COMMITTEE  
SUBCOMMITTEE ON CRIME & CORRECTIONS**

**Testimony of Angus Love, Esquire  
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**State Correctional Institution at Chester  
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**TO: Chairman Jerry Birmelin**

Good Afternoon. My name is Angus Love and I am the Executive Director of the Pennsylvania Institutional Law Project. Our Project is the sole provider of civil legal services to the over 75,000 institutionalized persons in the Commonwealth of Pennsylvania. I would like to begin by thanking Chairman Birmelin and the Committee for allowing me the opportunity to present testimony today. I would also like to thank you for scheduling this and several other hearings dealing specifically with issues pertinent to the 40,000 individuals incarcerated in the Pennsylvania Department of Corrections system. Our office receives over 10,000 requests for service each year. As we have only three attorneys and one paralegal, we are often overwhelmed with requests for legal information and representation. Accordingly, we seek out opportunities to have discussions regarding some of the recurrent problems in the DOC system. Many of the complaints we receive involve the delivery of medical care. More recently many of these complaints have inquired about Hepatitis C. Thus we are thankful for the opportunity to have an open and frank discussion regarding the pros and cons of treatment for individuals who have contracted the Hepatitis C virus.

It is my understanding that Hepatitis C is a relatively new disease which was discovered in the early 1990s. Hepatitis A and B had been well-known for some time. A

new strain of hepatitis developed that was clearly not A or B. For lack of a better word, it was called C. It has since been followed by additional new strains. It was not until October 1998 that the Centers for Disease Control published "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease". Hepatitis C virus has become the most common chronic blood-borne infection in the United States. The CDC estimates that an average of 230,000 new infections were reported each year during the 1980s. Data presented at the Third National Health & Nutrition Examination Survey estimated that 3.9 million Americans have been infected by Hepatitis C as of 1994. Hepatitis C is a chronic liver disease which is the tenth leading cause of death among adults in the United States, accounting for approximately 25,000 deaths annually. Of those deaths, 40% can be attributed to Hepatitis C virus. As most of the individuals infected with Hepatitis C are between 30 and 49 years of age, the number of deaths attributable to Hepatitis C could increase substantially during the next ten to twenty years as this group of infected persons reaches ages in which complications from chronic liver disease typically occur. It is estimated that 1.4 million infected individuals pass through correctional facilities each year.

As with many infectious diseases, a prison environment presents unique challenges to the health care community. Hepatitis C virus is spread similarly to the HIV virus. An exchange of bodily fluids must take place in order for the disease to be transferred. The most common methods of transfer involve sexual relations, IV drug use and blood transfusions. Theoretically, none of these activities would occur in a prison setting, yet the reality is that levels of Hepatitis C infection in prisons are running much higher than those in the general public. It is estimated that 41% of all inmates in the California prison system have Hepatitis C. Pennsylvania DOC officials estimated that between 25% and 39% of Pennsylvania DOC inmates could have Hepatitis C. This would translate into approximately 10,000 to 14,000 individuals. The Pennsylvania Department of Corrections has responded to this crisis. Commissioner Martin Horn has appointed a Task Force to study the issue and to come up with a protocol for treatment of Hepatitis C. It is my understanding that this protocol has undergone several revisions and has begun to be put

into practice. There are currently 3100 individuals known to have Hepatitis C in the Pennsylvania Department of Corrections system. Of that 3100, 100 are currently receiving the drug treatment regime of a combination of Interferon and Ribavirin. The criteria for screening should be closely monitored. While there are immunizations available for Hepatitis A and B, there are no such options for Hepatitis C.

The cost of the drug treatment is extremely expensive. The treatment regime normally lasts for six months to one year. According to an article in The New York Times on June 30, 1999, a year of drug treatment for one person costs between \$15,600 to \$17,300 per year, or \$1300 to \$1440 per month. The Pennsylvania Department of Corrections contracts with private for-profit corporations to provide medical services. This further complicates the issue of providing treatment to the infected population. The Pennsylvania Department of Corrections currently offers limited testing when individuals are tested for Tuberculosis on an annual basis. Blood tests look for elevated liver functions. If these are indicated, the medical personnel recommend that a Hepatitis C test be given. The individuals are also able to request such a test voluntarily. There is no mass testing for Hepatitis C. If individuals are found to be positive, there is a host of potential exclusions barring them from the drug treatment. These include a history of mental illness, a history of extensive drug and alcohol abuse, and individuals who have received the drugs in the past and not responded to them. Unlike HIV, Hepatitis C can take many forms. Some individuals live 20 to 30 years without any symptoms after having tested positive. Others develop chronic problems within ten years. Some respond to the drug regime, others do not. The combination drug therapy has a 30-50% response rate. Some have severe side effects and others do not. Thus, the disease is extremely difficult to predict and, accordingly, educate the public about its dangers.

While we applaud the Pennsylvania Department of Corrections for establishing a protocol for Hepatitis C, we believe more can be done. The biggest area for improvement is educating the prison population regarding the disease. We would recommend the posting of information about the dangers of Hepatitis C and encouraging those individuals who have engaged in high risk behavior to be tested. There are many fine educational

materials available. Such materials could be posted on each cell block and available in Spanish. This would be consistent with the Department's policy of early intervention in the area of chronic disease in order to reduce the long-term problems relating to liver damage in the future. We also urge the Department to continue its testing program in hopes of expanding the number of individuals that are identified with Hepatitis C and the number of individuals who will be receiving the drug treatment protocol. Clearly, 100 individuals receiving treatment out a potential of 14,000 is only one small step in combating this illness.

Another potential problem involves the availability of liver transplants. To the credit of the Pennsylvania Department of Corrections, they recently revised their policies and have made the transplant option available. While it is initially expensive, in the long run the transplant will save considerable amounts of money and improve the quality of life of the patient. For these reasons we encourage the expansion of the transplant program. This should be especially true when there are family donors available.

While we can differ on many of the policies of our criminal justice system, we should unite when it comes to matters of public health. As the Department has correctly noted, we can pay now or we can pay later. We agree with the Department that preventive measures are the best course of action. For these reasons, we encourage the Department to expand its educational activities in hopes of raising awareness of the dangers of Hepatitis C and encouraging those who need treatment to seek it. Hopefully, they will respond to treatment and minimize the difficulties for all concerned down the road. Treatment of those individuals to reduce Hepatitis C morbidity and mortality will have broad implications for general public health.

We thank you very much for the opportunity to discuss these issues before the Committee.

Respectfully,

Angus Love