

On a warm Saturday afternoon, in the Acute Care Unit of the Lemuel Shattuck state hospital for the poor, Doctor Donna Roy, M.D., held my hand and told me I had Hepatitis C.

“How did you get this?”, Dr. Roy asked. I lay in my bed, a tube in my arm. I said only, “I don’t know”.

I do not know how I got Hepatitis C. I do not use drugs, and I am not homosexual. I have used condoms for risky sex, and I am only a social drinker. But, for the past five years, I have shared prison cells with prisoners who are drug addicts and even some mentally ill prisoners who cut themselves just to feel something.

Dr. Roy held my hand. I told her about fights I had had where there was blood in the cell. I mentioned one cellmate in particular who cut himself and whom I had assisted in cleaning up the mess — without rubber gloves or any sort of hazardous material protection. She just looked at me like I was an idiot for doing anything that could cause me to get Hepatitis C.

According to a recent class action lawsuit filed in federal court,¹ “Hepatitis C afflicts over 1,500 of the Massachusetts Department of Correction’s 10,000 prisoners” (McGovern, 2015).

Sadly, the Department of Correction here in the Commonwealth treats only about two or three infected prisoners with current Hepatitis C drug therapy (Paszko, et al. v. O’Brien, et al., 2015). Ironically, today’s superior HCV treatment enjoys a nearly 100% percent success rate for eliminating the virus — but at a prohibitive cost. These miracle cures eliminate the disease in the body entirely within twelve weeks. In the past, a drug cocktail of Pegylated interferon² and Ribavirin was standard care; a painful nearly year-long process with spotty results (23 Mass. L.Rep. 101 *Malik v. UMass Corr. Health*).

In 2013 and 2014, the FDA approved new antiviral medications. These medications can now be taken as a part of an interferon-free regimen. The cost for the new state-of-the-art cure is \$90,000 per dose (Paszko, et al. v. O’Brien, et al., 2015).

Drugs such as Solvaldi and Olysio — each approved in 2013 — ushered in a remarkable cure rate for Hepatitis C when taken with Interferon and Ribavirin. But the real breakthrough came in October and December of 2014 with the approval by the FDA of Harvoni and Viekira Pak. Both Harvoni and Viekira Pak mark the arrival of the first interferon-free treatment regimen

to enjoy a nearly perfect cure rate in virtually all stages of Hepatitis C cases (Paszko, et al. v. O'Brien, et al., 2015).

In my sick bed at Shattuck Hospital, Dr. Roy held my hand and told me I would soon return to MCI-Shirley where I would meet a doctor who specializes in infectious diseases. What I was not told was that my chance of treatment was nearly impossible. Currently, the Massachusetts Department of Correction offers Hepatitis C treatment to just two or three infected prisoners (Paszko, et al. v. O'Brien, et al., 2015).

I was not angry. Rather, I was confused as to how I managed to contract such a hard-to-get blood borne illness.

Truth be told, I am a pretty dull citizen. But over the past few years, I have lived with addicts with AIDS and Hepatitis C. And, on more than one occasion, I have been forced to defend myself. Fights in a prison cell can get very bloody. Still, the chances for infection remain slim. "Blood to blood" is the way HCV is transmitted (Berkow, 1987, p. 864).

Hepatitis C is transmitted by infected blood. Considered a "silent epidemic", the U.S. Surgeon General in 2000 estimated that as many as two percent of the adult United States population had Hepatitis C. In 1997, according to one study, 29% to 43% of all people infected with Hepatitis C in the United States had passed through a correctional facility (Brunsden, 2006).

Here in MCI-Shirley, a prisoner hazardous material work crew, when instructed, will be ordered to clean rooms and cells. But prison cells in general population are rarely decontaminated. It is left up to prisoners. Only in rare instances will cells be washed down with bleach.

Prisoners tattoo one another, get into fights in cells and engage in sex. It is only the practice of cleaning these cells that is not universal. Prisoners are routinely assigned to cells that have never been decontaminated after bloody altercations, after a mentally ill prisoner cuts himself or after some other blood incident has occurred.

A prison cell is a lonely tomb with a heavy steel slider that, when closed, leaves convicts trapped to their own devices. A prisoner code of conduct discourages informing on fellow convicts. Often, prisoners in these cells must tolerate bad practices. Blood rituals are common, as is intravenous drug use (Brunsden, 2006).

I remained in Shattuck Hospital for just two days. I was swiftly removed to MCI-Shirley an hour after the intravenous drip was removed from my arm. After being released from the Acute Care Unit, I thought long and hard about how I must have contracted this lethal liver disease. I could only blame the prison and its administrators for their practice of assigning healthy prisoners with physically ill ones.

Meanwhile, my chances for treatment are pitifully low. Without treatment my prison sentence has just become a life term. I returned to MCI-Shirley, recalling Doctor Donna Roy holding my hand, and at the same time I remembered every fight and suspicious prisoner I have ever had to deal with. And, the silent epidemic continues.

ENDNOTES

- ¹ Rights Groups Sue For Proper Treatment of Hepatitis C in State Prisons, Press Release issued by Jonathan Shapiro, Esq. & National Lawyers Guild, and Prisoners Legal Service of Massachusetts, et al. June 10th 2015; Boston MA. Statement attributed to Ms. Leslie Walker, Executive Director, Prisoners' Legal Services.
- ² Pegylated Interferon is a molecule consisting of a substance called polyethylene glycol (also known as PEG) attached to a molecule of the protein Interferon. PEG serves as a protective barrier around the Interferon, which assists cells of the body in fighting the Hepatitis C virus.

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