



70 Million S3E7 Annotated Transcript: Where Hep C Remains Untreated for Those in Custody

Sean Wesley knew he had Hepatitis C when he started serving his prison sentence in Louisiana, and spent years trying to get treatment. Despite an innovative arrangement between a drug manufacturer and the state's Department of Corrections, he was transferred from facility to facility, and even finished his sentence, without ever receiving proper care. Reporter Xander Adams looks into why.

Mitzi Miller: 70 million adults in the United States have a criminal record. In Season Three, we'll explore how our rapidly changing reality is impacting those in custody, and the policies that keep them there. I'm Mitzi Miller.

The [COVID-19](#) pandemic, and the extreme measures necessary to slow down its spread, underscored just how much mass-scale [incarceration](#) is a [public health risk](#).

Jail and prison reform [advocates](#) have argued this for years. Less [catastrophic illnesses](#) have previously made the [public health case](#) against warehousing people in overcrowded and unhygienic living conditions with [limited access](#) to medical care.

Hepatitis C is one such illness.

Public health experts say [Hep C](#) is a leading infectious killer across the globe. In the US it claims more lives than HIV, tuberculosis, and malaria combined. It's also curable in [84 days or less](#). But the cure is [expensive](#); costing between \$20,000, and \$30,000 for a complete course of [generic treatment](#). In Louisiana, prisons have been accused of [denying people treatment](#) because of the expense.

Sean Wesley: *They said that my case, that I wasn't bad enough to get the medication, even though I had the disease, I wasn't that bad off.*

Miller: Sean Wesley says he had that experience in Louisiana, where he says he was in state and parish prisons there for about five years. He entered with Hep C and spent years of his sentence trying to get treatment.

When someone is incarcerated and they know they have Hep C, cost is only [part of the reason](#) they might not get treatment. It's only part of the picture of how the disease spreads in prison and jail.

Hep C is transmitted through blood-to-blood contact. One main risk factor is intravenous drug use. Another one is [sex](#). In [Louisiana prisons](#), condoms and syringes are considered contraband. But incarcerated people have intercourse. They use drugs. [All of this](#) means [Hep C](#) can [continue to spread](#) in these environments.

Hep C cases are spiking in Louisiana. To address this, in 2019 the state [brokered an innovative deal](#) with a drug manufacturer to treat people on Medicaid and people under the supervision and custody of the Department of Corrections. The goal was to [test and treat](#) 31,000 people with hepatitis C across both populations over five years.

But attorney Jamila Johnson says testing is not happening fast enough for everyone.

Jamila Johnson: For the people who I have talked to who've wanted treatment for their hepatitis C in Louisiana Department of Corrections, they haven't received it yet. That doesn't mean that they won't receive treatment, but it does mean that they still exist with very limited information about the stage and the state of their hepatitis C and whether the state intends to provide them treatment, and when that treatment might come.

Miller: Part of what makes it complicated is the relationship between the state Department of Corrections and the local jails. In Louisiana they're called parish prisons. That's where [more than half](#) the people sentenced to prison in Louisiana end up doing time.

From Baton Rouge, reporter Xander Adams reports on the implementation of this new HepC treatment plan in Louisiana's prison system.

Xander Adams:

Today, Sean Wesley is free. He lives in New Orleans with his family and is on a job search like many during this pandemic.

Wesley served five years for an aggravated battery conviction, and throughout his time he says he was moved around to 10 or more prisons.

Incarcerated people in Louisiana can be moved from local parish prisons to state Department of Corrections prisons and back again. Parish prisons are a mix of private and public prisons, with most holding [DOC contracts](#).

About halfway through his sentence, he was transferred to one of the largest prisons in Louisiana.

Wesley: I went to Elayn Hunt in 2017, and they draw my blood and confirm that I have Hep C.

Adams: Elayn Hunt is a multi-level security prison just south of Baton Rouge that houses about 1,700 prisoners. It's also a [central intake](#) processing point for [prisoners](#) eventually moved across the state.

Wesley: And they told me, wait till I get to my next facility, I'll be treated. And then once I got to the next facility, they wrote me a letter and told me I couldn't get treated until my liver failed.

Adams: He had started his sentence knowing he had Hep C. He was released in June of this year.

Wesley: I got to my next facility, that was Raymond Laborde, they told me I that I'm cured. I ain't- that ain't nothin' wrong with me.

Adams: It's true. He doesn't have it now. But it's not because the Department of Corrections actually treated him, because they never did.

Music

Zoom automated voice, "All participants are now in listen-only mode."

Elizabeth Britton: Good morning. Can you hear me? Okay, good.

Adams: I'm sitting in on the meeting of the [Louisiana Commission on HIV, AIDS, and Hepatitis C Education, Prevention, and Treatment](#). It's [an event](#) that used to be at the state capitol but is now on Zoom. I'm in my living room with all the aquarium filters and AC units turned off to record.

Britton: Yes. Good morning. I'm Elizabeth Britton, the nurse practitioner that serves as the clinical lead for the Hep C elimination in the Department of Corrections.

Adams: [Elizabeth Britton](#) has worked in Hep C care for over 20 years both in and out of the corrections system. At one point she was among the few providers in the Department of Corrections able to administer Hep C care. In this meeting, she's presenting a slideshow with testing data, prescriptions filled since the new program started, and challenges DOC medical staff have encountered.

Britton: We are still continuing to treat inmates. Uh, we did have a number that we already knew their Hep C status, even though the mass screening may not have reached that facility as yet. So, as inmates come in, they are screened in the intake process by the DOC. And so some of them, we are identifying as they come into the DOC, some of them we already knew had Hep C. So we are continuing to try to get those that we know of treated.

Adams: Before this meeting the Department of Health and Department of Corrections declined to share disaggregated data on testing or treatment in prisons. They would group it with people treated on Medicaid, a substantially larger population with wider access to care. So, this meeting was the first time since the elimination plan started that the public learned where or how many people have been tested for Hep C in Corrections. Pie graphs go up on the shared screen. They compare negative and positive Hep C screens at correctional facilities in the state.

Britton: And so here are the four facilities where we have completed the screening... You're looking at about 11% of offenders that tested positive for the hepatitis C virus.

And then of course we all know that in the middle of all this COVID hit, but today we have screened a total of 3,779 offenders that are in the existing population.

We're concerned that our percentages in the offender population would be a good bit higher, but right now it's looking fairly uniform in terms of anywhere from 11 to 14%. Natalie, you can move to the next slide...

Adams: As Britton laid out in her presentation, each of the nine [DOC facilities](#) chose ten prisoners to start on generic Eplusa in January 2020, then 15 new people the next month, then... well COVID-19 disrupted treatment, testing, everything for about eight weeks.

Right around the time COVID-19 was becoming a big problem in Louisiana, I interviewed Louisiana Assistant Secretary of Health, Dr. Alexander Billioux in person in downtown Baton Rouge.

Adams: It was right before office buildings stopped accepting visitors and people started working from home as much as possible.

Sound of heels clacking in Bienville lobby, beeping of security, awkward getting in the elevator, and then tape walking into Billioux's office.

I got to the big lobby of the Bienville Building, with walls echoing the sound of my heels, and passed security following the Louisiana Department of Health press secretary.

(Ambient sound) Louisiana Department of Health press secretary: Two please.

Adams: Hello.

Dr. Alexander Billioux:

We got to meet briefly at the Commission Meeting.

Adams: Hi, my name is Alexander as well [laughs].

Billioux: Yeah! Good name, good name, uh...

(Transition to sit-down interview.)

Adams: What threat does hepatitis C pose to Louisiana?

Billioux: I mean, it's a significant public health threat, but most other folks are not aware that this is the deadliest infection in the United States, that it kills more people than every other reportable infection combined. And that it does that slowly. It takes decades to get to the point of causing cancer, causing cirrhosis, causing death. You know, you need to intervene earlier cause the scarring that we can see is happening during that entire time. So it's a really big problem.

Adams: [Hepatitis C](#) is a virus carried in the blood-stream that damages the liver. 80% of cases progress to serious disease. Some cases [resolve on their own](#), but there aren't good indicators to predict who develops chronic disease and who doesn't. People with new Hep C infections are usually asymptomatic. Undiagnosed people can go for years without symptoms while the virus causes [serious damage](#).

Billioux: Really as soon as you know somebody's status they should be essentially taking, taking treatment. We're, we're not there yet, but we have this dream of a world in which just a positive antibody, we start telling you to take pills and we have to prove to ourselves through viral testing that takes longer, that you should stop swallowing them.

Maybe one of the most important reasons that we haven't seen elimination happen nationally is that these new medications, that have very few side effects, that are extremely effective, that can treat you in as little as eight to 12 weeks, are prohibitively expensive.

Adams: Getting to this Elimination plan required making an old care delivery system do something new: fashioning a [new subscription model](#) with the pharmaceutical company Asegua Therapeutics. Drug pricing laws and regulations make this very difficult.

Billioux: If you're just adjusting prices and a company tries to give, you know, State A, a good deal, Medicaid then says that all states have to have access to that same deal. So, we can't be sort of separated out, using price.

Adams: The Louisiana Department of Health devised a workaround specific to Corrections. And the [state gained access](#) to an unlimited amount of Hep C drugs for a set price over five years.

Billioux: What really this arrangement creates is a deal, a partnership between Asegua and the state on the back-end to say, once we reach that threshold, that cap that we've agreed to, beyond that we're going to refund you the amount that's spent beyond that.

Adams: It sounds good. But it's a complex agreement. And the history of Louisiana prisons complicates it more. I called attorney Jamila Johnson to get more background.

Adams: Hello.

Johnson: Hello, Alexander?

Adams: Hi, uh, is this Jamila?

Johnson: It is. How are you?

Adams: Jamila Johnson sees serious gaps in the state's Hep C elimination plan. She spoke to me from her home, where she's been working during the pandemic.

Johnson: There are a lot, a lot of questions about this contract, because in reality, when it comes to the prison population, there's very little agreement beyond that if drugs are purchased, they will be purchased through the contracted provider.

There's nothing in there that requires the Department of Corrections to actually treat people and to actually buy the drugs.

Adams: Johnson is a lawyer working for the Promise of Justice Initiative in New Orleans, a civil rights and criminal justice reform non-profit. Johnson's work spans fighting against non-unanimous jury verdicts to battling substandard medical care for incarcerated people in Louisiana.

Johnson: You know, it's early. For the people who I have talked to who've wanted treatment for their hepatitis C in Louisiana Department of Corrections, they haven't received it yet. That doesn't mean that they won't receive treatment, but it does mean that they still exist with very limited information about the stage and the state of their hepatitis C and whether the state intends to provide them treatment. And when that treatment might come.

Adams: There are many barriers to getting this care to patients that don't explicitly have to do with policy or cost.

Johnson: There's a lot of misinformation within the prison system as to what causes hepatitis C. So you would have individuals who believe that they were getting hepatitis C because they were in prison and thought maybe it was in the water or thought maybe it was coming to them through a medication that was being provided to them by the prison.

Music

Adams: [Lack of Hep C awareness](#) among prisoners is a problem. [Distrust](#) between prison medical providers and their patients is another.

If today's Hep C plan is building towards a culture of encouragement and treatment, what was the culture before, the one supposedly going out the door now?

Wesley: I went to Elayn Hunt in 2017, September 25th. They ran tests on me and found out that I had the disease. They told me, wait, till I get to my next facility, I'll be treated. I got to my next facility. That was Raymond LaBorde and I still haven't gotten treated.

They said that my case, that I wasn't bad enough to get the medication, even though I had the disease, I wasn't that bad off.

And then once they signed a contract giving inmates the medication, once they hooked up with the big drug maker that make the, the Hep C medicines, they still giving other inmates the medication, and I wasn't. They said that I was cured.

Adams: Sean Wesley was transferred to DOC through Elayn Hunt about halfway through his 5 year sentence. Even before being at Elayn Hunt, he had had his Hep C care denied over and over again. When Sean Wesley started his sentence, he was pushed through parish prisons that have contracts through

the Department of Corrections over and over again. He told me this story on the phone from his family member's home in New Orleans.

Wesley: I got incarcerated in Orleans Parish. I got transferred to a parish jail, and I informed them that I had Hepatitis C and they retaliatory transferred me to avoid the costs of sending me to get treated because the medication was too expensive.

Everywhere I went, I informed them at intake. When they, when they process you. But after about two or three weeks of being there without them letting me know anything, I write a grievance and then they'll just ship me. I had heard that they had a cure for it and that's when I thought, you know, writing grievances about getting medical treatment.

Adams: Was there ever any monitoring of your progression through Hep C?

Wesley: No. They never gave me a liver enzyme test. They always said when they draw my blood they'll just say I'm ok.

Adams: When he says "blood draw" Wesley might be referring to a standard comprehensive metabolic panel or [CMP](#), which would evaluate things like basic kidney and liver function. But, [even a CMP](#) with signs of liver distress would require specialised follow-up testing, like a liver fibrosis score, which is a costly test. A factor that he believes contributed to him not being tested is who was in charge of operating those facilities. A number of the parish prisons where Wesley was sent are private, run by a company called LaSalle Management.

Wesley: Every facility that I went ran by LaSalle Management Company they avoid sending me to DOC. They'll just sending me to another one of they camps and keep me there for a few months. And once I start to bitching about my illness, they'll ship me to another one of they camps. And it's- it went on for like two and a half years.

Adams: He says that was followed by more treatment denials, like being told he needed to have critical liver damage to qualify for treatment at Raymond LaBorde.

Wesley: They seem like they give you medical treatment in DOC better than LaSalle Management, but they also denied me a medical treatment too.

Adams: Wesley says he knew he had Hep C before he was even in jail. With the history he had with medical providers in the prison system, he didn't trust a doctor saying that he didn't need to be treated.

With his family's help, Wesley connected with a doctor after he was released in June. That's how he learned he doesn't have Hep C anymore. Within the first six months of infection, around 30% of people clear the virus spontaneously [without treatment](#). Still the virus causes liver damage, and patients are vulnerable to reinfection. The [risk of reinfection](#) is high in prison because of the number of people with Hep C and poor public health conditions.

Wesley sued LaSalle Management. He accuses the company of denying him medical care for his Hep C and putting him at excessive risk for future harm.

Wesley: *They said in the recommendation report that DOC said not to treat. So after that I filed paperwork saying who in DOC told you this here and who at LaSalle management made the call — who did they talk to at DOC that said they did not have the treat?*

Adams: Medical records obtained in this lawsuit don't show any monitoring of Wesley's Hep C while in LaSalle's facilities; only that he had it.

So back to Louisiana's deal to get treatment administered to incarcerated people. Part of what makes it hard is the transfer of people from one prison to another--starting with the local jail. So I asked Alexander Billioux about that.

Adams: Many people enter the corrections system via local jails and parish prisons. So what is the current process for someone with Hep C that is, um, taken into a local jail or parish prison?

Billioux: Yeah, so an unsatisfactory answer is going to be, you know, it depends on the parish and, this is where that's sort of the limit of my knowledge. But right now, you know, that's, that's really the next frontier for us to face. Our heads are immediately shifting to what's the next big challenge. It's figuring out, um, how to really support what's going on at the - at the local level.

Most individuals in state corrections are actually not in a state facility. A little over half are co-housing in parish prisons across the state. And so when we think about how we're reaching the entire State Corrections population, not even thinking about the parish-level population, we need to solve around how are we going to treat that state inmate who's actually in a parish prison. So I don't think that that solves the issue of, what about the parish prisoner?

Adams: The Hep C Elimination Plan acknowledges that the state has people locked up in the local parish prisons too. But it doesn't lay out a way to get those people treated. That's [over half](#) the DOC population. Most new Hep C cases across the US come from recreational [IV drug use](#) — which is something people can be [arrested and sentenced](#) for.

Johnson: The folks who are in the local facilities are most likely to be the folks who are going to return soonest into the general community. And in the meantime, while they were in the facility, untreated, the possibility of spread between people within the prison system continues, increasing the number of people who are put in medical harm.

Adams: As Billieux said, the cases number in the thousands. Johnson offers specific, historical context.

Johnson: So the Department of Corrections houses people both in state facilities and then over a hundred local parish prisons across the state. More than 50% of the people who are in Department of Corrections custody are held in these parish prisons. At the moment, it does not appear that the Department of Corrections has any accurate or adequate information about who has hepatitis C in those local facilities. So for more than half of the population in the Department of Corrections, there is a huge barrier to them receiving the treatment that they need to keep them healthy and to keep them alive based on a lack of information and coordination. It's one of the many downfalls of the system in place, which takes people who've been convicted of crimes and puts them around the state in facilities that are also holding people pretrial.

Music

Adams: The reason for this goes back to a lawsuit over one of the most notorious prisons in the world: A maximum security facility in an extremely remote area where overcrowding [historically](#) has led to sickness, violence, and death.

Johnson: In the 1990s, the state of Louisiana and the Department of Corrections was involved in a lawsuit about the conditions of confinement at Louisiana State Penitentiary, known as Angola.

In response to that lawsuit, the Department of Corrections came up with a plan. And that plan was to ask local, parish prisons to house people who were in Department of Corrections control and custody. In doing so, it exchanged to the prison a per diem, a price per day, per person that was held. Well for the sheriffs who ran these parish prisons across the state, it started to look like an income source.

Add into this system that there was also a private company that was interested in participating in this process: LaSalle Corrections.

Adams: You'll remember a similar name from Sean Wesley's lawsuit earlier. LaSalle Corrections is the parent company of LaSalle Management, which operates the prisons. The Louisiana division of the Texas company is based in Ruston, Louisiana near the Louisiana-Arkansas border. [LaSalle](#) operates 9 parish prisons all across the state, some of which are also ICE detention centers.

Johnson: So LaSalle Corrections then started to go to local municipalities that had prisons but wanted bigger parish prisons or jails, to make money through the per diem system. And offered to find them property that the municipality could purchase, to build the prison for them, and then the transition into operating that prison in which they would keep a significant portion of the money from the state and give money back to the parish.

The problem with this is when you create an economic motivation to incarceration you are inherently motivated to spend the least amount of money that you can on incarcerating people so that you can keep that funding and you can get that profit.

Sound of dialing, call outgoing, call being answered (no voice) "Hi, um, my name is..hello?" Call hang up. Dial tone.

Adams: I reached out to LaSalle for comment in multiple ways. First, I called their corporate office in Ruston. I identified myself as a reporter, then the line went dead. I called back because I thought the line could have dropped on my end. I said I was a reporter again, they told me I had to speak with each facility to ask about what they were doing about Hep C. That checks out with what Billioux and Johnson said: that each facility is fighting their own battle on this with different plans and resources.

Then I called each of the nine facilities LaSalle operates in Louisiana. Most pointed me back to headquarters, but a few just hung up after I introduced myself as a journalist.

Sound of dial tone. "Calling back..."

I'd call back later and the same thing would happen. LaSalle corporate referred me to Scott Sutterfield, their communications staffer who only takes calls.

Sound of of ringing fading up, then sudden call declined.

Adams: I was never able to reach him. As we closed this episode in early September, DOC did not respond to requests to share data on Hep C in parish prisons, and individual parish facilities declined entirely, which means there's no way to know what the pretrial or other half of DOC's Hep C population looks like. I did

ask Dr. Billioux if the Health Department would extend their population-level testing to local facilities in the future.

Billioux: So they will be involved. So we haven't even finished the state facilities right now. We've gotten, I think three of the eight. And then, you know, the plan after that is now we need to reach the state facilities at the parish level, rather than the inmates that are housed at the parish level.

Adams: While talking about solutions to this problem with Dr. Billioux, telemedicine came up. But that tech and infrastructure isn't across the state and in all the small facilities. Knowing the hard limitations, how could the Department of Health intervene for these patients? Billioux says LDH's authority to do so is limited.

Billioux: You know, unlike what I described earlier for 'we have direct influence'? We don't have the direct influence in the parish prisons, in the parish jails. We don't dictate their policy.

Music

Johnson: The Department of Health has statutory authority to be able to provide standards for, like, sanitation and like, public health conditions within the facilities at all times, and would get to the people who are at the highest risk-slash-likelihood of having hepatitis C.

Adams: What Johnson is talking about here is [Louisiana Revised Statute 40, Section 5](#), which outlines general powers and jurisdiction of the Health Department related to public health and safety. But there is a more direct, in-house way for these changes to Hep C care to happen in DOC.

Johnson: The Department of Corrections can create standards, the basic jail guidelines, for any parish prison that holds a Department of Corrections individual. They have chosen not to put into place standards about testing for hepatitis C into those basic jail guidelines.

So the contract is very progressive for people who are not incarcerated, and is likely providing more treatment than was existing before. But we have no way to track how many people are being treated, whether there's any change to testing, and what that looks like for the 15,000 people who are sitting in parish prisons.

Music

Zoom automated voice: "All participants are now in interactive talk mode."

Adams: We're back in that Zoom meeting. It's August 2020, and I'm waiting for my turn to ask a question in the public comment section. Elizabeth Britton just wrapped up her DOC hepatitis update, which, as we've learned, is really a half-of-DOC update if you don't show parish prison info, which the presentation did not. The person in line before me wraps up and...

Meeting host: *I believe Alexander had a question during, you had a question. You may ask your question now for Elizabeth.*

Adams: *Hi, this is Xander Adams. So, um, the first one that I want to ask is, is it possible to get an update on testing and treatment at parish prisons that have DOC contracts?*

Britton: *So, right now we're concentrating on the eight DOC facilities. But part of our plan will then be to look at getting the DOC offenders screened at all of the other outlying smaller parish facilities.*

Adams: With testing off in the distance and lacking treatment access for known cases of Hep C, Britton said that right now for those people in parish prisons, it's the symptomatic status quo: treatment only given once it's bad enough to affect the day-to-day health of prisoners.

Britton: *And so what usually has happened in the past is if someone at an outlying facility, um, starts to have issues, they get transferred, uh, and in the past they were sent to Hunt. And I would see them over telemedicine.*

And, um, so that will continue. Um, but certainly it is more of a challenge when you're looking at, um, the number of facilities in Louisiana and just the access of getting out to those facilities. But certainly they are not off our radar.

Adams: She says people who come to prison with Hep C will be identified on intake, and treated. People who get it in prison will be tested if they're in one of the nine Louisiana prisons run by the state Department of Corrections. Anyone in parish prisons will have to wait until the testing program has rolled out in all the state facilities. Or, until the state imposes its authority on the parish prisons, and makes them offer treatment.

For the people who have to wait, it's possible their Hep C will go away on its own—like Sean Wesley's did. But [most people](#) won't be so lucky.

Louisiana has just under four years remaining on its contract with Asegua.

Music

Miller: Xander Adams reported this story from Baton Rouge.

We last spoke to Sean Wesley in September. He was living in Michigan and working at a meat-packing plant. He's still seeking legal aid and representation in his lawsuit against LaSalle.

The Louisiana Department of Health announced Alexander Billioux's [resignation](#) in September. His departure, [along with others](#), means three public health figures who shaped Louisiana's [arrangement](#) with Asegua have left.

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