

How Prison Affects Cancer Risk, Diagnosis and Death

Incarcerated and formerly incarcerated people face higher rates of cancer diagnosis and mortality.

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With nearly 2 million people incarcerated at any given time, the United States has one of the highest incarceration rates in the world, according to [Prison Policy Initiative](#). Experts are seeking to understand how incarceration affects [public health](#), specifically the likelihood of being [diagnosed](#) with and surviving cancer.

A recent study found that individuals with a history of [incarceration](#) are not only more likely to be diagnosed with cancer but are less likely to [survive the disease](#). The study was led by Emily Wang, MD, professor of medicine and public health and director of Yale University's SEICHE Center for Health and Justice, and Cary Gross, MD, professor of medicine and of epidemiology and founder and director of Yale's COPPER Center (the Cancer Outcomes, Public Policy and Effectiveness Research Center).

"After leaving prison, formerly incarcerated persons have higher health risks than people in the general population," Gross said in a [Yale School of Medicine article](#). "Given the very high prevalence of incarceration in this country, this becomes a public health issue."

What's more, the experience of incarceration can affect a person's mental and physical health long after release, the study authors noted. "These are called collateral consequences," Wang explained. "They prevent people who have been incarcerated or have criminal records from getting social needs met through either legal or policy barriers to obtaining employment, housing and food."

Regarding cancer rates, Gross and Wang's team found that people with a criminal justice history were significantly more likely to be diagnosed with lung, cervical and alcohol-related cancers.

The study compared the cancer incidence in incarcerated and post-incarcerated people with that of the general population in Connecticut. Findings showed that cancer was detected at a significantly lower rate among incarcerated people but at a significantly higher rate among those recently released from prison, which the study's authors noted could be the result of insufficient [screening for the disease](#).

“We spend so much money on health care for the incarcerated, but the perverse public health impacts of incarceration on families and communities are unexplored and underappreciated,” Wang said. “It’s something we almost never learned about in medical school, and I suspect most oncologists don’t think explicitly about the care of incarcerated patients.”

Not that getting health care while in prison is easy, especially for those who don’t have a support system to advocate for them, noted the Yale article, which interviewed a formerly incarcerated man who was diagnosed with cancer while in prison. Though he received timely care, he recalled that some fellow inmates waited weeks, months or even a year for help—delays that can mean the difference between life and death with cancer.

Gross and Wang’s team analyzed a [recently published study](#) of 216,540 adults with cancer in Connecticut and found that formerly incarcerated people had an especially high risk for death during the first 12 months after release. It also showed that incarcerated people were diagnosed with cancer at a later stage more often than other groups.

This public health issue disproportionately impacts young Black men, who were incarcerated at a rate nearly five times higher than white adults, according to the [Council on Criminal Justice](#). What’s more, Black youth account for [35% of youth arrested](#) despite making up only 15% of the U.S. population under 18.

Wang emphasized the need for health care systems to “think about the care that’s provided to those that are incarcerated or immediately post-release as a potential intervention point for tackling persistent racial and socioeconomic disparities in cancer care.”