Some Public Health Service officers deployed in detention centers suffer 'moral distress'

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By Keren Landman

The Department of Homeland Security's push to detain and deport immigrants has led to high numbers of detainees and a need for more medical staff.

Stephen Smith/AP

In 2025, as immigrant arrests by U.S. Immigration and Customs Enforcement soared, so did the demand for health care providers to staff hastily constructed detention centers.

One group tapped to meet the need is the U.S. Public Health Service, or USPHS: In the past year, nearly 400 officers have done monthlong tours helping to provide basic medical care to detainees at ICE facilities nationwide, according to a USPHS employee who reviewed a roster of staff deployments.

The deployed officers include nurses, doctors, pharmacists, and other medical professionals. A growing number say these ICE assignments are not what they signed up for. Life-threatening delays in getting medicine and care to detainees, chaotic screenings, and overcrowded yet understaffed conditions have pushed some medical professionals to quit.

Immigration

It's the deadliest year for people in ICE custody in decades; next year could be worse

"We have been tasked with protecting and promoting health, and instead, we are being asked to facilitate inhumane operations," said Rebekah Stewart, a nurse practitioner who left the service in October.

Many Americans have never heard of the USPHS. It's made up of around 5,000 uniformed, non-combatant officers, mostly health professionals, who work day jobs at federal agencies like the Indian Health Service, the Food and Drug Administration, and the Centers for Disease Control and Prevention. Its members often deploy to humanitarian crises affecting Americans — natural disasters, disease outbreaks, and the like.

Although officers see most of those missions as just part of the job, their latest assignments are landing differently. Some officers report such severe moral distress before and during deployment to immigrant detention facilities that they've quit the service altogether — and some of those who've stayed feel deeply conflicted about continuing to serve the agency.

NPR spoke with 12 current or former Public Health Service officers, six of whom said they planned to leave or already tendered their resignations due largely to recent or impending deployment to ICE facilities. Two spoke on the record; the others who shared their experiences asked NPR not to use their names out of fear they would lose their jobs.

Filling the gaps

Dena Bushman, a nurse practitioner in the USPHS since 2019, said she was revolted by news reports she saw in early 2025 detailing roundups of individuals in settings like Home Depot parking lots by masked federal agents driving unmarked vans. The arrests seemed to be inhumane and potentially illegal to her, and the murkiness about ICE's detention operations gravely concerned her.

"That, I don't want to be part of," she said, "and for me, staffing those facilities is being part of that process." She resigned from the service on January 6.

ICE detentions have risen to the highest volumes in nearly two decades, according to two nonprofit organizations that track and analyze government data. According to ICE data released Feb. 2, about 71,000 people were being held at 225 facilities nationwide, among them local jails, federal prisons, and military bases, including the U.S. Navy base in Guantanamo Bay, Cuba and "soft-sided" facilities, some owned by private corporations.

ICE has had its own health service corps since 2007. But USPHS officers sometimes fill the gaps when the need for clinicians rises abruptly, as it recently has.

ICE's own standards say detention is intended to be non-punitive and detainees are entitled to access to "appropriate medical, dental, and mental health care." However, reports from media, human rights groups, and a Senate investigation have detailed widespread abuses and inhumane conditions at the agency's facilities, including overcrowding and insufficient basic health care.

The past year was one of the deadliest years for detainees in decades: 32 people died in ICE custody in 2025, including two victims of a shooting in Texas, according to an NPR tally of ICE death notifications.

USPHS' mission includes providing care to vulnerable populations, but "the very government that is trying to send [us] to facilities to 'take care of them' is the government that made them

vulnerable in the first place," said Stewart, the nurse practitioner who recently left the service. She couldn't overcome the circular logic underlying the deployments.

Stewart had been deployed to the Southwest border in 2019 with other officers, after two migrant children died while in Border Patrol custody. Although she was there to conduct medical screenings, she felt less like a health care provider than a witness: her patients were 50 women crammed into a concrete cell, and she felt powerless to improve the conditions.

She knew she didn't want to be part of any other work in support of mass deportation. When she was called up to deploy to an ICE detention facility last June, she submitted her resignation.

"We can do more … by speaking out against inhumane actions than we can by staying in and participating in them," she said.

Other officers have resigned for similar reasons. Six of 11 USPHS officers who spoke with NPR said they planned to leave or had already tendered their resignations largely because of recent or impending deployment to ICE facilities.

Obstacles to giving good health care

Although some officers opted to quit their jobs before being sent to serve at an ICE facility, others were moved to leave after a deployment.

One nurse who deployed to a detention center in El Paso said it was overcrowded to about three-times its capacity, and similarly understaffed. She described two missions in direct opposition: ICE officers wanted to deport people as quickly as possible, while USPHS officers wanted to ensure detainees got necessary care and medicine.

"We were essentially slowing the ICE officers down from just getting these people out," she told NPR.

She described being instructed to conduct batch medical screenings, violating the most basic medical confidentiality standards: "You would be taking maybe 20 or 30 detainees and asking them personal medical questions as a group," including questions about mental illness, tuberculosis, and addiction, she said.

Her team also faced delays getting patients medications such as anti-epileptic medications and insulin, leading to medical emergencies such as seizures and dangerously high blood sugars.

Unable to shake the idea she was supporting harm to individuals, she submitted her resignation several months ago.

"I don't need to stay and serve an institution that doesn't understand its mission," she said.

ICE did not immediately respond to a request for comment on concerns about the quality of detainee health care. The agency has previously told NPR they are working to recruit more medical staff but have declined to provide an update on the hiring.

At facilities operated by the U.S. Bureau of Prisons, two USPHS officers said they struggled with major delays accessing critical resources, including medications. They also said that staff distrust of detainees threatened detainees' health.

"They're used to working with federal prisoners," and often assumed reports of symptoms were attempts at manipulation, one physician said.

He recalled one patient with a kidney stone and another with a fall-related broken bone whose care was delayed because detention center staff didn't believe them. In the latter case, BOP staff insisted on reviewing camera footage of the fall to determine the story's veracity before sending the person to the hospital.

One clinician said she'd cared for a group of detainees transferred from another local detention center notorious for inhumane conditions. The men described sleeping on crowded floors, sharing one toilet with 40 others, and having food thrown at them. They called her and the other clinicians "angels," she said.

It was those detainees, not ICE, that she was serving, she said. Providing care to such an extraordinarily marginalized population felt like meaningful work: "That's what I signed up for when I went into medicine," she said. Nevertheless, she plans to leave the USPHS in the next few years.

"I just don't trust this administration to not sign me up for something that would be ethically compromising in a way that I would be asked to cross my red line," she said.

Jonathan White, a former USPHS Commander who retired from federal service last year after 20 years as a crisis response manager, said the service is facing a morale crisis. *Jose Luis Magana/AP/FR159526 AP*

A morale crisis

Hilary Mabel, a bioethicist and assistant professor at the Center for Ethics at Emory University, said that when clinicians are prohibited from making ethically sound choices, have inadequate care resources, or feel complicit in something they believe is wrong, they may experience moral distress, which often forces gut-wrenching choices: "When people feel like they can't maintain their integrity or live up to their professional responsibilities, they change jobs or even professions."

As conflicted employees leave an organization, fewer people who care about doing the right thing are left behind. It's reasonable to wonder what an exodus of morally distressed workers would do to the overall quality of care for detainees, Mabel said.

Last year, about 340 USPHS officers left the service — 290 with a pension, and 50 before they'd served long enough to qualify for the service's generous retirement benefits.

In response to questions about the departures, Admiral Brian Christine, Assistant Secretary for Health, replied: "The mission of the U.S. Public Health Service Commissioned Corps is to care for people where the need is greatest. In pursuit of subjective morality or public displays of virtue, we risk abandoning the very individuals we pledged to serve. Our duty is clear: say 'Yes Sir!', salute smartly, and execute the mission: show up, provide humane care, and protect health with professionalism and compassion."

Losses of USPHS-affiliated staff are especially tough on federal agencies right now. Public Health Service officers cannot be laid off as easily as civil servants can, and they can work through government shutdowns. At agencies where they're present in particularly high numbers, officers are carrying on the work of groups hollowed out by federal layoffs. Plus, due to hiring delays, empty slots in the service are staying empty.

The agency currently faces one of its worst morale crises to date due to health agency leadership that openly disparages scientific consensus, said Jonathan White, a clinical social worker and former USPHS Commander who retired from federal service last year after 20 years as a crisis response manager.

Even if clinicians in the service have interactions with patients that improve their quality of life in the short term, workers may despair because in the long term, their work gives cover to an institution they see as causing lasting harm.

"No amount of professionalism and care from USPHS officers, or other health care professionals, can make a mass deportation system not be harmful to people's health," White said.

It's unclear what the current administration's vision is for the service, but whatever its plans, losing these officers weakens the nation's ability to respond to public health crises in the long term, White said. That may be especially true if those leaving are doing so out of a strong commitment to the Hippocratic oath.

"We want people in the USPHS who have high moral and ethical standards when we're able to rebuild public health after this administration," the physician who had worked at a prison facility told NPR.

"People who question deployments and say, 'Is this the right thing to be doing?' – we *want* people like that in the corps," he said. "I want to serve with people like that."

NPR's Ximena Bustillo contributed to this report.