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Overlooked responders: Addressing the overlooked role of nonuniformed responders in emergency management

Maren Wright Voss, PhD, SCD
Subodh Potla
Erika L. Sabbath, ScD
Gregory R. Wagner, MD
Susan E. Peters, PhD

ABSTRACT

Emergency preparedness and recovery efforts are being stretched to their limits as the world faces an unprecedented convergence of crises demanding rapid, coordinated, and highly adaptive responses. Uniformed and nonuniformed responders such as construction, utility, and transportation personnel work side-by-side to recover and restore affected disaster zones. From increased burdens in mental strain post-response cataloged over two decades, we draw on the experiences of nonuniformed responders involved in the World Trade Center 9/11 rescue and recovery who have been disproportionately impacted. Interviews with 26 key informants with deep knowledge of the nonuniformed responder experience document a critical theme, of responders who felt systematically overlooked, invisible, and disenfranchised, offering insights for intervention. These learnings have implications for preparing, equipping, and training nonuniformed responders for emergency preparedness as well as ensuring adequate systems, supports, policies, and programs to protect nonuniformed personnel both during and after future crises.

Key words: traumatic exposure, trauma and stressor-related disorders, worker recognition, occupational health, health services accessibility, September 11 terrorist attacks, rescue work

INTRODUCTION

Emergency rescue and recovery efforts are increasingly reliant on both uniformed and nonuniformed responders, as the world faces a relentless cycle of crises, from natural disasters and terrorist attacks to geopolitical conflicts. The scale of these modern crises requires a wide range of expertise and labor, making the contributions of workers beyond traditional uniformed first responders indispensable to emergency response. During large scale emergencies, uniformed personnel are often supported by nonuniformed responders who provide critical infrastructure and safety services during tragedies.[1]

The 9/11 World Trade Center (WTC) attack serves as an example of how various types of workers were vital in addressing the safety and health concerns of a city and nation. On 9/11, nonuniformed responders included those working in construction, transportation, environmental services, nursing, sanitation, and workplace safety among other professions. The WTC Health Program was established to monitor and support the health of both uniform and nonuniformed workers facing the consequences of their 9/11 exposure. Currently, the health program's general responder cohort consists of approximately 33,076 responders, with 10,028 nonuniformed responders from various fields.[2] The two decade time-period since 9/11 affords a long-range view of the experiences of these responders and potential long-term implications. Findings since 9/11 suggest that nonuniformed responders' mental health has suffered compared to uniformed personnel, having experienced higher rates of WTC-related negative mental health outcomes and post-traumatic stress disorder[3-7] (Figure 1).

Many nonuniformed responders faced risks similar to uniformed personnel in their front-line work,

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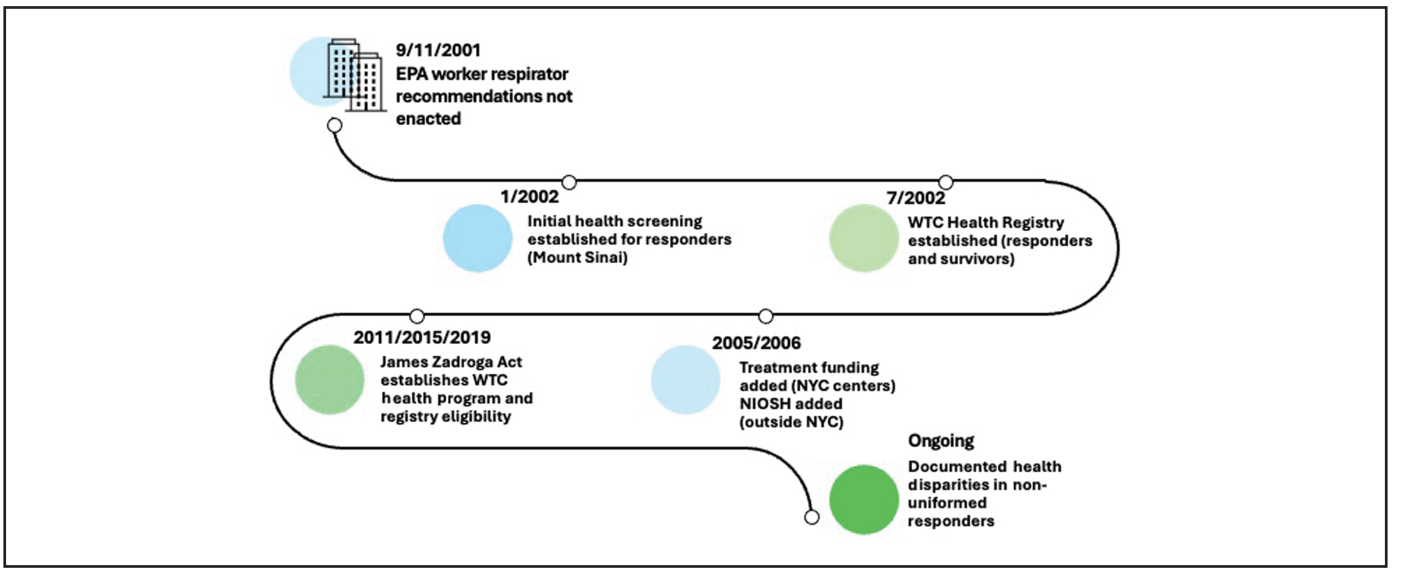

Figure 1. World Trade Center Timeline following September 11, 2001.

but without receiving the same level of support, recognition, or occupation-based training to respond to emergency situations.[1,8,9] As a group, nonuniformed workers are generally not front-of-mind when we think about responders.[1] For example, nonuniformed responders are frequently left out of media reports and official response committees.[8] The WTC Health Program was critiqued for not registering all types of responding personnel who were present during the 9/11 recovery.[8,9] Although this overlooked concept has been alluded to in prior reports, there are few publications that document the implications for policy and practice from the experiences of nonuniformed responders who noted experiencing harms from a lack of acknowledgment.

We conducted qualitative interviews with key informants as part of a broader enquiry into the observed challenges of WTC nonuniformed responders over the past two decades. Specifically, we asked the following research question: What type of support provision is necessary to protect the health of all types of workers before, during, and after emergency response? This brief report describes a critical theme that was emphasized repeatedly by key informants and has specific relevance for emergency management policy—that of the systematically overlooked responder.

METHODS

The findings for this brief communication are drawn from a larger mixed-methods study in which 26 interviews were conducted with WTC key informants having rich knowledge of the lived experiences of nonuniformed responders. Expertise was drawn from involvement in organizing the occupational health response, setting up monitoring and safety programs, working onsite at the WTC, facilitating worker representation, enacting worker protections, or active involvement with policy and legislation on behalf of responders. Informants by employer type were medical and clinical support staff (n = 3), union representatives (n = 11), government regulatory agencies (n = 2), private employer (n = 5), nonprofit (n = 4), and legal (n = 1) representatives. Approximately 1/3 of the informants had personal experience working onsite during the 9/11 rescue and recovery. All informants had direct experience working with responders to 9/11.

Our semistructured interviews queried three domains: (1) the context of the responder experience, (2) the mental health resources offered, and (3) the organizational supports in the workplace, following a detailed interview guide. Drawing from a phenomenological qualitative approach,[10] we utilized an

abductive approach to consensus coding[11] and then thematically integrated coded content. An unexpected prominent theme of the overlooked responder arose early during the interviewing process. The sentiment was pervasive with half of the informants (13 of 26) expressing unprompted concerns that nonuniformed responders felt ignored or minimized. The salience of this theme was identified and prioritized for policy implications.

RESULTS

Three themes sequentially frame the context of the ignored responder experience and impact:

> *(1) Initial unity*: Informants contrasted the experience of being forgotten against a backdrop of responder unity that existed during the initial response timeframe.
>
> *(2) Distinctions between responders*: Informants detailed a fracturing that occurred as differential treatment shaped the experiences and consequences from having responded to 9/11.
>
> *(3) Impacts of minimization*: Perspectives depicted ongoing consequences for nonuniformed responders arising from early worker safety and risk exposures, limitations in accessing resources, and through insufficient work-related disability support. Informants related these consequences directly to insufficient recognition of the responder role.

Initial unity: During the response period, multiple professions worked together to quickly return the city to safety and security. An initial onsite period of camaraderie between uniformed and nonuniformed responders prevailed, reflected in comments like "hand-in-hand" and "everybody just went in" (Table 1). Eventually, for nonuniformed responders, the feeling of being overlooked and minimized came not from the experience of working during the 9/11 response, but their perception of differences in support and benefits received that came later based on job or employer categorization.

Distinctions between responders: Interviewees noted distinctions between responder types in media reports. In one example, uniformed rescue stories were highlighted as heroes while the life-threatening utility restoration that allowed first responders to move in onsite went unnoticed (Table 1). Distinctions were sometimes self-imposed, as responders did not wish to presume their risk exposure could equal the sacrifices of uniformed workers, reflected in quotes like "I didn't respond in the way that they did." (Table 1). As a result of these concerns, nonuniformed responders sometimes declined or delayed benefit registry, believing they were not as deserving. These sentiments point to the challenges of addressing the nuanced distinctions between emergency responder types and potentially an internalization of systemic minimization.

Impact of minimization: Informants reflected on the significant consequences of having the responder role minimized through the denial of benefits, compensation, and disability claims. Informants described how a presumption of risk exposure (which reduces the burden of evidence in claims processing) was not offered to nonuniformed responders who worked on the front lines, in contrast to uniformed responders who received the acknowledgment. For example, one informant explained that police and firefighters had line-of-duty benefits that presumed occupational exposure. This distinction made a difference in the ability to access benefits, where nonuniformed responders had a higher burden to document proof (Table 2).

Informants talked about documentation hurdles, such as tracking down time logs or location data to prove workers were engaged in the response–record keeping that is standard for uniformed agency employers, but not private employers. Nonuniformed responders often found critical documentation for enrollment in government-funded programs to be inaccessible. They reported that workers' compensation claims were systemically denied for many nonuniformed responders, attributing these differences to benefits and policies that differ for nonuniformed personnel compared to uniformed personnel.

Table 1. Unity and distinctions		
Initial unity		
Dimension	**Description**	**Sample quotes**
Unity of initial response	Stories of camaraderie and unity of purpose in the initial response phase, as all job categories of responders worked together	"You know we were 9/11 responders as a whole. There was no traditional, nontraditional. We were going in hand-in-hand." "There was no, 'this is my job—that's your job.' I think everybody just went in there."
Distinctions between responders		
Media-prompted distinctions	The experience of watching media coverage that highlighted heroism by uniformed workers and ignored bravery by nonuniform workers	"They [nonuniformed personnel] weren't making the front news as the firemen (and) EMTs were." "They [nonuniformed personnel] felt like their role was not recognized in the media, and that, and that took a toll." "And everything was the cops all of the time. And people were getting upset."
Self-stigma and minimization	A tendency to compare the sacrifices that were made in recovery and rebuild efforts as minimal compared to other job categories	"I responded, certainly, but I didn't respond in the way that they did." "But that doesn't, in my mind, make me a responder. I was just a bystander who was able to assist."
Lack of acknowledgment	The experience of being left out of decision-making and access to services as 9/11 health risks and challenges were identified	"And from my own perspective, you know people without a uniform were totally disrespected." "And their [nonuniformed responders'] roles were initially overlooked. And they were clamoring, 'Hey, we were there, too!'."

DISCUSSION

Lessons from 9/11 occupation-related health challenges suggest a shift in mindset is warranted. Emergency response systems that relegate worker safety concerns to administrative issues[8] may require an update to balance worker needs with public health needs. Informants surmised that a combination of minimizing factors—including (1) breakdown in employer supports, (2) barriers to government program acknowledgment, (3) self-imposed stigma, and (4) the lack of societal recognition—arose as challenges to nonuniformed responders' care and coping following the difficult 9/11 rescue, recovery, and rebuild. Despite significant post-9/11 federal investments in bolstering emergency response capabilities,[12] the specific needs perceived by nonuniformed responders remained somewhat unaddressed. Our study recommends reconsidering emergency response protections and preparations for all responders including nonuniformed workers, through the following means:

Anticipating and mitigating safety risks: After 9/11, more than 10 days passed before basic safety precautions became widely available for most workers.[1] An Environmental Protection Agency letter was released almost a month after the event raising concerns over worker protections, but lacked influence.[13] Informants expressed the need to (1) expand awareness of the safety risks faced by nonuniformed personnel who are called into emergency response and (2) resolve and plan for communication between agencies regulating worker safety with the hope of improving training and safety protocols that protect future workers including those that are not in uniforms. Recent actions to eliminate or reduce support for occupation-related health agencies in the United States[14] stand in direct contrast to these expressed concerns for vulnerable responding workers.

Workplace supports: Nonuniformed workers and those serving in volunteer or temporary capacities often do not have access to workplace supports for trauma and disability that are often standard for uniformed

Table 2. Impact of minimization		
Impact of minimization		
Dimension	**Description**	**Sample quotes**
Stricter benefits criteria	A higher burden of proof required to demonstrate that a WTC-work-related illness originated or was exacerbated by working conditions	"Nontraditional responders will have their illnesses not considered 9/11, or have workers comp cases' denied; as opposed to the presumption being given to traditional first responders." "NYPD had what's called LOD (line of duty) benefits. If they were diagnosed with 9/11, they could take time off for that."
Benefits denial	Barriers to WTC-related benefit acquisition and government-funded health programs required specific documentation and record keeping that private employers did not always maintain	"I myself was rejected from the program because I didn't have adequate proof, when I had every access badge imaginable." "I got denied. And I kind of know what I'm doing. What happens to the person that's trying to do it on the fringe?"
Unacknowledged health risks	Direct causes of health conditions attributed to the exposure to WTC-related toxins and stress	"The work in the rescue, recovery, and cleanup has impacted their health. There has been such denial about that."
Impaired coping	Indirect contributions to 9/11 health challenges due to the uncertainty and stress resulting from a lack of support	"A major concern among many of the nonuniform first responders . . . was the impact on their mental health of being minimized." "So I think, right off the bat, that distinction or lack of distinction of people's contributory roles at 9/11 has caused . . . healthcare issues."
Impact on vulnerable populations	Accounts of undocumented 9/11 recovery workers denied access to support services as they lacked documentation	"Those who stayed here, it was very difficult for them to find a job, because they were undocumented and they were sick, and they had so many mental health issues."

workers.[15] After 9/11, nonuniformed responders exhibited more delayed onset trauma symptoms,[16] expressed a greater need for mental health support,[17] and experienced more confusion about where to get help as compared to uniformed responders.[18] The observed disparities in mental health outcomes for nonuniformed responders[5] suggest a need for better resources and support services. Emergency management systems can do more to consider the needs of the nonuniformed workers called in to respond, ensuring support systems are in place to address the challenges of being engaged in an emergency response.

Additional support for marginalized responders: Following 9/11, janitors who quickly cleaned office buildings so that Wall Street could resume business[19] and others hired for temporary jobs faced exposure to toxins[20] without verifying paperwork or structural employer support.[1] Without recognition, workers in temporary, part-time, or undocumented positions may be at greater risk of benefit denial.[21] Particularly for under-represented workers, emergency management systems can plan for the appropriate consideration of worker protections for the most vulnerable employees.

Ensuring access to benefits: Occupational safety and fair labor standards require worker's compensation for work-related injury, but informants mentioned insufficient protections for 9/11 nonuniformed responders. Emergency management systems can plan for and enact policy with adequate protections and compensation options for all responder types, potentially revising policy that influences workers' compensation for emergency response. Emergency response protocols can systemically institute workforce-oriented solutions to minimize post-event uncertainty experienced by injured responders unsure of which systems will manage medical expenses or lost

wages resulting from work-related injury that occurs while in service for a public emergency.

Limitations of our investigation include a reliance on informants representing many nonuniformed fields, with a majority from union, national, or regional perspectives. Potential recall bias due to the 20+ year interval since exposure is an additional limitation. However, the prominence and prevalence of the sentiments corroborated by previous reports[1,8] underscore this issue's continued significance for emergency management systems.

CONCLUSION

The nonuniformed responder experience revealed that despite a generally well-resourced public and employer response to the tragedy, critical support and formal recognition lagged for nonuniformed workers. Informants identified an overlooked responder effect resulting in insufficient personal-protective equipment, difficulty accessing health resources, and self-stigma contributing to health challenges for responding workers. Findings underscore the importance of including and learning from nonuniformed workers in emergency response. Given the extended time-frame since 9/11, the strength of the sentiments and evidence for measured health disparities underscore the ongoing importance of learning from overlooked responders to inform future emergency management planning.

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Maren Wright Voss, PhD, SCD, Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, Massachusetts. ORCID: https://orcid.org/0000-0002-9054-7389.

Subodh Potla, Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health, Boston, Massachusetts.

Erika L. Sabbath, ScD, School of Social Work, Boston College, Chestnut Hill; Center for Work, Health, and Well-being, Harvard T.H. Chan School of Public Health, Boston, Massachusetts. ORCID: https: //orcid.org/0000-0002-7866-7812.

Gregory R. Wagner, MD, Center for Work, Health, and Well-being; Department of Environmental Health, Harvard T.H. Chan School of Public Health, Boston, Massachusetts. ORCID: https: //orcid.org/0000-0003-4165-7079.

Susan E. Peters, PhD, Department of Social and Behavioral Sciences; Center for Work, Health, and Well-being, Harvard T.H. Chan School of Public Health, Boston, Massachusetts. ORCID: https://orcid.org/0000-0002-2705-643X.

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