Protecting the Health and Safety of Workers Who Respond to Disasters: Achieving Equity Through Education and Training

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Abstract

Workers who respond to disasters are disproportionately at risk of injury, illness, and death, resulting in devastating effects on communities. This policy statement aims to address the health and safety concerns workers face in disaster response and clean-up scenarios and underscores the need for equity, resilience, and capacity building through education and training. Opportunities to strengthen local, state, and federal responses to disasters are needed to ensure the equitable protection of workers across all occupations and backgrounds. Public health professionals must advocate for (1) the establishment of protocols for the proper enforcement of policies and programs related to the health and safety of disaster workers; (2) the provision of high-quality and effective health and safety training to disaster workers, including mental health curricula; and (3) the adoption of a systematic approach to training that includes resources to prepare workers for risks in all stages of disaster preparedness, response, and recovery. The inclusion of all people affected in the impacted communities will ultimately benefit the broader public health.

Key words: disaster response, occupational health and safety, training

Relationship to Existing APHA Policy Statements

- APHA Policy Statement 20223: Support Decent Work for All as a Public Health Goal in the United States
- APHA Policy Statement 20175: Ensuring Language Justice in Occupational Safety and Health Training
- APHA Policy Statement 20158: Preventing Occupational Transmission of Globally Emerging Infectious Disease Threats
- APHA Policy Statement 20157: Public Health Opportunities to Address the Health Effects of Climate Change
- APHA Policy Statement 20148: Ensuring Workplace Protections for Temporary Workers
- APHA Policy Statement 20138: Support for Workplace Injury and Illness Prevention Programs
- APHA Policy Statement 20105: Prioritizing Cleanup of the Hanford Nuclear Reservation to Protect the Public's Health
- APHA Policy Statement 20091: Support for Community Health Workers to Increase Health Access and Reduce Health Inequities
- APHA Policy Statement 20078: Addressing the Urgent Threat of Global Climate Change to Public Health and the Environment
- APHA Policy Statement 20069: Response to Disasters: Protection of Rescue and Recovery Workers, Volunteers, and Residents Responding to Disasters
- APHA Policy Statement 20061: Addressing the Needs of Immigrants in Response to Natural and Human-Made Disasters in the United States
- APHA Policy Statement 20054: Occupational Health and Safety Protections for Immigrant Workers

Problem Statement

The Federal Emergency Management Agency (FEMA) defines a disaster as "[a]n occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries."[1] The September 11 terrorist attacks on the World Trade Center (WTC) and the distribution of anthrax in the U.S. postal system in 2001 highlighted the urgency to integrate emergency preparedness and response with occupational safety and health and the need to protect disaster workers, defined as "those who are formally employed or volunteer during response and recovery efforts." Disaster workers were found to be at increased risk of negative physical and mental health outcomes after the WTC disaster. WTC response and clean-up workers paid a high price in mortality and morbidity from hazards related to, among others, concrete, gypsum, fibrous glass, asbestos, particulate matter, and cellulose.[2] A 15-year follow-up study of WTC rescue and recovery workers demonstrated that responding within the first week of the disaster was associated with a 30% to 50% higher risk of heart disease mortality, smoking-related mortality, and all-cause mortality among nonfirefighters and non–general responder cohorts.[3]

Complex risk environment and health impacts

Since the WTC events, the environmental risks and conditions workers face in response to disasters and subsequent clean-ups have continued to evolve in complexity. Disasters may be naturally occurring, such as hurricanes, earthquakes, and tornadoes, or human made, such as those involving chemical hazards, nuclear hazards, or biohazards. In addition, climate change has increased the number and severity of climate-related disasters. Thus, emphasis should be placed on preparing for disasters, particularly those now present in regions where such instances were historically limited or nonexistent.[4] According to the National Centers for Environmental Information, the annual average number of billion-dollar disasters has increased from three in the 1980s to more than 100 such incidents every year.[5] With the increasing frequency and severity of extreme weather events, disaster workers—who have the dual role of living and working in

the affected communities—are most vulnerable to secondary hazards.[6,7] For example, hurricanes have resulted in downed power lines as well as poorly ventilated areas, increasing the risk of exposure to volatile organic compounds and to sewage that can cause infectious illnesses.[8,9] Subsequent clean-up activities can generate toxic dust, and direct contact with mold can cause severe, long-term, and sometimes irreversible damage to workers' health.[8–10] Response and recovery efforts to disasters such as the Deepwater Horizon oil spill and the WTC attacks resulted in respiratory, hematological, and hepatic function abnormalities among first responders and clean-up workers.[8,10] Furthermore, some workers face additional barriers such as lack of knowledge and skills in properly donning and doffing personal protective equipment (PPE). Similarly, organizational-level factors can impede worker safety during response and recovery (e.g., availability of and access to appropriate PPE). Taken together, these challenges add to the complexity of disasters. [11,12]

Increasingly, initial disaster response and clean up relies on community members and volunteers. This may include construction, landscaping, and renovation firms; out-of-state workers who temporarily relocate to the area; local volunteers; and those deployed from other regions.[13,14] Thus, many disaster volunteers may not be familiar with local policies, availability of PPE, and just-in-time (JIT) training opportunities.[14,15] In a study exploring the utility and risk associated with spontaneous volunteers, it was reported that 62% of organizations had used such volunteers in response activities; however, fewer than 20% consistently checked volunteers' credentials or performed employment/licensure verification and background checks.[12] This finding highlights lack of training, health and safety, liability, and alignment of expectations as the top challenges in using volunteers in response and recovery; yet, nongovernmental voluntary disaster response organizations may not be structured to incorporate volunteers, evaluate their competencies, and manage their training gaps effectively.[16]

Likewise, disaster work has been known to adversely affect an individual's mental health.[17] Disaster workers may experience injuries firsthand or experience secondary trauma, such as witnessing an affected community's physical destruction and emotional distress.[18] Job stress may also impact disaster workers' interpersonal relationships, with spouses often assuming a supportive role, frequently at the expense of their own comfort and well-being.[19] Furthermore, due to work assignments, workers may experience stress caused by long separations from their social support systems.[20] For example, a 2023 Substance Abuse and Mental Health Services Administration (SAMHSA) research bulletin highlighted the behavioral health effects of disasters.[21] While rates of postdisaster posttraumatic stress disorder (PTSD) varied depending on the type of event, PTSD can have prolonged effects. Approximately 30% of disaster survivors will also experience major depressive disorder.[21] It is important to note, however, that despite increasing attention to mental health in recent years, the incidence of diagnosed PTSD, depression and anxiety disorders, substance use disorders, and self-harm may be unknown as a result of fragmented health care access and follow-up among disaster workers.[18,19,22]

Vulnerable worker populations

In addition to numerous safety and health hazards, disaster workers may face occupational health disparities. The National Institute for Occupational Safety and Health (NIOSH) defines occupational health disparities as "avoidable differences in work-related disease incidence, mental illness, or morbidity and mortality that are closely linked with social, economic, and/or environmental disadvantage such as work arrangements, sociodemographic characteristics, and organizational factors." [23]

Exploitative working and living conditions among clean-up workers are common. A study of day laborers revealed that immigrant workers were on the frontlines to assist residents and business owners. These day laborers served as a "just-in-time workforce of 'second responders'" to take on laborious and hazardous work such as debris removal, structure demolition, and building remediation.[24] Employers may hire non–English-speaking workers to avoid complying with

occupational safety and health conditions and standard employment terms.[25] Wages can be low, even below the legal minimum, and workers can face intimidation and retaliation (e.g., termination, deportation) when voicing concerns about dangerous working or living conditions.[26]

Our efforts must underscore our commitment to delivering the best available services, training, and prevention strategies as part of an all-hazards approach, especially for historically excluded and vulnerable populations. The all-hazards approach is an integrated system that emphasizes commonalities among the full spectrum of emergencies and disasters, rather than a specific type of hazard, in planning for preparedness, response, and recovery. In this way, capabilities and capacities for a broad array of hazards can be developed for specific locations, including the most vulnerable communities.[27] These resources should be directed to those who may reside in the most at-risk environments, including communities in flood-prone areas or in proximity to manufacturing facilities or hazardous waste sites. Black, indigenous, and people of color (BIPOC) communities, as well as other disadvantaged communities, face systemic inequities (e.g., inequities related to the built environment, infrastructure, and environmental exposures) and are disproportionately affected by climate change, disasters, and actions that impede equity.[28] Consequently, individuals residing in these communities are prone to facing the repetitive burden of exposure to adverse health, social, and economic impacts of disasters that place their communities, disaster workers, and volunteers at peril.[29] Ensuring the protection of disaster workers involves inclusive training, hazard and risk assessments, provision of appropriate PPE, and injury and health surveillance.[30]

Current policies and standards

NIOSH and the Occupational Safety and Health Administration (OSHA) provide guidance, recommended practices, and resources for worker safety and health (WSH) issues at the federal

level. However, only OSHA has the authority to enforce standards employers must comply with to protect WSH.

OSHA's Hazardous Waste Operations and Emergency Response standard (HAZWOPER) is designed to protect workers involved in hazardous waste operations and emergency response activities.[31] The standard applies to scenarios including clean-up operations at uncontrolled hazardous waste sites; operations involving hazardous waste at treatment, storage, and disposal facilities; and emergency response operations for hazardous substance releases. A site-specific health and safety plan, training and refreshers for site workers, PPE tailored to specific hazards, and a comprehensive emergency response plan are key components of HAZWOPER compliance. In addition, medical exams and consultations are required for employees exposed to hazardous substances above certain thresholds for significant periods. However, HAZWOPER does not cover all local or governmental workplaces, and only 29 states have OSHA-approved state plans that protect local and government workers. Volunteers who are not covered by OSHA may be covered by the state plans. In such situations, the U.S. Environmental Protection Agency's HAZWOPER regulations cover compensated and uncompensated (volunteer) workers engaged in HAZWOPER operations.[32]

The HAZWOPER standard is the basis as well for the National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP), which has been applied in numerous disaster and hurricane clean-up operations to protect WSH since the implementation of HAZWOPER in 1990.[33] NIEHS also publishes guidelines and materials to protect clean-up workers from debris, mold, oil spills, and other hazardous materials.[34]

There are, however, inadequacies in the current training and regulatory framework for emergency responders, highlighting the need for comprehensive, up-to-date standards that address the full range of hazards and their respective training, equipment, and technology

support.[30] Older standards may not reflect the latest knowledge, technology, and practices in emergency response and may be outdated in addressing contemporary hazards and challenges.[35,36] For instance, OSHA Fire Brigades Standard 29 CFR 1910.156 (1980) established requirements for the organization and training of and equipment for fire brigades, which are groups of employees organized to respond to fires and other emergencies.[37] To address some of these deficiencies, the proposed 2024 OSHA Emergency Response Standard is intended to replace the Fire Brigades Standard and cover a broader range of emergency responders, including technical search workers, rescue workers, and emergency medical service providers.[38] However, it is proposed as a ‘‘performance-based’’ standard, which may not align entirely with the Department of Homeland Security’s National Incident Management System (detailed subsequently).

Moreover, OSHA lacks sufficient inspectors and resources to protect all at-risk workers during the entire disaster cycle.[39] For example, even though standard contract terms for response operations funded by FEMA require compliance with wage and hour regulations and providing a safe working environment, enforcement of OSHA standards is often lacking due to limited funding and staffing.[40]

Integration of disaster workers’ safety in federal agencies, systems, and frameworks

FEMA provides community training and education to build local capacity before, during, and after disasters.[41] FEMA’s involvement in worker safety can be categorized into several key areas: establishment of safety protocols and guidelines; training and education through courses related to such areas as PPE, hazard recognition, and safe work practices through the Emergency Management Institute and the National Training and Education Division; and collaboration with OSHA. In addition, FEMA provides comprehensive safety protocols and guidelines for disaster response activities and deploys officers to monitor safety conditions at disaster sites. However, it

is important to note that, unlike OSHA, FEMA does not have regulatory power to enforce WSH regulations.

The Worker Safety and Health Support Annex, a collaborative document between OSHA and FEMA, outlines the framework for ensuring WSH during disaster response operations.[42] The annex highlights roles, responsibilities, coordination mechanisms, and resources required for protecting response and recovery workers. It also details collaborations among local, state, and federal agencies such as state occupational safety and health agencies, local health departments, emergency management offices, and local worker safety and health organizations to implement safety protocols effectively.

The National Incident Management System provides a systematic, proactive approach to guide agencies and organizations at all levels of government, the private sector, and nongovernmental organizations in working to prevent, protect against, respond to, recover from, and mitigate the effects of incidents. The system integrates with other emergency management and response systems, such as the National Response Framework, to provide a cohesive approach to managing incidents. [43,44] Furthermore, it establishes standardized processes and procedures such as incident command systems for coordination and collaboration among various agencies and organizations to ensure interoperability and effective communication during emergencies. Safety officer is a key position of the command staff whose responsibility is to ensure the safety of all incident personnel. This includes identifying potential hazards and developing measures to mitigate risks. The safety officer's responsibilities also require continuously monitoring, assessing, and mitigating hazards; developing safety plans; and conducting safety briefings to inform incident personnel about specific hazards, protective measures, and procedures for reporting unsafe conditions. If unsafe conditions are identified, the safety officer has the authority to stop or alter activities. It should be noted that safety officers' responsibilities are

limited to the response phase and do not extend beyond that. Therefore, they are not required to train personnel, including volunteers on site.

As one of the strategic preparedness and response operations of the U.S. Department of Health and Human Services (DHHS), the Medical Reserve Corps (MRC) is a national network of more than 300,000 volunteers that plays a critical role in disaster response by augmenting local public health, medical, and emergency response systems.[45] The MRC provides surge capacity, administers vaccinations and supports mass care operations, educates the public about emergency preparedness and health promotion, and assists with logistics and coordination during disasters.

Evidence-Based Strategies to Address the Problem

A comprehensive health and safety training system for disaster workers

Worker safety training, an administrative control, is one component in the hierarchy of controls to prevent injury and illness.[46] Evidence shows that providing worker safety training, both before and after an emergency event, increases the likelihood of safer work practices in high-risk environments.[30,47] Worker training should focus on instituting safety principles and emergency preparedness to identify potential hazards and assess risks; ensuring proper selection, use, and maintenance of PPE; ensuring that workers know evacuation routes, emergency contact information, and first-aid basics; establishing a clear chain of command and communication channels; and conducting regular drills to practice responses to various emergency scenarios. This type of training is helpful even when specific hazards are unknown.

Training should be designed and delivered to adhere to principles of adult learning including interactive/engaging learning methods, ensuring greater knowledge and skill acquisition for a diverse disaster response and recovery workforce. [48–50] There is substantial evidence of the

effectiveness of training in enhancing workers' safety performance. Adoption of multilingual and inclusive safety training methods, as required by OSHA, has been found useful in addressing language and literacy limitations among volunteers, migrants, and other clean-up workers.[48,51] A multisource evaluation demonstrated that safety training should proactively consider language, literacy levels, and cultural traditions of a diverse workforce to enhance effectiveness and impact.[48] Ensuring the availability of JIT training for first responders, especially training involving chemical, biological, and radiological hazards, has been found to be useful in significantly improving knowledge levels.[52] Meta-analysis study findings have further shown the relative effectiveness of engaging safety training methods, with up to three times greater gains in safety knowledge acquisition and demonstration of safety practices in cases where hazard event/severity is high.[47,48]

Preparedness and monitoring of health conditions

Robust standards to assess and mitigate the health risks involved with assigned tasks for disaster workers must be met to fully protect disaster recovery workers and first responders. The Centers for Disease Control and Prevention (CDC) Emergency Responder Health Monitoring and Surveillance system provides guidance to organizations on monitoring and tracking health effects and predeployment medical reviews. The National Response Team recommends that voluntary organizations responding to disasters adopt components of the CDC system.[53] Ongoing surveillance of hazard exposure, medical risk, and availability of care is key to maintaining a healthy and willing workforce. Such surveillance could include creating a worker roster on site to ensure follow-up, medical evaluation and monitoring, support (mental health, support groups), and resources (e.g., the 9/11 Victim Compensation Fund).[54–56] At present, first responder data on injuries, illnesses, and fatalities available through the U.S. Bureau of Labor Statistics do not account for participation in disaster response or include informal and volunteer workers.[57] This impedes our ability to systematically monitor, analyze, interpret, and disseminate illness and injury data related to an event's emergency responder population. To ensure that disaster response workers are aware of health conditions, several strategies including

education, training, monitoring, and support systems need to be implemented. One such example is the SAMHSA First Responders and Disaster Responders Resource Portal, which offers a comprehensive range of resources to support the behavioral health of first responders.[58] The portal includes training and resources aimed at various worker populations such as those employed in disaster management, law enforcement, fire services, and emergency medical services.

Safety and health needs of a diverse workforce that includes marginalized and vulnerable populations

The NIEHS WTP is an example of a national effort to provide disaster response and clean-up training. This highly engaging and interactive health and safety training is peer led and includes hands-on demonstrations and exercises.[50,59] Historical evaluations have shown that the WTP is effective in preparing a diverse disaster response and recovery workforce that includes community volunteers.[48,50,59] Several community-based organizations and unions have provided training to enhance community workforce capacity for disaster response and recovery. One such organization, Make the Road, New York, readily responded to Hurricane Sandy because of its cadre of trained people and was able to train immigrant day laborers.[60] The Gulf Responder Resilience Training Project, developed by NIEHS and SAMHSA, was designed with input from community members to reflect the unique mental health needs and cultural contexts of workers and volunteers in disaster-prone regions. The participatory approach used in the project encouraged interactions and communications among participants that ultimately improved workforce capacity and enhanced local preparedness efforts and community awareness. [61,62]

The NIEHS WTP has also documented the effectiveness of mental health support for promoting engagement in positive health behaviors and reducing the incidence of mental health symptoms.[63,64] Awareness-level training for first responders, workers, and supervisors is

recognized as a useful intervention to impart the skills needed to initiate an emergency response, particularly for vulnerable worker subpopulations living in and around disaster-affected areas. More specifically, an evaluation of a NIEHS WTP resiliency training program involving professional and volunteer workers who responded to Hurricane Sandy revealed greater improvements in healthy lifestyle behaviors, stress management control, and mental health among responders who received resiliency training.[64]

These types of training and related resources should be used as part of a whole community approach that recognizes the needs and capabilities of the community, including volunteer workers.[65] For example, OSHA and NIEHS provide multilingual, culturally appropriate, and inclusive safety materials that address language and literacy concerns and are readily available and easily accessible.[30,66] These materials provide core disaster training resources that can be complemented with site-specific, JIT training provided by key community partners to prepare volunteers for the activities they will engage in and the hazards they may encounter in an efficient and cost-effective manner. Furthermore, MRC volunteers are a potential resource for training in mass care, medical surge, and health education.[45] Local community partners can collaborate with the MRC in training volunteer disaster workers where such expertise is needed.

Leadership and organizational support

Leadership support is crucial for the effectiveness and impact of training programs. Transparency, accountability, engaging relations, and shared decision making enhance worker performance during the response and recovery phases. [67,68] This also requires leadership to have a thorough understanding of workers' social circumstances as well as existing support systems and systemic barriers that might be exacerbated during and after a disaster.[69]

Organizational support and related policies to address disaster workers' personal needs (e.g., child care) have been shown to enhance their willingness to report to work and boost their confidence during response.[70] In 2020, the Florida Department of Education's Office of Early Learning, in coordination with local organizations, prioritized and increased access to child-care services for first responders and health care professionals.[71] However, such arrangements are often infrequent, inaccessible, or cost prohibitive.[72] Research justifies the need to assist employees and volunteer workers throughout disaster relief operations. An inclusive approach, open communication, and employer-employee trust building are crucial components of effective leadership and organizational support.[73]

Alternative Strategies

An alternative strategy could be excluding volunteers from requirements for safety training because it would be impractical to conduct and potentially delay response activities. This alternative, however, disregards foundational principles of public health that policies and practices should be ethical and equitable. Emergency responders and recovery workers who are volunteers should be provided appropriate health and safety protections, just as are paid workers who face the same hazards.

Action Steps to Implement Evidence-Based Strategies

	Evidence-Based Strategy		Action Steps
1	Establish a comprehensive health and safety training system for disaster workers.	1a	OSHA and FEMA should ensure that training providers use a systematic training and educational process that includes a needs analysis, identification of contextual factors/barriers to safety and health, and continuous quality improvement. This process should

			include local agencies and nonprofit organizations involved in disaster response and recovery.
		1b	OSHA and FEMA should ensure that training providers incorporate principles of adult learning, including use of local partners to ensure contextual and cultural relevance for the disaster workforce (including volunteers).
		1c	OSHA and FEMA should ensure the availability of JIT for first responders, including adoption of innovative training technologies. Training providers must have the administrative and physical structures needed to provide site-specific and hazard-specific training, including curricula, trainers, initial training supplies and equipment, classroom facilities, and mobile training vans.
2	Include planning and preparedness activities.	2a	FEMA, in consultation with local and state disaster response agencies, should conduct a predeployment medical screening that ensures "fitness for duty" to assess and mitigate the health risks involved with assigned tasks for individual workers.
		2b	FEMA, in consultation with local and state disaster response agencies, should ensure joint planning and exercising of the safety management plan to adopt

			robust standards that reliably protect disaster recovery workers and first responders.
		2c	FEMA, in consultation with local and state disaster response agencies, should conduct ongoing surveillance of hazardous exposures, medical risks, and availability of care to maintain a healthy and willing workforce and inform targets for workforce staffing goals.
		2d	Analysis of data on illness, injury, mortality, and environmental trends is critical not only after a disaster but before a disaster. Incident command officials should implement a surveillance system in line with CDC's Emergency Responder Health Monitoring and Surveillance system to improve understanding regarding the scope of hazardous exposures, medical risks, and availability of care to help design evidence-based strategies in the planning phase.
3	Address the safety and health needs of a diverse workforce that includes marginalized and vulnerable populations.	3a	Emergency management must work closely with community and volunteer workers to ensure accessibility of core disaster and JIT resources for worker safety using a whole community approach that addresses community capabilities and needs.

		3b	OSHA and SAMHSA must ensure that training providers offer opportunities for training in mental health, coping strategies, and resilience building for workers, managers, and supervisors to promote engagement in complementary health behaviors and reduce the incidence of mental health symptoms.
		3c	OSHA, SAMHSA, and DHHS, in conjunction with state and local disaster response providers, should adopt policies and practices directed at specific barriers to protecting disaster workers during response and recovery (e.g., PPE access, child-care needs), including increased availability of resources to promote worker resilience and well-being.
4	Incorporate leadership and performance monitoring.	4a	FEMA, in conjunction with local and state disaster response agencies, should appoint a competent, experienced leadership team for each disaster response and recovery effort and establish an integrated governance body to ensure successful long-term recovery.
		4b	FEMA, in conjunction with local and state disaster response agencies, should encourage collaboration and coordination among disaster workers and other interested parties with an emphasis on transparency, accountability, and shared decision making to

			enhance health and safety during the response and recovery phases.
		4c	FEMA, in conjunction with local and state disaster response agencies, should ensure that training providers conduct analyses to demonstrate the impact of disaster worker training and related policies and practices on the health and safety of disaster workers and affected communities (e.g., cost/benefit, return on investment, utility analysis).

Opposing Arguments

One argument against preparing workers for safety hazards when responding to disasters is whether the costs exceed the benefits. However, preliminary evidence of the positive economic impacts of worker training programs has been demonstrated nationwide, including decreases in the number of injuries. These economic impacts include the direct cost of medical care as well as the indirect costs of lost wages and personal suffering. NIEHS WTP training and related resources saved $717 million in government expenditures from 1995 through 2013, or roughly $40 million annually.[74] The direct cost saving from safety and injury prevention has been well documented in similar workforce development programs in disadvantaged communities.[75]

Another opposing argument could be that there is inadequate evidence of serious injuries or illnesses experienced by clean-up and recovery workers. This is due to inadequate surveillance structures during disaster recovery, as discussed above.[57]

Lastly, one could argue that disaster worker training currently lacks enforcement of a specific standard. This is particularly relevant given that many of the most vulnerable disaster workers are unaware of these standards and less likely to exercise their rights and that employers are not held accountable because of lack of enforcement. Another issue is that these workers are often volunteers, and OSHA standards do not apply without an employee/employer relationship.

Conclusion

Protecting the health and safety of disaster workers during response and recovery efforts by focusing on achieving equity through education and training is imperative. As disasters become more frequent and related response and recovery work increases in complexity, many current occupational health and safety standards will not adequately address new hazards. Developing such a policy is essential for protecting disaster workers, promoting equity, adapting to modern challenges, ensuring legal compliance, and maintaining public trust. We must ensure that all workers, regardless of their background or status, are equipped with the necessary skills and resources to perform their duties safely and effectively.

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