Emergency Preparedness and Agricultural Workers

What are Emergencies and Disasters?

Emergency:
The Federal Emergency Management Agency (FEMA) defines an emergency as "any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States."[1]

FEMA identifies four types of emergencies:

1. Natural disasters
2. Biological and health
3. Technological and accidental hazards
4. Human-made/national security

Disaster:
Stated by FEMA, a disaster is "any natural catastrophe (including any hurricane, tornado, storm, high water, wind driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby."[1]

A disaster is characterized by its magnitude, scope, and duration of impact, as well as the length of forewarning and the speed of onset. FEMA identifies two types of disasters: natural and human-made.

Natural disasters

- Drought
- Earthquakes
- Extreme heat
- Floods
- Hurricanes
- Landslides and debris flow
- Severe weather
- Space
- Thunderstorm and lightning
- Tornados
- Tsunamis
- Volcanoes
- Wildfires
- Winter storms and extreme cold

Human-made disasters

- Biological threats (bioterrorism)
- Chemical threats
- Radiation/nuclear threat

The first step in planning for all potential emergencies is to conduct a hazard vulnerability analysis to identify the threats your health center may encounter. Kaiser Permanente has developed a hazard vulnerability analysis tool available to support health center planning.

Why are Migratory and Seasonal Agricultural Workers (MSAWS) Vulnerable to Disasters?

Disasters significantly affect MSAWs and the broader agricultural economy. MSAWs often feel uncertain about the future due to destroyed crops, damaged homes, and unpaid wages. Agencies working with MSAWs often lack emergency plans or protocols that specifically include this population, leading them to improvise in many cases. Despite these challenges, agricultural communities and workers demonstrate resilience, forming partnerships to support one another during and after disasters.[2]

Health centers are familiar with the barriers that MSAWs face in accessing health care, including limited transportation, frequent relocation, and Limited English Proficiency (LEP). These challenges can always exist, but health centers can assess the population's needs through the following questions:

Communication challenges

- What are the main languages spoken by MSAWs in your area?
- Can they understand written or spoken English?
- What communication tools do they have access to (e.g., radio, cell phone, internet)?

Transportation challenges

Although some MSAWs may own vehicles, many do not, so it is important to have a plan for workers in the fields to use mass transportation.

- For instance, what if the main road to the farm is blocked by a fire or flood?
- Additionally, how will you ensure children are reunited with their parents if they are in different locations?

Resource challenges

MSAWs may encounter difficulties when evacuating, such as whether they have enough money for gas, where they will stay afterward, and whether they can afford food while on the move. Moreover, their access to social support networks might be limited due to mobile status.

Health centers are essential players in ensuring that MSAWs in the area are prepared for potential emergencies and can be contacted and supported during emergencies. A thorough understanding of the geographic locations, demographics, assets, and needs of the community's MSAWs will prove extremely useful and potentially lifesaving if a disaster occurs.

What are the Potential Effects of Emergencies and Disasters on Health Centers?

When preparing for emergencies, many people consider the immediate, short-term effects that could occur, such as power supply interruption, mass casualties, or property damage. Yet the effects of major disasters can last for years.

Immediate and short-term effects:

- Power supply interruption: Even back-up power supplies, such as gas generators, may not function during a disaster. New solar powered health centers projects, like CHARGE Partnership have emerged in recent years to support reliable and clean energy for rural health centers. Planning for accessing vital records and managing billing without power should be part of every health center's emergency plan.
- Patient surge: A large increase in patient volume may coincide with a limited number of available staff. Cross-training when appropriate and emergency preparedness training for all staff are key parts of planning for this potential situation.
- Facility/equipment damage: Your clinic may be inaccessible, as well as the equipment inside. It is crucial that your health centers store important records and other essential documents off-site, if possible.
- Communication disruption: If phone, internet, and other services are unavailable, your health centers should have a plan in place for identifying the location and safety of staff.
- Disease outbreaks: Plan for and train all staff on what actions to take if a disease outbreak should occur before, during, or after a disaster.

Long-term effects:

- Fiscal sustainability: Planning for the expenses incurred while still serving the community during a disaster may seem like a low-priority concern, but it can debilitate a health center for years.
- Staffing disruption: Much of the health centers staff may be personally affected by the disaster and unable to come to work. Staff with children may be unable to find childcare, or they may experience homelessness or a lack of transportation.
- Long-term facility and equipment damage: Your health center’s computers, medical equipment, and even the facility itself may need to be replaced.

What are the Health Resources and Services Administration's Expectations for Health Centers Regarding Emergency Preparedness?

All health centers funded under the 330 Health Center Program (including 330 Look-Alikes) are required by the Health Resources and Services Administration (HRSA) to prepare for emergencies[3]. These expectations are discussed in detail in the Health Center Program Compliance Manual.

Health centers play an essential role in maintaining ongoing care to assist communities during and after natural or human-made disasters, as well as during public health emergencies, whether emergent or ongoing. The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule requires health centers to create and maintain an emergency communication plan and conduct annual training and testing programs. Health centers are also required to collaborate with state and local health departments as part of their emergency planning, preparedness, mitigation, and response strategies. More guidance on working with your state's officials on emergency preparedness or pandemic plans is available in your state survey agency.

What is the Role of Board Members in Emergency Preparedness and Management?

Board members should:

- Ensure that developing a comprehensive emergency management plan is a priority for the health centers.
- Ensure that the needs of Special Medically Underserved Populations and hard-to-reach groups, such as MSAWs, are considered when developing the comprehensive emergency plan.
- Be prepared for emergency meetings.
- Be available for expedited approvals and immediate communication concerning recovery plans, liability, etc.
- Ensure that collaboration does not interfere with the autonomy of the health center.

What Resources and Tools for Emergency Preparedness are Available?

Resources on Emergency Management Planning for Health Providers and Business Owners or Employers:

- https://www.calhospitalprepare.org/post/revised-hva-tool-kaiser-permanenteOccupational Safety and Health Administration - Emergency Management
- American Red Cross - Prepare Your Workforce
- Ready.gov - Ready Business - Preparedness Plan
- FEMA - Plan, Prepare, and Mitigate
- Ready.gov - Plan for and Protect your Business

Resources on Emergency Preparedness for the General Population:

- CDC - Natural Disasters and Severe Weather
- CDC - Emergency Preparedness and Response

Resources for Clinicians:

- CDC - Clinician Outreach and Communication Activities

Resources on MSAWs and Other Special Medically Underserved Populations:

- NCFH - Communication Planning to Address Access and Functional Needs of Farmworkers during Emergencies
- NCFH - Mobilizing an Emergency Response for Agricultural Workers

Tools for Individuals and Family Emergency Preparedness:

- READY.gov
- Be informed
- Make a plan
- Build a kit

"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,742,242.00 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

REFERENCES

1. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974. Vol 93-288. Accessed April 15, 2026. https://www.govinfo.gov/content/pkg/COMPS-2977/pdf/COMPS-2977.pdf

2. Iyore EVE, Braswell Q, Flores Rosas A, et al. Preparing for Inclusion of Agricultural Workers in Climate-Related and Other Public Health Emergencies: A Quantitative Content Analysis of County Emergency Preparedness Plans, Eastern North Carolina, 2022-2023. *Disaster Med Public Health Prep*. 2025;19:e35. doi:10.1017/dmp.2025.31

3. Health Center Program Compliance Manual. Rockville, MD: Health Resources and Services Administration; 2018. Updated November 20, 2025. Accessed April 13, 2026. https://bphc.hrsa.gov/sites/default/files/bphc/compliance/hc-compliance-manual.pdf