

TRANSCRIPT OF AN ORAL HISTORY INTERVIEW

WITH

ANN ZUVEKAS

This interview was conducted as part of a series on the Mexican American in Minnesota.

Ann Zuvekas, Director of Migrant Health Services, Incorporated, Moorhead, Minnesota, discusses the past history, present goals, and objectives, accountability, accomplishments, innovative projects, plus future hopes for the organization.

This is a transcript of a tape-recorded interview edited to aid in clarity and ease of comprehension for the reader. The original tape recording is available in the Audio-Visual Library of the Minnesota Historical Society.

INTERVIEW WITH ANN ZUVEKAS

July 14, 1976

INTERVIEWER: RAMEDO SAUCEDO

Saucedo: I am Ramedo Saucedo. I am at the offices of Migrant Health Services, Inc. With me is the Director of Migrant Health Services, Ann Zuvekas. My first question, Ann, is do I have your permission to do this tape?

Zuvekas: Yes, of course.

Saucedo: Can you tell me then, how Migrant Health Services was organized? In what year? Who were the leaders? Who were the officers? Who were its founders?

Zuvekas: Perhaps I can give a little background on that. Congress passed a Migrant Health Act in 1962. Health Services were first offered to Migrants in Minnesota in 1964. About the end of the 1960's, HEW, who had responsibility for Migrant Health, felt that it was getting nation-wide, not just for Minnesota. A lot of statistics, but not much action. They set up non-profit corporations, on the old OEO model from the 60's, which were corporations that were consumer-dominated. They have contracts with the Feds to run Health Services. In 1973, Minnesota Migrant Health Service, Inc. was then called and organized in the fall of 1972 and spring of 1973. The leaders at that time were those that I've seen in the file, I was not around then; Tony Martinez, Roberto Trevenio, and Ramiro Rodriquez. I think that those were the key leaders, some community people: Jim Demsey, from East Grand Forks; Jim Laughlin, who is now in Illinois; also Denny DeMur, who is with the Tri-Valley Opportunity Council. I think those were probably the key leaders. The first contract, then, was on May first, 1973. We were incorporated in the fall, November of 1972. We first began services in 1973. However, most of the contract was through the Minnesota Department of Health, as a transition year in 1973, so 1974 was our first full year.

Saucedo: What is the area that you are serving?

Zuvekas: Our area is the Red River Valley of both Minnesota and North Dakota; the Renville area, and sugarbeet area in the Minnesota River Valley in Minnesota; and south eastern Minnesota. Just recently, starting May 1, 1976, we have funding from the State, which enables us to serve Migrants in southern Minnesota through a mobile unit. We changed our name in the fall of 1975, to reflect our increased services to North Dakota. We dropped the Minnesota from our name.

Saucedo: What are the objectives of the organization?

Zuvekas: Well, for too long migrants have been subjected to second-class health-care, in fact, it's just been full medical-care, rather than full health. Migrants are a very high-risk-population. The infant-mortality-rate for example, is four times the National Average. Life expectancy is about forty-nine. We're trying to do something about that, both through assisting with euphonic care and emergency care. That's when somebody's sick or already injured and getting into preventive health through screening; health-education; teaching people to recognize symptoms and so forth. We hope to eventually make an impact on the Migrant's Health Status; to make those kids healthier and have people live longer.

Saucedo: What problems are you having? Are you limited in anyway? Are your hands tied? Are you limited in scope in anyway?

Zuvekas: We have two main problems. One is financial. When I came on the program in September of 1974, we had about ten dollars per migrant to run a comprehensive-health program. We are now up to about twenty-five dollars per migrant, but that's still very limited. There are a lot of things we can't do. We can't afford the staff. We can't afford the follow-up and so forth. The second thing is because of the nature of where migrants are and the fact that they are moving; some follow-up is limited. Migrants tend to be in rural areas of course. Our medical facilities are limited, so that some specialist, for example, are not available. Doctors are busy and what not. They also, by definition, move. You may have, for

Zuvekas: example, regulated a diabetic, only to find that he goes off his diet when he goes to another state. I think those are the frustrations.

Saucedo: Is Minnesota Migrant Council duplicating any of the health services that Migrant Health Services, Incorporated is also performing?

Zuvekas: I don't think so. This was the subject of long negotiations in the winter of 1975-'76 . As Minnesota Migrant Council's funding was greatly increased for the calendar year of 1976, they decided to get into health care. We had long discussions about this. We were concerned with the duplication of services, but also we were concerned with medical dangers. For example, if someone was sent to a doctor by the Minnesota Migrant Council and still wasn't feeling well and came to our clinic that night and was given a second prescription, which might be incompatible with the first or whatever, we were really concerned. The arrangement we had with the Minnesota Migrant Council is first that we have a sub-contract with them for \$20,000 to provide services directly. Secondly, they are not in the areas with health services that we are, during the times we are there. We think that has solved the problem. We are glad of the additional resources through the Department of Labor.

Saucedo: How does the Minnesota State Board of Health assist you?

Zuvekas: The State Board of Health has been a big help over the last two years. I suppose there were hard feelings when the State Department of Health lost the federal contract in 1973. I don't know, but it would be understandable. They weren't really interested in giving us additional services, even those services that are supposed to be available to residents of the State. The State Board of Health became interested in the fall of 1974 and has pushed the Health Department to, for example, lobby for funding a mobile-unit; giving us family-planning funds; and so forth. We found them very helpful.

Saucedo: Are there any other agencies that help you or work along with you?

Zuvekas: Yes, of course. One of the things that we are most concerned about is not duplicating and not leaving gaps. We work with Tri-Valley Opportunity Council. They have a contract for Migrant Children's Pre-School Education; the State Department of Education, Pete Moreno, Title One Migrant; Local County Welfare Offices through Medical Assistance, for example, or General Assistance; County Nurses, and City Departments of Health; many agencies are involved.

Saucedo: Who are you accountable to?

Zuvekas: I personally am accountable to the Board of Directors, because it is a non-profit corporation.

Saucedo: And the Board of Directors?

Zuvekas: The Board of Directors is accountable to the funding agencies. The biggest funding agency is HEW. We report to them monthly, but we also have Department of Labor money, we report to them and so forth.

Saucedo: How do you avoid having a Migrant come up from Texas to ask for services, without working in the fields? Or say he comes up for a week to work in the fields merely to get medical services? Do you have anyway of investigating and checking and following through back to Texas?

Zuvekas: Yes, we are hooked under the National Migrant Referral System and of course we can always pick up the phone and call his local clinic in Texas. I don't think that has been a problem, I really don't. I know there is a rumor going around, I have heard it many times in the communities here that Migrant Women plan conception so they'll have their babies while they are in Minnesota or North Dakota. I think that implies a great deal of sophistication, in the first place. I do think that there are times when people decide to have medical work done in Minnesota or North Dakota. For that reason we are very careful in voluntary surgery. Perhaps people come a little earlier or stay a little longer than they had intended. I don't think they come for that reason.

Saucedo: Approximately how many migrants do you serve?

Zuvekas: Last year, we served between four and five thousand. We expect to increase that this year. There are more migrants in the State. We serve them an average of two and a half times each.

Saucedo: According to the latest report I have seen, there are approximately fifteen thousand migrants that come to Minnesota. Does this coincide with some of the figures you have seen?

Zuvekas: I personally think that the figures are higher. That survey was done just with the sugarbeet and asparagus migrants. There are also other crops in the state, and there is also canning, where people are considered migrants. I think it is on the low side.

Saucedo: Could you outline the services that Migrant Health Services provides?

Zuvekas: Okay. We do provide screening and examinations, looking for example, for diabetics or hypertensives or whatever. We provide screening for the school children. We have a maternal and child-nutrition program, providing supplemental foods for pregnant women and for babies. We have family clinics in the evenings on most of our locations. I think we are doing some rather exciting things. One of the problems in Migrant Health Care, as I mentioned earlier, is that Migrants are in medically underserved areas. There simply are not enough physicians to go around. We use our nurses. They are in trained and extended roles, in other words, they can take part of the load that the physician usually has and provide minor treatment. They also have the mobile-unit to provide screening and follow-up. We have a Health-Education Project, which is going to expand into an Environmental-Health Education Project, this fall, in which we put together materials that are being used all over the country now. I think we are into some real exciting things. It's a real challenge to make the dollars stretch to where they have to stretch.

Saucedo: What are your future hopes and goals for the Organization of Migrant Health Services?

Zuvekas: For the Organization and the people it serves, first of all, I would like to see more Mexican people and preferably ex-migrants, involved as health care and professionals. Also I would like to see more Mexican American nurses, doctors, nurse's aids. Right now, there are many projects going on nation wide to entice migrants into those fields, but the effects thus far have been limited. Secondly, I 'd hope that we could get into more than euphonic care, get into more of the things that are going to make a difference. We are just beginning to get our feet wet on that. Thirdly, I would like to see more leadership come from migrants themselves. I think one of the problems that is developing, when people are in the area for only a short time, is developing indigenous leadership, so that migrants themselves are making more of the decisions. It is very difficult. I think we do tend to hear from the people who can shout the loudest, rather than from the people who are the actual leaders. I would hope that we would remain administratively solvent. Of course I suppose that I am prejudice, because I think we are now administratively solvent now.

Saucedo: Thank you ever so much for the interview.

Zuvekas: Oh, you are welcome and good luck.

Saucedo: This interview was conducted on July fourteenth, 1976, at the offices of Migrant Health Services, Inc., located in Moorhead, Minnesota.