

MARCIA ALVAR: Migrants in action held a conference in Moorhead on Sunday to discuss the problems of migrant workers in Minnesota. Roberto Trevino, an ex-chairman for the Minnesota Migrant Council was one of the speakers.

ROBERTO TREVINO: Some people say the federal programs doesn't work for peanuts, and I agree. That's not worth a peanut if the people don't get involved in these programs. Now, one of the things that we have been pushed down by the old men in our culture means the auger, the bad men, the gringo as we call it.

But man, let me tell you something we as a Mexican are a proud people. And the only way we can accomplish what we want is by us Mexicans get together. And then these organizations that we are here to help the people, then we can have our dreams come true, but only, as I say, if every one of us get involved in these programs.

One of the things that I'm proud to be is a Mexican, and one of the things that I am against is about this thing, that the gringo, the Americano, the gaucho, whatever name you it, think they're better than me. Let me tell you something, if you don't know.

Nobody, no America, no white, no Negro, no Indian, is better than me, Mexican. And nobody is better than anybody, and let me tell you that why. Because we Mexicans have our own culture and we are very proud people, and sometimes our organizations have taken advantage of that pride. But that's why we are here, to help the people. They don't know how to attack those agencies that try-- I mean, that have 1,000 of miles of red tape on which the migrants or Mexicans don't know how to walk into it.

Gentlemen, the only way that we can go ahead and have a good end is if all of us, all the migrants and all our friends come together on the same voice and on the same desire. And I know that all of us have practically the same needs, but we are afraid for the farmer, of the old man, that we call it, give us a kick on the rear end and we get out of job.

Well, to hell with that people if they don't give us a job because we ask for our rights, because this anticonstitutional. I don't know how you say it, but I think it sounds pretty good anyway. That we're supposed to fight for our rights.

And if I am Mexican, unfortunately born in the United States if you want to call it that way, I have the same rights as you people do. And I have to be represented by these people that you people have been elected. Now, like I say, I'm sorry if I hurt somebody, but that's what I feel.

And only you people, the white people that have the power, they are willing to come down to our problems and help us, then I can say, and honest to say that there is a Christian nature and believe in God because the people that doesn't help his fellow men shouldn't say that I believe in God because they lie because they don't know God, and know his fellow man and don't help them. And as the Bible says, that we are made to the image of God. So gentlemen, I'm sorry if I hurt somebody else, but that's what I feel. Thank you very much.

[APPLAUSE]

MARCIA ALVAR: That was Roberto Trevino, who was chairman for the Minnesota Migrant Council and continues to be active in migrant affairs. There were two state senators present at the conference. One of them, Senator John Milton, is chairman of the Senate Health Subcommittee in the Minnesota legislature. Speaking in both English and Spanish, he talked with the group about his committee's efforts to upgrade health standards. I spoke with him afterwards about the health care situation for migrants in Minnesota.

JOHN MILTON: Well, I think that the experience migrants are having here in Minnesota is comparable to what they've had in other parts of the country. One of the chief problems here in Minnesota is that we've always had an overconcentration of facilities and of doctors and of programs in the metro area and very little in the rural part of rural Minnesota, where migrants are frequently coming for the sugar beets and for the vegetables and potatoes.

And the problem is that it's difficult in Minnesota to provide a system of incentives for doctors and medical health care personnel to practice outside of the Twin City area, and it's also difficult to get medical personnel to serve on, say, a two- or three-month basis for migrant workers because generally the average health of the migrant family is so far below what it is for the average Minnesotan. They have so many problems that haven't been taken care of, even just going into two and three generations, that you're starting and you're getting two months to work with the family, and you're just not able to get into it and really not able to do it and to attract the number of personnel that you'd need to get the job done. I think the estimate last year, with four clinics operating, was that they only saw about 5% of the migrant population. And the incidence of disease and medical problems was so high with that 5% that if you projected it, you'd have to reasonably expect that it would be just a calamity in terms of any other group that we know of, the result of which is that the average migrant in this country has a life expectancy of 49 years compared with, I believe, it's something close to 70 for the average American.

MARCIA ALVAR: What are the conditions that caused this health problem with migrant workers in Minnesota?

JOHN MILTON: Well, I think it goes back originally to early childhood nutrition, basically, at the place where they were born and raised in their early years, and then, of course, the lack of health care facilities for them at that time, probably the lack of early diagnosis of reading and hearing problems, which compounds itself as time went on. The other problem, of course, would be just unsanitary conditions and bad housing, dilapidated housing that they would live in, both here while they were working as migrants, and also back in Texas or their point of origin. These things all compound themselves, and they don't seem to get any kind of remedial help to stop it.

And when I looked at the statistics on education, I found that the average migrant had four years of education. Well, there again, they don't even get the benefit of a public health program in the schools that most kids get automatically, whether they can afford it or not.

MARCIA ALVAR: Do you see any improvement with the children in this generation of migrant workers as compared to their parents?

JOHN MILTON: Well, I think that it's probably true that the new generation statistically are getting about twice the number of years of education, and therefore they're getting some kind of public health nursing for twice as many years. There are some preschool clinics set up by OEO and in the past, the federal government has done in some rural areas and with some migrant groups. And I think that just the diet is better, the diet nutrition is better. So I would guess that the expectancy is going up, but it's still lagging way behind the average American. And so they're definitely a disadvantaged group in terms of health care, decidedly.

MARCIA ALVAR: The federal government just passed a occupational health and safety law. How does this help the migrant worker, or does it help him at all?

JOHN MILTON: It really doesn't help up here for another-- I guess it doesn't go into effect for another couple of years. And it has not generally been applicable to agricultural workers, even though their conditions on the farm are probably more hazardous than in any other kind of employment situation.

The two basic problems are industrial accidents, of course, which are something that OSHA deals with directly, and then the new one, which is one of working conditions, which deals with pesticides. There hasn't been too much done with pesticides here in the state of Minnesota, although I understand the MPIRG is beginning to do something. In the state of California, they have begun doing a lot with pesticides, and it's a very prominent issue out there. And the United Agricultural Workers are very much on top of it, and I think we're going to hear more about it here in the future. But OSHA does not cover either of those situations now, won't for a couple of years, and it'll be up to us, I think, to do as much as we can by regulation in the state of Minnesota, just by having maybe some legislators making noise about it and getting somebody out to take a look at it in the interim until we can pass a new law.

MARCIA ALVAR: One of the things discussed today seems to be the frustration of the workers. When they have a problem, what kind of channels are open to them? How can they get problems solved when they happen?

JOHN MILTON: Well, I think that disadvantaged and poor people always have a problem with regard to any kind of services because they're reluctant-- in the first place, they're not used or they're not in the habit of going to, say, a health care facility. Secondly, they're reluctant to-- they're inhibited from doing it because they think it's going to not only is it going to hurt, but it's going to cost something and they can't afford it. And thirdly, that they're spread out in Minnesota to the extent they're really decentralized over a number of communities and a number of counties, and not centralized, as they would be even in a target area in the inner city. So that where you have all the problems of access to health care for poor people in an inner city situation, you don't have the concentration of population and the ability to transport them to the facility with any kind of regularity.

So it's difficult to communicate with them. It's difficult for them to know about these programs. I'm sure most migrants don't know about the minimum wage, don't know about workman's comp applying to them now for the first time, don't know even maybe that a clinic does exist 10 or 15 miles away. And it's always a problem getting them informed and then getting into the habit of using. Being a user is something you have to learn because all of us in the middle class have learned. Family doctor, we've got a hospital, and it was the most natural thing in the world, if you're sick, to call up your family doctor.

In your family, for as far back as anybody can remember, you've never had a family doctor, where do you start? And you just don't. You just hope whatever hurts goes Away

MARCIA ALVAR: Most of the workers who come up to this area, the Moorhead area, come up with a contract made through a farmer and through either a sugar beet company or whatever company is contracted with the farmer. Does this help the migrant worker? Are these contracts substantive in terms of wages, health care, and those kinds of problems?

JOHN MILTON: I understand, if everything goes well, that it can be helpful and that the contract can provide for more than just the basic benefits. But I think the problems that can occur is that people can get sick and get into trouble, get problems. And then if it's wet, they have a bad growing season, and they can come out actually behind for the whole year.

And I don't think that the average grower makes it a point to-- doesn't take it upon himself to inform his workers on all the benefits that are available. It's just not something employers have done in the past. The private sector hasn't done a good job of doing that, even in the cities in industry. So they certainly don't do it out here.

MARCIA ALVAR: How much contact do the legislators in Saint Paul have with the individual farmers up here concerning these problems?

JOHN MILTON: Very little. I don't think anybody has really gotten into this until the last year or so. Senator Coleman has had staff people looking into it and have kept him informed about it. He's the Majority Leader in the Senate. And I've been kept informed of some of the developments because I was chief author of the minimum wage, and some of the migrant representatives did come up and testify in favor of the bill. And they were also up on the workman's compensation bill, so we heard more about migrants maybe this past session than we have in the past.

And with the federal government pulling out a lot of programs, we're hearing more about it because the state is being looked upon as being the resource to help continue these programs. And so again, we're getting caught in the middle of that and hearing a lot more. And in health care, I think the Senate is more active now than it has been in the past.

So we're going to be-- in fact, we're coming back out here, coming back out to this part of Minnesota, and doing-- the full subcommittee will be coming out later in the summer. And we'll be here and also in Northern Minnesota and Southern Minnesota, and getting out and having hearings and getting people in to tell it like it really is out in the fields and in the work camps and so on. So we'll be getting more raw data for what really is going on and what really is working or isn't working. And I hope that will give us the basis for legislation next session years to come.

MARCIA ALVAR: That was Senator John Milton, Chairman of the Senate Health Subcommittee, who attended the Migrant Conference. For KCCM in Moorhead, this is Marcia Alvar.