Living standards among all Peruvian workers are extremely low. These conditions exist because of the low wages paid most workers and are aggravated by the economic inflation which currently prevails. Although the miner is somewhat better off than the factory worker in Peru, because of certain employer-provided benefits, his low wage is insufficient to provide a decent standard of living. Diet deficiency, poor and inadequate housing, overcrowding and lack of sanitation—the usual accompaniments of low living standards—are widespread. This problem is made more acute by the high rate of illiteracy in the country, especially in the mining regions, and by the scarcity of educational facilities.

Much Sickness

The development of Peru's rich natural resources is seriously hampered by disease, the control of which has been limited by lack of funds and trained personnel. Tuberculosis is rampant throughout the country, considerably aggravating the silicosis problem. Because of impure water supplies and lack of sewage treatment facilities, enteric diseases are also very common. Mortality from respiratory diseases in Peru accounts for nearly 30 percent of the deaths in the country.

Hazards to health and safety abound in all Peruvian industry. In mines the chief health hazards are exposures to silica dust, sulfur dioxide, heat and high humidity, and fumes from blasting powder. Dry drilling and the handling of dry ores in the mines and mills are common practices. Mechanical ventilation is practically nonexistent, and natural ventilation is insufficient to cope with the dust problem even when wet methods are used.

In the manufacturing plants and in most of the mines and mills, safety hazards are created by obsolete and run-down machinery; unguarded moving parts; unsafe floors, stairways, and platforms; exposed electric wires; and poor ventilation and illumination.

COVER PICTURE—A calcium arsenate plant in the mountains of Peru, South America.



Reliable nation-wide statistics are not available in Peru on occupational diseases or on compensation costs for such diseases. However, data obtained from individual enterprises indicate clearly that industrialists spend hundreds of thousands of dollars needlessly because of the lack of a preventive program.

Labor Shortage

A corollary of bad working and living conditions is high labor turn-over which is a serious problem in Peru. All the mining establishments visited by Mr. Bloomfield are in dire need of labor. The compensation law which provides payments for partial disability from silicosis aggravates this situation, since it makes workers with early silicosis poor insurance risks, and therefore less employable.

Sanitation facilities in mines and mills and in manufacturing plants are wholly inadequate and in a poor state of maintenance. Water supplies, washing facilities, personal clothing lockers, and other facilities are completely lacking in many establishments and wholly inadequate in others.

Although medical services are available to most industrial workers, the standards of such services are very low. Preplacement examinations are given to workers in accordance with law, but no agency makes a careful analysis of these examinations in order to raise the health level of the working population. Practically no follow-up examinations are given, and, in spite of the fact that the chief health hazard in the mines of Peru is silicosis, only two of the surveyed mines use X-ray as a diagnostic tool.

Health Center Recommended

At the conclusion of his survey, Mr. Bloomfield recommended that the Department of Industrial Hygiene should take leadership in encouraging large industries to sponsor complete industrial hygiene programs of their own. These programs should include not only activities related to the control of hazards in the working environment, but also activities which will improve workers' general health. The industrial hygiene program should be, in effect, an extension of a general public health program and should make use of all health resources available in the community. For this reason, Mr. Bloomfield recommended the establishment of a health center in the most important mining area in the Central Andes. Activities of the health center—tuberculosis control programs, venereal disease control programs, and other health improvement activities, for example—can be brought to the industrial population through a plant's industrial hygiene program. The poor health of the mass of the Peruvian population makes this an urgently needed activity.

Corrective measures for the protection of the health of industrial workers are put in effect largely by private effort and with the use of private funds. The department's most important task, in Mr. Bloomfield's opinion, will be to show industry how to solve its own health problems. The department should help industry achieve a healthful environment; cooperate with and coordinate the work of all other public and private agencies involved in industrial hygiene activities; develop standards for healthful practices; collect and analyze occupational disease reports; and give impartial advice when it is needed for the adjudication of claims.

Progress Made

Several steps have been taken already to implement the 1947 legislation which authorizes medical and engineering control of health hazards. At Mr. Bloomfield's urgent recommendation the administration of the Department of Industrial Hygiene was placed under the direction of the Servicio Cooperativo Inter-Americano de Salud Publica. Mr. B. D. Tebbens, industrial hygiene engineer, was transferred from Bolivia to Peru to take charge of the program, and another engineer employed to assist him. A physician is now receiving training at Harvard preparatory to assuming leadership in the medical program for Peruvian industrial workers, and another physician is already on the job. A chemist from the Industrial Hygiene Division, USPHS, will be sent to Peru on loan for approximately a year to set up a laboratory, establish standard procedures and train personnel in chemical techniques.

SPNY 000315