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Meeting on 7 / 8 December 1978

ASBESTOS INTERNATIONAL ASSOCIATION

INDUSTRIAL MEDICAL ADVISORY PANEL

(jointly with Exec. Committee, lunch & p.m. 7 December)

Dr. S. F. McCullagh, ✓ James Hardie & Co. Pty. Ltd., Box 219 P.O., Granville, NSW, 2142.	AUSTRALIA
Dr. J. Lepoutre, ✓ S.A. Eternit, 2920 Kapelle-op-den-Bos.	BELGIUM
Dr. M. Lesage, ✓ Institute of Occupational & Environmental Health, Suite 410, 1130 Sherbrooke West, Montreal, PQ, H3A 2M8.	CANADA
Dr. G. Loison, ✓ Coordination Médecine, Eternit Industries, 59121 Prouvy.	FRANCE
to be appointed Dr. M. Neuberger ✓	GERMANY
Dr. R.B.K. Tucker, ✓ 18 Rockridge Road, Parktown, Johannesburg 2193	SOUTH AFRICA
Dr. W. J. Smither, ✓ Flat 29, Consort House, London W.2.	UNITED KINGDOM
Dr. H.C. Lewinsohn, (apologies) Raybestos-Manhattan Inc., 100 Oakview Drive, Trumbull, Conn. 06611.	UNITED STATES OF AMERICA

plus:

Observer - Dr. Lente Korsgaard ✓ (DENMARK)

Convener: Dr. R. Murray ✓
Quality House,
Quality Court,
Chancery Lane,
London W.C.2.

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AIA PUBLIC RELATIONS ADVISORY PANEL

Two suggestions which reached me recently throw some light on what the PR Advisory Panel's Scope might be.

1°- Dr Gaze, supported by Sir Neville, proposes to submit a series of 12 assertions frequently met with by one or another, to the Advisory Panel. The consultants would be asked to propose the best possible answers to these assertions.

2°- Dr Robock would like to ask the Panel's advice on the "Action programme DG 5 at the EEC".
These two recent exemples show that :
a - the PR Advisory Panel's creation came up to some expectations.
b - it is important to define precisely its scope.

I took the consultant's opinion : they think that it is necessary to delimit the problems which will be submitted to them.

Their opinion is that they will not be of great use if the main part of what is required from them only revolves around the language to be held. They think that problems of language only have importance if they are involved into action.

That is why they think that, to be really efficient, they should take into consideration the following concerns :

1 - How do the problems develop in public opinion, in each country (at least, the main ones). It implies that they should be kept informed about this evolution.

.../

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MEDICAL ADVISORY PANEL (MAP)

Convener: Dr. R. Murray

Chairman:	Dr. J. Gilson	(UK)
Members:	Dr. A. Ahlmark	(Sweden)
	Dr. E. Fournier	(France)
	Dr. B. Gandevia	(Australia)
	Dr. Muir	(IARC)
	Dr. H. Otto	(Germany)
	Dr. H. Weill or Dr. G. Wright	(USA)

"Corresponding" Members:	Dr. Clemmenson	(Denmark)
	Dr. A.M. Coetzee	(South Africa)
	Dr. Y. Hasoda	(Japan)
	Dr. Lacquet	(Belgium)
	Dr. J. R. Ruttner	(Switzerland)
	Dr. P.V. Pelnar	(Canada)
	Dr. Vaglini	(Italy)

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2 - What are the kind of actions which the executive committie would advise the AIA members to set up in their countries, or at the level of AIA itself.

3 - Which position should be adopted, and which action should be undertaken in front of the international reglementary organisms (particularly the EEC).

4 - What are the scientific works presently in progress in different countries (sponsored by the industry or others..).

This set of preoccupations may require a relatively important work by mail, and will require at least 4 annual meetings to be held along the necessities.

In the present state of affairs, it seems better that this activity remains financed by each country which delegates a consultant :

- Germany and Austria for Mr Riedl
- Belgium for Mr Cypres
- France for Mr Valtat.

November 27th, 1978.

JHM 07455

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STATEMENTS THAT REQUIRE ANSWERS

1. Asbestos is a highly dangerous material.
   It is a carcinogen for which there is no safe lower limit.
   It has killed and will continue to kill large numbers of people.
   Many thousands will die.

2. Even a low dose - or working only for a few hours with asbestos - may represent sufficient exposure to be fatal.

3. There is asbestos everywhere : in the home; in the streets; in offices; in work places. So everyone is at risk.

4. The public is at risk from asbestos liberated from asbestos building materials and brake linings.

5. The amount of asbestos found in people's lungs today is higher than it was in 1949 and is apparently increasing. Even if the amount is insignificant today, sooner or later it will not be.

6. Because of the subtle nature of cancers, the difficulties of diagnosis, and other factors, many more people die from asbestos exposure than we think.

7. It is dangerous to work in asbestos plants.

8. Asbestos should be banned. It can easily be replaced.

9. Blue is a special danger.

10. Families of workers are at risk.

11. Drinking water is contaminated by asbestos cement pipes.

12. Industry measuring methods and figures do not report the very fine fibres which are invisible in the light microscope and are the most dangerous.

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