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AINT Industrial Medical Advisory Panel

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reprinted on 8.5x11 paper]

~~ATA/11/1901~~

~~ATA/11/1901~~

~~dated 13 November 1978~~

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:

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

Observer - Dr. Bente ✓
Korsgaard
(DENMARK)

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MEDICAL ADVISORY PANEL (MAP)

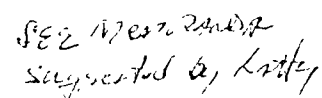
Convener: Dr. R. Murray

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 (USA)
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)

Jimmy



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JHM 07451

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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- 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.

JHM07455

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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ASBESTOS INTERNATIONAL ASSOCIATION

PUBLIC RELATIONS ADVISORY PANEL

C. X. Latty, (Chairman)
Latty International S.A.,
82 rue St. Lazare,
75009 Paris,
France.

Eric Cypres,
Cypres, Donck et Ass.,
19 rue Guimard, Bte 6,
B-1040 Brussels,
Belgium.

H. Riedl,
Intermanagement,
Hannplatz 3,
1190 Vienna,
Austria.

Yvon Turcot,
Intercommunica,
2050 Rue Mansfield,
Montreal, Quebec,
Canada, H3A 1Y9.

Marcel Valtat,
Communications Economiques et Sociales,
10 Avenue de Messine,
75008 Paris,
France.

to be nominated - UK

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ASBESTOS INTERNATIONAL ASSOCIATION
Agenda item 5, 11th Executive Committee
Meeting

FORTHCOMING CONFERENCES

1979

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|----------------------|---|
| 24-27 January 1979 | Seminar on Cancer and Environmental Pollution,
Brazilia (Ministry of Health, Brazilian Government)
(Drs. Selikoff & Higginson among speakers) |
| 4-7 March 1979 | International Conference on Critical Current Issues
in Environmental Health Hazards, Tel Aviv
(Dr. I.J. Selikoff - Chairman) |
| 10 & 11 April 1979 | Symposium on Asbestos, University of London
(Dr. Selikoff and Mr. W. Simpson, Health & Safety
Commission are among speakers) |
| 25-27 September 1979 | Symposium on the Biological Effects of Mineral
Fibres, Lyon (International Agency for Research on
Cancer/Pneumoconiosis Unit, Medical Research Council,
Penarth) |

1980

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|--------------------------|--|
| 26-30 May 1980 | 4th International Conference on Asbestos, Turin |
| 9-12 September 1980 | Fifth International Symposium on Inhaled Particles
1980, Cardiff, Wales (British Occupational Hygiene
Society) |
| Proposed
1980 or 1981 | Proposed Conference to Consider the Biological
Effects of Asbestos - UK (proposed by SPAA) |

EEC/CANADA - ASBESTOS

Points or fields of a possible co-operation, in the context
of the Canada/EEC Minerals and Metals Working Group.

1. To set up a reference catalogue of on-going and past research including results of such research which could be up-dated at suitable intervals.
2. To research the incidence of cancer in certain localities in Canada with a view to extrapolating the results to low exposures, including the designation of EC experts to validate the methodology of this epidemiological study.
3. Exchange of information and possible collaboration in experimental studies in both Canada and the EC on the biological effects of asbestos fibres with a view to determine the relationship between tumor incidence and fibre exposure.
- 4.a) Research into techniques of measuring fibre concentrations from existing or new products with a view to reducing fibre emission from them.
b) Research into the development of new safe products.
5. Establishment of common techniques and regulations for safe transportation and "handling" of asbestos fibre.
6. Research into the demolition of buildings and disposal of asbestos containing waste (bags included).
7. Research into the improvement of techniques and instrumentation for the identification and routine measurement of levels of fibre in the environment, and in the work-place, including harmonization of fibre definition.

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Echange d'informations sur les techniques de contrôle des émissions et leur incidence économique.

8. Harmonization of labelling for asbestos-containing products.
9. Exchange of information, exchange of scientists, common research projects, organization of workshops. Participation d'experts canadiens (comme observateurs) dans les deux panels de la C.C.E. (Asbestose et Mésothéliome).

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10. Establishing co-operation on industrial level, particularly in processing of asbestos fibre, which could also encourage the development and marketing of existing and new asbestos products.

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