Aphekom press conference, Vienna, May 7, 2009

Introduction by Dr. Sylvia Medina
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Thank you for taking the time to attend our press conference, especially when so much attention is being focused on a possible flu pandemic.

As you will see, our subject concerns a threat that is a more silent killer than the flu and has major consequences for the quality of our everyday lives and for our long-term health.

I'd like to start by providing a little background on air pollution and the *raison d'être* of the Aphekom project.

In 1952 a devastating smog in London killed 4,000 people in just a few weeks from exposure to industrial pollutants such as sulfur dioxide and black smoke.

That episode led European regulators to set standards that have dramatically reduced levels of these pollutants.

Despite these reductions in industrial pollution, however, the levels of pollutants from other sources have increased over time, mainly from road traffic, as you know. Like all major European cities, Vienna is not immune to this problem.

More recently the European Commission has introduced standards to limit emissions of other pollutants, like particles, nitrogen dioxide, ozone and other gases.

But today's reality is that pollution continues to harm the health of Europeans, shortening their lives by causing some 350,000 deaths annually; triggering asthma attacks in children and adults; and contributing to cardiovascular and respiratory diseases, among others.

At Aphekom we believe that a major reason more effective steps have not been taken to combat air pollution is that many groups lack the knowledge and understanding they need to address this threat effectively.

These groups include decision makers, health professionals, NGOs, patients organizations and the general public.

These gaps in knowledge and understanding prevent decision makers, in particular, from planning and implementing measures that better protect public health.

Typical examples of these gaps include:

How many chronic and acute cardiopulmonary diseases could be prevented if fewer Europeans were exposed to air pollution from road traffic?

Or, what are the health benefits and monetary gains achieved from implementing legislation designed to reduce air pollution?

So the question is then, how can we as scientists help improve the situation?

I strongly believe it is our duty as public-health professionals and scientists to both improve stakeholders' understanding of this threat, and stimulate dialog between them and us.

For this reason, over two and a half years Aphekom's 60 scientists in 25 cities across Europe will develop and deliver new, reliable and actionable information and tools tailored to their needs so decision makers can set more effective local and European policies, health professionals can better advise vulnerable groups, and individuals can make better informed decisions.

It's worth noting that the Aphekom project benefits from the solid foundation of the Apheis network, created 10 years ago.

Now I'd like to turn the floor over to my colleagues Hanns Moshammer, in charge of Aphekom's communications tasks, and Nino Künzli, coordinator of the work package on novel approaches to health impacts and policy.

Christophe Declercq, Pat Goodman, Yorghos Remvikos, who are in charge of the other scientific work packages, and the rest of us will then be glad to answer your questions.