

have estimated that consumers are willing to pay \$0.70 per meal to upgrade to a safer meal in experimental auction markets (Shogren 1993, Hayes *et al.* 1995). Moreover, consumers are not homogeneous; increasingly, special populations such as people with HIV/AIDS, the immunocompromised elderly, and pregnant women face higher risk of acquiring foodborne diseases than others. These groups may be willing to pay even more than \$0.70 for a safer meal.

The costs to society of foodborne diseases as computed by the COI method may comprise only a portion of society's willingness to pay to reduce such diseases. However, government agencies can act pragmatically to estimate the individual cost components of foodborne diseases while continuing to develop new theory, methods, and tools to estimate the value of food safety more comprehensively.

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