have estimated that consumers are willing to pay
$0.70 per meal to upgrade to a safer meal in experi-
mental 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 food-
borne 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 comput-
ed 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 food-
borne diseases while continuing to develop new theo-
ry, methods, and tools to estimate the value of food
safety more comprehensively.

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