

THE BIG IDEA

GEORGE GRAY AND DAVID ROPEIK

What, me worry?

You have a better chance of getting killed by lightning than by anthrax

To most of us, risk is simply the likelihood that something will happen, a matter of probability. But to a risk analyst, a risk to your health is the probability that exposure to a hazard will result in a negative outcome of varying consequence. Exposure matters because even the most hazardous substance isn't a risk unless we're exposed to it. Hazard matters because we need to know whether the substance in question does any harm, and how much. The consequence — the severity of the outcome — matters because even if the probability of an outcome is extraordinarily low, it's still a serious risk if the consequence is high. (There are also

high-probability, low-consequence risks. Seventy-six million Americans will get food poisoning this year, but most will only suffer an upset stomach.) The science of risk analysis is an inherently risky business. It relies on scientific disciplines like toxicology and epidemiology, powerful tools that can provide only imprecise results. Of course, how we respond to risk — with a shiver or a shrug — is based as much on emotional factors as on statistics. Terrorism threats present a special challenge. Risk analysis considers all the variables, quantifies each, and multiplies them together to come up with a final risk number. But when the variables are as uncertain as they are with

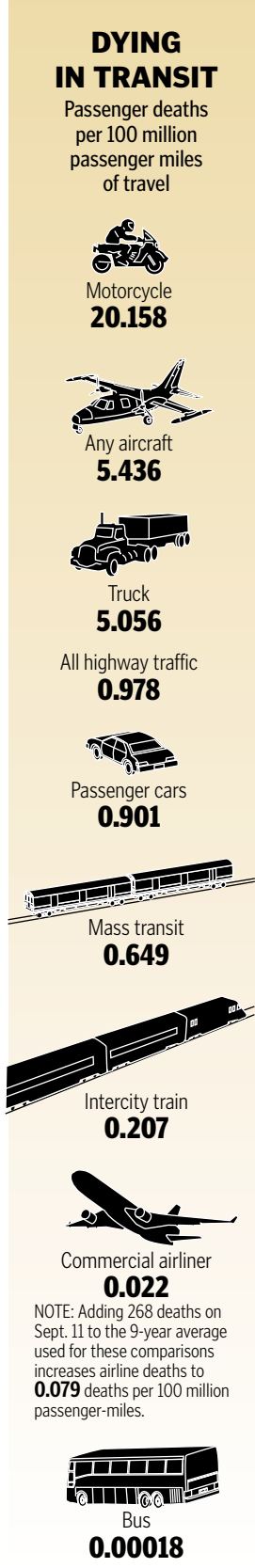
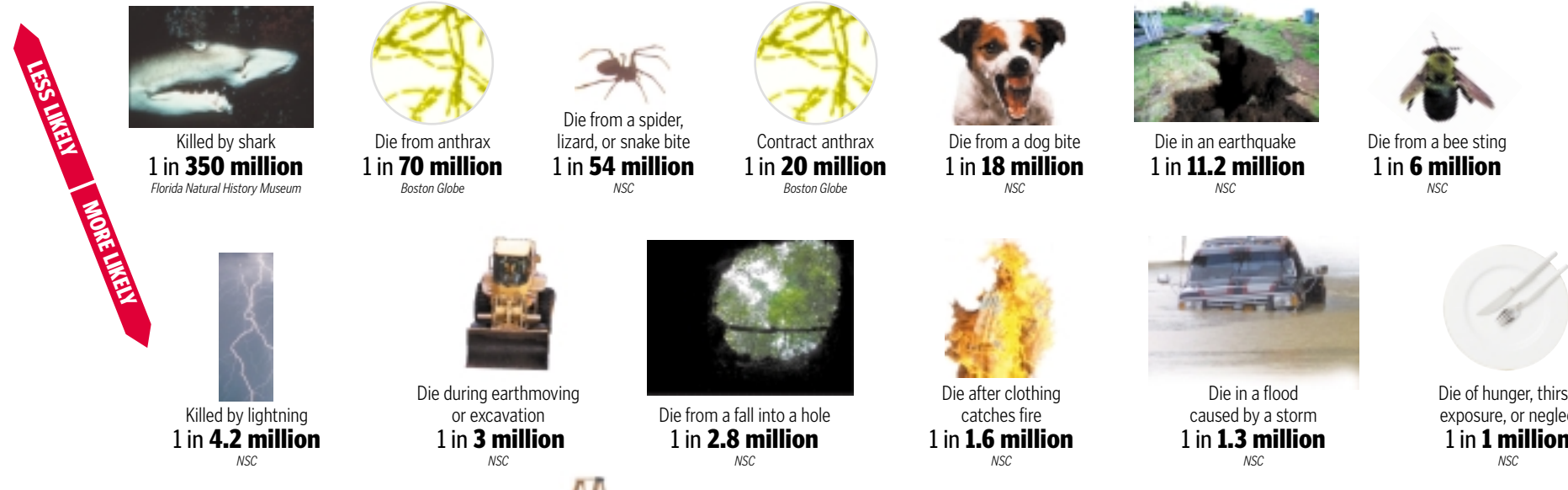
terrorism, risk analysts can't come up with a reliable number. Any risk calculations shown on this page reflect only our experience so far and will shift to reflect shifting realities. Sometimes, when there are victims to count, good old simple math is enough. Add up all the deaths from a particular cause, divide them into the total population, and get the risk of an average American dying from that cause. Of course, there is no such thing as that imaginary average American. Your risk is almost certainly higher or lower than that number. When there aren't actual victims to count and we want to know what our risks might be, we use toxicology. Scientists expose cells in a dish or animals in a lab

to a potentially hazardous substance, see what happens, and extrapolate those results to humans. That's imprecision number one, because no matter what you might think of some people, humans are not identical to rats. Imprecision number two comes from the doses the animals are given. Each day for their whole lives test animals get more of the suspicious substance than you or I would get in our entire lifetimes. These megadoses allow researchers to detect the most subtle impacts without having to use millions of test animals. But it is a basic tenet of toxicology that the dose makes the poison. Too much of almost anything can kill you. The size of the dose, rather than the hazard itself,

might be causing the outcome. That's imprecision number two. Imprecision three arises because toxicology is done in a controlled lab, testing one agent at a time. That's very different from the soup of hazards to which we are exposed in the real world. Since we can't do toxicological tests on humans, risk analysts also use epidemiology, the science of observing health outcomes among populations of people, measuring the hazards to which they were exposed, and trying to figure out which of those hazards most likely caused the outcome. But epidemiologists can never be sure they've included all the possible hazards the test population might have been exposed to. And they can never be sure precisely what the

actual levels of exposure were. Epidemiology is shrewd detective work, but it almost never finds the smoking gun of firm proof. Like toxicology, it's imprecise. You may be reassured to know that in the face of these knowledge gaps, risk analysts make conservative assumptions and assume the worst. That's protective, but it's also imprecise. So read risk analyses with a bit of caution. The numbers are instructive, but it's risky to put your faith in them as absolutely accurate. **George Gray and David Ropeik are Acting Director and Director of Risk Communication at The Harvard Center for Risk Analysis and co-authors of a forthcoming consumer's guide to risk.**

ONE-YEAR PROBABILITIES FOR ALL AMERICANS Actual probabilities vary with individual circumstances



NOTES ON CALCULATING THE ODDS

- Probabilities from the National Safety Council and from the National Center for Health Statistics represent the US population in 1998 divided by the number of deaths attributed to each cause for that year, the most recent for which statistics are available.
- Deaths by occupation are calculated by dividing the

