

On risk, responsibility, and knowing what ails us

In which we ask a member of the Trinity community to speak out on important issues of the day. You are invited to respond with your opinions.

By James Trostle, professor of anthropology and chair of the Anthropology Department

No one can fail to have been shocked by the campus tragedy at Virginia Tech in Blacksburg, on April 16. Thirty-two murders and one suicide created an indelible blot on that academic landscape. The gunman was clearly responsible, but what about the gun store that sold him his weapons or the Wal-Mart that sold him his ammunition or the legislators who made it so easy to purchase and own handguns? The second-guessing began almost immediately: Why did two hours pass between two deaths and 30 more? Were the university police responsible? Was the college administration? The news media are still full of these questions as I write this a week after the event, just as they are full of stories about lives cut short and expressions of condolence and solidarity.

On April 18, two days after Blacksburg, at least 171 citizens were killed by bombs in Baghdad. In January of this year, more than 70 people were killed by a combination car bomb and suicide bomber at Mustansiriyah University in Baghdad. Where were the expressions of institutional solidarity over that event, the outpourings of sympathy, the questions about fault

and responsibility?

Some of the answers to these questions can be found in fundamental ways that we think about risk, with strong cultural overlays about the relative importance of individual versus social responsibility.

Researchers such as Amos Tversky at Stanford and Paul Slovic at the University of Washington have studied how the U.S. populace decides what external events to worry about. They have learned that we do not do a very good job at estimating the risks that our environment or our behavior really pose to our health. We fret about large disasters with catastrophic consequences, and we forget about exposures to small irritations or accidents that are more likely to occur. That is, we worry about reactor meltdowns more than radon gas; chemical plant explosions more than smoking; and airplane crashes more than drives to the airport. Every year, new and frightening epidemics of bird flu, Ebola virus, or anthrax capture headlines and kill thousands, while old and familiar epidemics of heart disease, cancer, malaria, and diarrheal diseases kill tens of millions. The first group is the equivalent of a lone gunman making headlines, while the second is the equivalent of a long war.

In explaining why we focus on the unknown event with dreaded outcomes more than the known event with outcomes that are not so anxiety-provoking, it is wrong to conclude merely that we are poor estimators of risk. As a medical anthropologist who has studied disease transmission in many places around the world, I have observed dramatic differences in how groups ponder and assign responsibility for health and mortality to individuals or families or larger assemblages of people. In some places, especially the United States, values of individualism and personal responsibility sometimes limit awareness of how much groups shape the behavior of their members. We tend to act as though health is primarily a function of individual knowledge and personal choice. In fact, it is also a function of our neighbors' health and behavior, and of the differences and similarities among us. Public health research shows that the overall health of human groups grows worse as economic relationships among those humans grow more inequitable. (See Michael Marmot's 2004 book *The Status Syndrome* for more details, or the writings of economist Amartya Sen.) In our own country and worldwide, the broader

the gulf between rich and poor, the worse health is for all.

So how do we know what ails us, and where should we look to make changes? As a professor interested in his students' health and safety, I teach about both individual and social behavior. We talk in class about alcohol abuse and AIDS exposure, but we also talk about how pharmaceutical companies create diseases like baldness and social anxiety disorder—and treatments for them. We debate the utility of needle-exchange programs as interventions to prevent AIDS, using antibiotics to make cows gain weight, and creating health-related policy interventions to reduce economic disparities. In these discussions we become more self-conscious about health-related decisions, but also more aware of how media and fashion and a policy environment and a global economy constrain or expand what we consider to be our options. The goal is to look beyond spectacular headlines to an underlying and less visible, but still mortal, structural and political violence that endangers many more.

When we mourn the dead students in Blacksburg, let us also mourn those in Baghdad. And when we consider questions of individual responsibility for illness and mortality, let us also attend to questions about social and political responsibility for such suffering.

James Trostle is chair and professor of anthropology. He joined the Trinity College faculty in 1998. He is the author of *Epidemiology and Culture*, published in 2005 by Cambridge University Press. Trostle has been studying global health for more than 25 years, and consults for the World Health Organization, the Pan American Health Organization, and various institutions in Latin America. With financial support from the National Institutes of Health, he is currently involved in a five-year study of health and social change in coastal Ecuador. He was senior author of a paper about that study that appeared in December of 2006 in the *Proceedings of the National Academy of Sciences*.

Your turn to speak out

What is your position on the issues raised in this essay? Send your e-mails or letters to Drew Sanborn, Office of Communications, Trinity College, 300 Summit Street, Hartford, CT 06106 or drew.sanborn@trincoll.edu. Responses will appear on the *Reporter* Web site at www.trincoll.edu/AboutTrinity/News_Events/reporter/

Why Trinity?

To be active in Hartford



The College's educational and social atmosphere was foreign to me as a first-year student. I am Tibetan, but came from a New York City public high school into Trinity's small liberal arts setting. It was a difficult transition to learn how to be in a small discussion-style classroom. However, each year I have learned to take advantage of the personal guidance available. I have worked on two independent studies with professors. In the first, I worked with visiting Tibetan nuns who were creating a "sand mandala;" and in the second, I wrote a series of personal essays about Trinity's social climate. I love that Trinity is situated in Hartford. In my last semester, I took the course "Hartford through Film," and discovered the rich history that has created this city. I have participated in our annual "Do It Day," and I have also been part of the Adolescent Mentoring Program and Dream Camp, mentoring Hartford's youths. Trinity has taught me to be proactive about looking for my interests and ways to help. I hope in the future to implement the writing and communication skills I have developed at Trinity into journalism and public relations in an urban setting, in the Hartford area if possible. **Tenzin Dharlo '07**



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