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Abstract

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big data, community, information, access


My tiny New Hampshire town has been squabbling over closing its sanitary landfill for three years, and the main stumbling blocks to agreement are a lack of reliable information and a mistrust of experts. Because this book reports on exploratory studies of the use of community risk profiles (CRPs) as an aid to grassroots decision making on issues with technical components, I was interested in reading it.

The book mainly comprises a summary report, a background paper written by Dr. Wernick and two case studies suggesting possible approaches to the generation of CRPs. In the background paper, Wernick concludes:

Would the quality of health and environmental research and the provision of public... services differ greatly if we take the "community as the patient" as the basis for approach? We believe the answer is yes.

One case study by Lenny Siege discusses how community task forces in Silicon Valley reached consensus in evaluating risks against a list of criteria. However, I doubt that this approach would have helped the citizens of my town decide what to do about our landfill. It seems far too complex for ordinary citizens and may have worked in Silicon Valley only because of the extraordinary educational level of its citizens.

Another study by Theodore S. Glickman explains how geographic information system (GIS) computer programs were used to investigate whether environmental risks have been inequitably allocated to minority and low income neighborhoods in Allegheny County, Pennsylvania. It demonstrates that GIS programs have great power in generating useful information, but how does that information get to the grassroots?

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1 At 34.

6 Risk: Health, Safety & Environment 373 [Fall 1995]
The summary report describes a CRP as providing:  
information resources sensitive to local concerns and suitable  
for multiple and continuing uses... In particular situations, it  
may be used to help a community reach consensus on risk  
priorities. But this is not the justification for its existence. It  
is a more general tool for both prognosis and diagnosis.

I am troubled by this. The idea of community as patient may  
 improve the quality of thinking about health and environmental issues.  
 However, as a community member, I want to be treated as a partner  
 not a patient. It seems to me that any model failing to be more  
 participatory than even the best doctor-patient relationship does not  
 represent ideal decision making in a democracy.

Also, I am troubled by informational tools that cannot be  
 understood by most community members — particularly if the tools  
 are not equally available to everyone. For example, last summer I  
 worked for a community group attempting to monitor whether banks  
 were redlining (discriminating against certain neighborhoods or  
 communities). GIS software made it possible for the banks themselves  
 to determine if they were doing so, but the software publisher would  
 not sell to community groups because of a perceived conflict of interest.

Community Risk Profiles relates how important work is addressing  
 the risk management needs of specific communities. But I would have  
 preferred some attention to the gaps that separate experts and citizens. I  
 hope that future work along these lines will focus more on the needs of  
grassroots members of communities than on communities as a social  
organism.

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2  At 20.
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a paralegal in a legal aid program for the poor for thirteen years.