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Abbreviated CV:

I received my Ph.D. in socio-cultural anthropology at UCSD in 1990, after which I completed post-doctoral studies in medical anthropology at Case Western Reserve University. My first faculty job was at New Mexico State University; I moved from there to the University of Durham, in England. In 1996, I took a post in the Cancer Prevention and Control program at UCSD, and in 1999 I moved to Children's Hospital, San Diego, where I currently oversee or collaborate on various quality improvement, evaluation, and research projects. I also oversee the center's major publication projects.

In addition to numerous peer-reviewed articles, I have authored, co-authored, and co-edited eight books, including *The Cultural Context of Health, Illness and Medicine* (1997, with Martha Loustaunau), *Using Methods in the Field* (1998, with Victor de Munck), and *The Endangered Self: Managing the Social Risk of HIV* (2000, with Gill Green). The latter received the 2001 'Medicine and People' award. As I am an applied anthropologist, my work has been disseminated in not only anthropological contexts but also within the health care arena to research, policy, program, and service audiences.

Previous research:

My initial health-related risk research investigated magic/religion and the perceived risks to health of anti-social or culturally inappropriate behavior. This research, carried out in Jamaica, focused mainly on women's reproductive health but also concerned male and female sexual health in general. Back in the USA, I began to focus on HIV/AIDS and I did so from a health education and prevention perspective. I was particularly interested in the cultural basis for people's inability to see themselves as at-risk for HIV infection or as risky to others. My research with disadvantaged women revealed much about the social risks HIV/AIDS and I followed with a project concerning the ways that men and women with HIV/AIDS navigate or deal with these risks.

Present research and interests:

My research now focuses on child health. For various reasons, including the differential epidemiology of childhood disease and disability, rather than to focus on one health issue, most of my work takes a non-categorical perspective.

In regard to risk, I am currently very interested in patients' or the public's mis/trust of health care professionals, the processes by which such trust is built and maintained, or undermined, and how the individual's creation of trust differ in relation to his or her health status and the 'medical necessity' of the care s/he seeks. I am particularly interested in the rhetorical rationalization of biomedical risk. While I am currently examining this in parents/patients, I also would like to examine it amongst practitioners.

Other interests include:

- Patient-parent-practitioner communication

- Children with special health care needs (especially those with cancer, cleft lip, or Down syndrome)
- Tailored environments for optimizing health and well-being
- Patients' and families' experiences of, and functional acculturation to, the world of biomedicine
- Developing rapid qualitative assessment methods for use by and for health care workers

Links to space/location:

I am excited about expanding our understanding of the links between health-related risk perception and space/location in a way that moves beyond simply linking environmental exposure to health risk. For example, I would like to learn more about how people rationalize the risk of living in a 'dangerous' area (of course taking into account the political-economic dynamics entailed). I am even more interested in increasing my understanding about how people create, modify, and deploy meaning regarding the 'risk' or 'danger' of certain places, such as hospital emergency rooms, clinic waiting rooms, parks, and health clubs, and how this varies with health status and other factors. I also am interested in the role of place/location in relation to health-related *social* risk, such as the variable social risk felt by children with cleft lip or cancer, or parents of children with Down syndrome. Finally, I am most interested in broadening my understanding of other possible ways to link risk perception with space/location, especially in relation to child health and child health services.