

WOODSIDE settles trails dispute. Town will pay \$10,000 and set up system to improve public access to town e-mails. Page 9

The Almanac

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FOOD & DRINK:
Winter is the season for that ultimate comfort food, macaroni and cheese.
SECTION 2



DOCTORS & DIVERSITY

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HANNAH VALANTINE,
PROFESSOR AND DEAN AT STANFORD
MEDICAL SCHOOL, PROMOTES
DIVERSITY AND
LEADERSHIP ON THE FACULTY

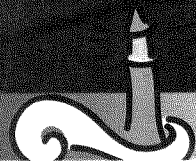
NEWS THIS WEEK

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mural project in China is featured in a San Francisco museum exhibit. Page 11

MENLO PARK:

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Dr. Hannah Valentine's through journey DIVERSITY

STORY BY MARION SOFTKY Almanac Staff Writer



Ladera resident comes
from West Africa's
smallest country.
Now she's professor
of cardiology at
Stanford's medical
school, and its newest
dean, promoting
diversity and leadership
on the faculty.

Think diversity? Dr. Hannah Valentine has been there.

Born in Gambia, educated as a cardiologist in London when women were expected to stay home and have babies, now a medical star at Stanford, Dr. Valentine has conquered minority status all along her path.

Now she's a professor of cardiology at the Stanford University School of Medicine and heads clinical research in its post-heart transplant program. Yet she still takes time to help other women, minority, even non-minority, faculty members to forge the same kind of success she has achieved.

As if she didn't already have enough to do, Dr. Valentine has accepted a newly created post as senior associate dean for diversity and leadership in the medical school. She will work half-time toward the goals of attracting more women and minorities to the faculty, and ensuring that all junior faculty members become able to succeed in their careers.

"At the very least, our faculty should represent the proportion of minorities and women in the general population," says Dr. Valentine, a twang of London still in her voice.

Dr. Philip Pizzo, the medical school dean who appointed Dr. Valentine, says he created the post because he wanted the school to have a "focused effort on this very significant challenge."

Dr. Frances Conley, who went public in the 1990s about sexism in the Stanford medical school, hailed Dr. Valentine's appointment.

"She's absolutely fabulous," says Dr. Conley, who moved from Woodside to Sea Ranch after retiring from Stanford and the Palo Alto Veterans Affairs hospital. "This position won't be just a feather in her cap. She'll take it and run with it — which is great."

The need is obvious. At Stanford, 55 percent of medical students are now women, Dr. Valentine says. But only 25 percent of faculty members, and 8 percent of full professors, are women. "We are not catching up," she says.

The situation with minorities is more com-

plicated. While 22 percent of current medical students are under-represented minorities, Hispanics and blacks make up just 10 percent, according to Dr. Valentine. On the junior faculty, a number of Asians and Asian-Americans are coming up through the ranks of assistant and associate professors, but the number of Hispanics and blacks remains low.

The 308 full professors at the medical school include 18 Asians or Asian-Americans, six Hispanics, and one black — Dr. Valentine. "Stanford is really committed to improve diversity on the faculty," she says. "It's a real challenge."

Banjul to London

Thirteen is not an easy age.

Thirteen was particularly hard for Hannah Valentine. In 1964, she moved from Gambia, mainland Africa's smallest country, to London with her parents and five brothers and sisters. Her father, a retired government administrator, was tapped to become ambas-



Stanford Medical Center has created a new position to become leaders in their fields. Dr. Hannah Valentine



Retired flight attendant Lynn Milteer, whose heart transplant is failing after 10 years, values Dr. Hannah Valentine's warm, personal touch. Besides treating patients and teaching doctors, Dr. Valentine studies the failure of hearts after transplant through a combination of echo-cardiograms and biopsy.

The Almanac/Carol Irie

sador from the newly independent country.

"I had a sense of being different," Dr. Valentine reflects 40 years later. "At 13, you don't want to be different."

London was different, too, from Banjul, the capital of Gambia, where Hannah grew up in a family compound full of jostling kids playing games and sports and contests. She was also a top

student and leader at school.

"I have very good memories of my family home," she recalls. "That completely disappeared in London. It was a difficult transition."

In confronting her new sense of isolation, and of being different, Hannah learned important things that helped her then, and now help her help others. She was a top student, even in England, and soon qualified for a first-class girls school affiliated with Westminster Abbey. But she was lonely there, too; out of 600 girls, there were two minority students: one from India, and one from West Africa — Hannah Valentine.

Later, Hannah attended Chelsea College at the University of London, and graduated with a degree in biochemistry.

At first, she wanted to be an airline pilot, but that career wasn't open to women. So she turned toward medicine. "I loved anything to do with circulation; I wanted to do research," she says.

Black and female, in med school

Medicine in England was still pretty much a man's world when Hannah Valentine entered medical school at London University. She was a leader and did well — until she told colleagues she wanted to become a cardiologist.

They scoffed at the idea of a black woman becoming a cardiologist, she says with a chuckle. "They said, 'Are

you crazy?'"

Dr. Valentine recalls that at that time, the overriding feeling was: "What was the point of training women? They get married and have babies."

Nevertheless, Dr. Valentine persisted. She trained in cardiology at Royal Brompton Hospital, which specialized in hearts and lungs. Later, she spent two years at Royal Postgraduate Hospital at Hammersmith, and two years doing research.

A major key to Dr. Valentine's success — mentors — is something she wants to strengthen at Stanford. "I found some great mentors, white men who believed in what I could do," she says.

Dr. Valentine recalls vividly how she got her first residency by a stroke of luck, a fluke. She had made the short list for a residency, but was not picked. Then the successful applicant went away for a couple of weeks, and she was offered the job temporarily.

She was such a success in those two weeks, the hospital administration

arranged for her to stay. "I got in and never looked back," she says. "Once there, they support you; it's one of the best."

That experience speaks to another need Dr. Valentine sees at Stanford. "We should teach women and men to seize the opportunities that come up," she says. "That's part of the equation."

By the early 1980s, Dr. Valentine was ready for her "BTA" (been to America) degree, which was considered crucial training in the field of cardiology.

In 1985, Dr.

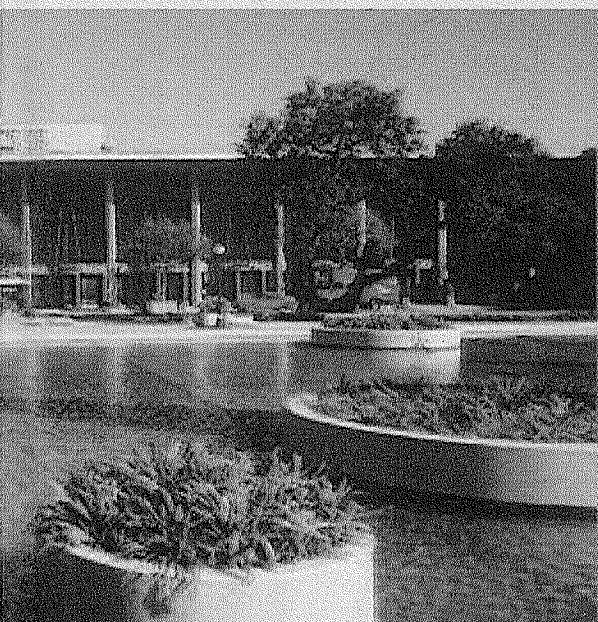
Valentine came to Stanford, already a Mecca in the field of heart transplants, for a year as a research fellow. Twenty years later, she's a full professor.

"I really felt my career path would be more supported here than it would have been in England," she says.

Probing the heart

In the cardiovascular clinics at Stanford, the atmosphere seems to brighten

"At the very least, our faculty should represent the proportion of minorities and women in the general population."
DR. HANNAH VALANTINE



Courtesy of Stanford Medical Center

to increase the diversity of its staff and train its young doctors. is the first senior associate dean for diversity and leadership.

See DIVERSITY, page 14

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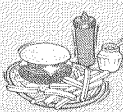
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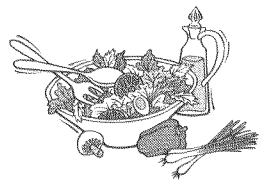
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DIVERSITY

continued from page 13

whenever Dr. Valentine stops by.

Lynn Milteer, a retired flight attendant whose transplanted heart is being rejected after 10 good years, chats warmly with her; you can feel the bonding. "I love her," says Ms. Milteer, who hopes to benefit from treatments Dr. Valentine has developed at Stanford.

In another treatment room, a computer monitor shows Ms. Milteer's heart pulsing sinuously. This is an echo-cardiogram, a technique that Dr. Valentine has developed at Stanford. "The beauty of an echo-cardiogram is it's non-invasive," she says.

The flexing image on the screen is an ultrasound map of the heart. It allows Dr. Valentine to detect specific spots where the transplanted heart is being rejected by the patient's body. "It tells how well the heart is functioning," she says. "You can tell it's not working well. A month ago it was much more vigorous."

The echo-cardiogram is followed up with a biopsy to confirm the diagnosis. "We can predict the early stages of rejection so we can increase the dose of immune suppression drugs," Dr. Valentine explains. "Transplant patients take immuno-suppression drugs for the rest of their lives."

Dr. Valentine's research focuses on why the arteries of a transplanted heart tend to block up after a transplant. She is in the fourth year of the research, funded by a grant from the National Institutes of Health.

Dr. Valentine has been pursuing the hypothesis that a virus could be causing the early rejection of transplanted hearts. "Our preliminary results suggest the virus becomes activated in the blood after a transplant, so the patient's risk of acute rejection is increased," she explains. "So five years after a transplant, you can end up with blocked arteries in a young heart."

During her 20 years at Stanford, Dr. Valentine has also been active outside the clinics and laboratories. In 1990 she married a Frenchman, Denis Von Kaeppler, who works as a consultant in information technology. They live in Ladera with two daughters, Ericka and Natasha, and a series of cocker spaniels.

Why diversity?

Dr. Valentine knows from her own experience how women need greater flexibility to succeed in medicine, and also care for children. "They need more clarity about what they need to do to be promoted," she says.

Dr. Valentine hopes to bring this sensitivity not only to women and minorities but to all



Courtesy of Dr. Hannah Valentine

Dr. Hannah Valentine, left, and her family enjoy their Ladera garden. The others are Natasha, Ericka, and her husband, Denis von Kaeppler, together with cocker spaniels Ola, Max and Rocky.

jun-
ior
fac-

ulty, who often feel lonely, isolated, and unsure of their future careers.

"One of the big problem areas is to make sure that all faculty have an opportunity for success within the medical school," she says. "They need career development, leadership training, opportunities for promotion. We can do a lot better."

Dr. Valentine is focusing on building institutional support in three areas:

- Education in managing diseases that may affect different races and genders differently.
- Treatment that recognizes these differences and also respects cultural differences.
- Research, where it is important to include these differences.

"In clinical treatment, you need to enroll people from different ethnic groups, so you can see if treatment works across racial and ethnic lines," she says.

Mentors are high on Dr. Valentine's to-do list. Her own mentors — including heart transplant legend Dr. Norman Shumway — were crucial to her success.

"You need more than one mentor," she says. "We want to look specifically at training men-

tors to be more effective, and being sure everyone has mentors, and coming up with a method of evaluating mentors."

Well-organized and to the point, Dr. Valentine is overflowing with ideas about how to improve career paths in the medical school. Every faculty member should have an individual career development plan for the next seven years.

"It's not that difficult," she says. "Once it's clear, you have a road map. That helps take out the stress."

There is also a need for more social programs to address isolation, so that junior faculty can share experiences, network, develop bonds, and engage with senior faculty. The alumni can help. "Simply getting together is the first phase," she says.

One topic not on Dr. Valentine's agenda is the sexism and sexual harassment that plagued Dr. Conley during her decades in the Stanford medical school. That has already been addressed through a variety of mandatory training programs, she says. "Sexual harassment has become a non-issue."

Dr. Conley, who left Stanford in 1997 and wrote a scathing book, "Walking Out on the Boys," tends to agree. "Stanford has improved a great deal since my day," she says in a phone interview from her new home in Sea Ranch.

Dr. Conley admires Dr. Valentine and believes she will be able to improve the environment for recruiting new faculty members and improving their success at Stanford.

"She is unique — intelligent and outspoken," Dr. Conley says. "She is very beloved by students, and by patients also."

Dr. Conley stresses, "I hope they will continue to increase the number of women faculty and minority faculty."

"Medicine is such a touchy occupation," Dr. Conley says. "It's very inhibiting not to have a role model who can show you it's OK to touch across skin-color differences, and across gender differences." ■

Stanford medical students

55% ♀ 45% ♂

Stanford medical faculty

25% ♀ 75% ♂

Stanford full professors

8% ♀ 92% ♂

Source: Stanford School of Medicine
Women are entering Stanford medical school far faster than its faculty is responding. While 55 percent of medical students are women, women make up only 25 percent of the faculty, and 8 percent of full professors.