

The first in her family to attend college, **Sharon Hostler r**eceived the Jay Gould Fellowship, a full merit- and need-based scholarship to Middlebury College in Vermont. From those origins, and overcoming tremendous obstacles, she built a pioneering career in academic medicine at the University

of Virginia — transforming not only patient care, but also the way academic physicians are educated, trained, hired, paid, and promoted at UVA and around the nation.

Hostler joined the School of Medicine faculty in 1970, after completing her residency in pediatrics and a fellowship in pediatric hematology at UVA. One of a handful of women at the time, she none-theless was appointed associate professor and earned tenure in 1976. Eleven years later, she was promoted to full professor, and a year after that, she became the first woman to hold an endowed chair in the School of Medicine — the McLemore Birdsong Professor of Pediatrics.

Her own career firmly established, Hostler began to find ways to help those coming behind her. In 1986, she was appointed to the University's Taskforce on the Status of Women. Perhaps more significantly, she was appointed chair of the School of Medicine Committee on Women in 1988, whose landmark report resulted in major restructuring of promotion and tenure guidelines, faculty development, and academic reviews.

As Senior Associate Dean for Faculty Development from 2003 to 2007, she led the creation of programs to enable faculty growth and career development and founded the Academy of Distinguished Educators to recognize and promote teaching in the medical school. She found a clinical home at what is now the UVA Child Development and Rehabilitation Center, where she served as medical director until 2003.

President John T. Casteen appointed Hostler Interim Executive Vice President and Dean of the

# In Her Words

## Dr. Sharon L. Hostler

medical school in 2007. The following year, she received the Thomas Jefferson Award, the highest award bestowed on a member of the UVA community. Those who nominated her cited not only her excellence as a pediatrician and educator, but her longtime service to the University and the School of Medicine, her pace-setting work in faculty development, and her advocacy on behalf of women and gender equity. She retired from the University in 2017.

### WHY DID YOU COME TO UVA?

I came because my husband to-be, Alan Dimock, had moved from Cape Cod at the Woods Hole Oceanographic Institute to Washington, DC. I was spending my fourth year of medical school in Puerto Rico as an acting intern. I made a mid-course correction, pulled out of the match where I had hoped to go – Boston Children's Hospital – and asked my mentor in Vermont to find me a place near DC. I ended up at the University of Virginia, sight unseen. I came down and met the chair in late April and started my internship in July of 1965.

### WHAT WAS UVA LIKE WHEN YOU ARRIVED? HOW HAS IT CHANGED SINCE THEN?

When I arrived here, it was this beautiful university town. I was fortunate, through connections at the hospital, to live in a guesthouse out on Garth Road, in the middle of Farmington Hunt Club. There didn't appear to be any poverty or any discrimination as I entered. However, I worked at the hospital, and the emergency room was the front door of this community. And there was an incredible amount of sexism, racism, domestic violence, classism, and poverty. There was a disconnect between what I did during the day and the social environment in Charlottesville.

The hospital had been segregated then. The 1965 Civil Rights Act required that hospitals be integrated. There was never a discussion of that here, so there was no preparation and there was tremendous resistance. It had to be done apparently by July of 1965, which is when I arrived. My first rotation was in the nursery, and no one had explained that there was this resistance. I was always in trouble with the nurses about the way that I carried the babies to visit the mothers.

And finally, I was told, six weeks in, that I was "taking the colored babies through the area where there were white mothers" and that and I needed to go around that perimeter because "the white mothers shouldn't be seeing black babies."

There were some real issues between women in early in medicine and the nursing staff, but I would say that over the years that nurses have been my biggest supporters. We've moved mountains within medicine. I think about Jeanette Lancaster, Dean of Nursing, and Dorrie Fontaine, who brought compassionate care into our discussions at the same time that we were doing some parallel pieces in medicine.

There was one other woman at that time who was a role model for me, Dr. Carolyn M. Brunner [Professor of Medicine]. She was cool and neat in her white hose and coat. We finally met in the cafeteria and had coffee, and

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# In Her Words

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her advice was, "It's a lot easier to follow the rules." And I had a hard time learning how to make change from within the system. I did a lot of being on the outside.

Carolyn was the first woman who was president of the clinical staff in the early days at the hospital. She worked within the system and was recognized by our peers. When I was really ranting and raving about salary inequity and about promotion and tenure for women at the School of Medicine in the early '80s, on Carolyn's recommendation, we went to visit the Association of American Medical Colleges. We said that we believe there

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is significant discrimination among lots of domains of academic medicine, and they told us we needed data.

It was Carolyn and I who then badgered the Dean and, finally, at least two years later, he gave us a Committee on Women to look at the status of women: students, residents, and faculty at the School of Medicine. So, it was Carolyn who made me follow the rigor and follow the rules, rather than just being on the outside.

# HOW DO YOU THINK DIFFERENT ASPECTS OF YOUR IDENTITY, INCLUDING BEING A WOMAN, IMPACTED HOW PEOPLE RESPONDED TO YOU IN YOUR POSITION?

I was there for 50 years so it was different at different times. When I came, being a Yankee was much more negative than being a woman. My persistence and being kind of an independent woman and competitive, and probably more assertive, didn't help.

When I was given the McLemore Birdsong chair, somebody said, "Dr. Mac is turning over in his grave that there's a woman in his chair." I said, "Hell no. If he's turning over in his grave, it's because there's a Yankee in his chair." I didn't have much social grace and that did not stand me in good stead.

I think the characteristic that probably helped me was that I cared so much about my pediatric patients. In the early days, I trained as a pediatric rheumatologist when kids died of leukemia. We were in the very early trials, and so everyone died either of the disease or of our treatment. The sort of dignity and the love of being included at the bedside and at the funerals was honorable. Learning from my role model, Dr. William Thurman, it wasn't just about the medicine, it was that these families didn't have a choice. There was no treatment, and their kids were going to die, but they volunteered to follow the protocols. It was an incredible gift to other kids who would reap the benefits later and to science.

### WHAT KEPT YOU GOING IN MOMENTS OF ADVERSITY?

I was an only kid from a family on the wrong side of the tracks in Rutland, Vermont. To become a doctor was my goal from age twelve.

My uncle died when I was in second grade. He was laid out in our living room. My grandfather died when I was in the fourth grade. I took care of him as he died and was with him alone when he died. My father came back to die at home with Hodgkin's when I was in between sixth and seventh grades. I took care of him when he died. During that time there were two important doctors in my life, Dr. Ryan and Dr. Smith.

Being a doctor was very important for me. It was against all odds, and that identity was tremendously important. My husband was fantastic. My husband was my first example of unconditional love, although we never lived together because he was always at a distance. He was my number one.

He was killed an airplane crash in 1974. In many ways, the community came around me at that time, couldn't let a young widow with these kids fail. That's when the women in this community really circled me with the safety net. Women older than I, wives of people within the administration, came together and just didn't let me fail at that point.

# WHAT ADVICE WOULD YOU GIVE TO A WOMAN IN A SIMILAR POSITION TODAY?

It's okay to ask for help. But I didn't know how to ask for help when I was young. What a waste! But there was no way that I had that capacity. As a result, I've worked really hard throughout my life to make sure that there are places to go to confidentially ask for help and to be supported.

# HOW DO YOU WANT TO BE REMEMBERED? WHAT LEGACY DID YOU LEAVE THAT YOU'RE MOST PROUD OF?

Taking on the promotion and tenure system at the University and School of Medicine was the most significant academic thing I probably did, where we disassociated promotion to associate professor and the award of tenure. We expanded definitions of what scholarship meant so that it was integrative. Those two things made a huge difference for the physicians who are not in the laboratory, those who were not protected, to have what they did at the bedside and the clinics and their publications in their teaching go onto the next generations.

The other thing I have to say is that my students and my residents became family for me. The relationships I have with them, especially the women who are in academic medicine, have been the most rewarding. It's not over ... these women are still facing tremendous obstacles, especially trying to take care of family and patients with COVID.

I think my legacy would be about faculty development, which started with advocacy for women and recognizing that faculty, men and women, needed skills for living within the larger university and academic system. Leadership wasn't just a title – it was about a set of behaviors.

The University of Virginia has been my life. What a privilege it has been to be a small part of the changes in support of children, women, and faculty.



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