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Legends and Legacies Book Chapters

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*Vickie R. Shannon, M.D.*



**Professor of Pulmonary Medicine**



*Vickie at three months*



*Washington University  
MEDICAL SCHOOL  
Graduation*

*Vickie rejoiced with classmates when  
they graduated from Washington  
University Medical School in 1983.*



*Her mother, second from left, and  
Vickie enjoyed lunch on the River  
Walk in San Antonio with Vickie's  
nephew Kamron and nieces Leanne  
and Bryanna.*



My decision to become a physician was not fueled by any single pivotal event but rather by a series of unique circumstances, literally starting at birth, that has decisively underwritten my career choice and anchored my commitment to this profession. I was born in St. Louis, Missouri, at a time when St. Louis and the rest of the nation struggled with the prominent issues of race, racism, and the social upheavals of the civil rights movement and affirmative action. By the time I was born, the civil rights movement had already started to unravel some of the stiff racial inequalities that plagued this nation. Yet there were still rules, both tacit and overt, that dictated all forms of racial inequalities, from where blacks were born to where they were buried.

All of my older siblings had been born in the designated “black” hospital in St. Louis. Following the delivery of my older sister, something had gone terribly wrong. My mother lay in a pool of blood for hours, barely conscious, only yards away from the ignoring ears and eyes of the nursing staff. Several surgeries and several weeks passed before she finally emerged from that hospital, vowing to never go back there again. Two years later, with quiet determination and unruffled dignity, she rolled into Barnes Hospital, one of St. Louis’ “white” hospitals, to deliver a 3.5-pound, premature baby girl she would name Vickie — me.

Sitting in the kitchen at age 14, I was mesmerized by Mother’s recounting of the events leading to my birth. She spoke of her outrage following her near-death experience after the birth of my sister, not knowing at the time that this would be the necessary evil that would fuel her resolve to demand future health care elsewhere. She spoke of countless arguments with my father, who, fearing devastating consequences, insisted that she not “rock the boat.” She recalled being nearly consumed with fear — which she veiled with stoic determination — as she entered the emergency room at Barnes, in labor after only 7 1/2 months of pregnancy, and how her emotions degraded to despair after sitting for more than 24 hours in the nearly empty waiting room after several failed attempts by the emergency room staff to redirect her and my father to the “black” hospital. Her eyes widened and voice quivered as she recalled the enormous amount of life-sustaining medical support and expertise that I required during my first few months of life — care that was at that time only available at Barnes — and how without these series of events, divinely timed and coordinated, my life would have been impossible.

What makes this story even more remarkable is an understanding of my mother’s personality. Mother has always been a very soft-spoken, sweet-natured woman with an incurably demure personality. Although she witnessed many heinous acts of racism while growing up in the South, the

anger and oppositional spirit just were not in her. No matter how right my siblings and I were or how passionately we articulated our position during skirmishes that occurred in and outside our home, she would never miss an opportunity to drill into us the values of tolerance, temperance, personal responsibility and deferred gratification. For me and my older (and more rebellious) siblings, who grew up in the 1960s, those values fostered personal decorum and protected us from the harsh social upheavals that defined that period.

I guess the notion of becoming a physician first occurred to me at Grandmother Ella's funeral. I was 11 years old. Ten days before she died, Grandmother had been rushed to the hospital for management of hypoglycemia. She was diabetic. Two days later, the family was called into her hospital room, and a tall, gaunt physician with a scraggly blonde beard and a vacant stare told us that Grandmother had died "of natural causes."

Grandmother was a cheerful, hardworking woman who was the gravitational pull in the family. Born into very meager beginnings, she and my grandfather learned to be extremely resourceful. They could stretch a dollar bill to 10 times its value. This resourcefulness, coupled with a climate of racism that denied blacks easy access to stores, fostered self-reliance. My grandparents used these stumbling blocks as their stepping-stones. Grandmother made all of their clothing; all food, including milk, cheese, vegetables, meats, poultry and fish, were products of their farm. Even the furniture was made from trees on the property. Their thriftiness paid off. By the time my grandparents were 40 years old, they were financially comfortable. Their only major indulgence was the purchase of an expansive acreage of farmland with majestic trees whose branches stretched over large clear lakes — Mother Nature's swing sets and diving boards. Every summer, all of the grandchildren converged on our grandparents' house for a boisterous two weeks of fun under the sultry Mississippi sky. Being a city girl, I found the freedom inherent in rural living to be unmatched. It was better than going to Disney World. Years later, reminiscing with my cousins about the "good old times" in Mississippi, we were all struck by the amount of discipline and hard work my grandparents maintained to keep a farm of that magnitude running smoothly and by how they insisted on managing the farm themselves, even though they by then had the financial wherewithal to hire outside help. Even more remarkable was their ability, through sweat, pluck and brains, to rise above the circumstances of their birth and the discriminating hands of larger society.

Standing at my grandmother's gravesite, overwrought with grief, I was struck by the sheer number of people in attendance — elderly couples, young families, single women with children, children who had come alone. All had come to pay their respects to the diminutive, gray-haired woman

who had somehow affected their lives. They spoke of her unyielding spirit and her charity — not in the sense of pity or simple handouts, but as something more committed, more demanding. They spoke of her home as a welcoming source of refuge for the homeless, the sick and the frail. And they spoke of her indelible inner strength, buttressed by a fundamental faith in God, and of how that faith sustained her during the loss of her husband and several children. I walked away from the gravesite not depressed, but inspired, knowing that her legacy of charity and benevolence would somehow survive through me. I had always held a certain fascination with the sciences and had done well in these subjects in school. Melding my love for the sciences with my desire to carry on Grandmother's legacy of charity through a career in medicine just made sense. Grandmother's death may have *inspired my desire* to become a doctor, but it was her immortal teachings of perseverance, drive, discipline and charity that would *sustain my interest* in medicine through the years.

I was a junior at Smith College in Northampton, Massachusetts, pondering choices for medical school. Should I stay on the East Coast? Cover new ground on the West Coast? Go back to St. Louis or other parts of the Midwest? Then, it finally hit me with undeniable clarity: I would enroll in Washington University School of Medicine. That university's teaching hospital was Barnes Hospital. The irony of it all was almost laughable: I would return to the institution that had nearly rejected me at birth. The physicians who were willing to foreclose on my life 20 years earlier would now become my mentors, teaching me how to heal others. My life had come full circle.

During my senior year at Smith, my brother died. Stanley, a policeman and father of three, was murdered while on duty. His death blanketed the family with silent, unspeakable agony. In the weeks and months that followed, I immersed myself in academic and volunteer work. One of the most memorable places where I volunteered was at a homeless shelter for battered women and their children. I was hired as a junior counselor. To this day, I do not know what inspired me to work at that facility or how I even found the place. It was a small facility, strategically nestled in wooded hills in a remote area outside Northampton. My sheltered "*Leave it to Beaver*" upbringing had not exposed me to or prepared me for any of the assaults and losses these women and children had experienced. In the weekly counseling sessions, the women spoke of horrendous losses: their homes, livelihood, and for some, even their health and children had been destroyed. No matter how painful their stories were, however, not once did I hear bitterness or a sense of vengeance in their voices. A recurring theme that emerged from many of these sessions was their faith in God — but not faith as I had known it. Having attended a Baptist church while growing up, I understood faith as

an abstract entity that one called upon to circumvent death or comfort the weary. In the final hours of my brother's life, I was angry that my prayers and faith had not changed his outcome. For these women, however, faith was something that was unconditional and, therefore, more enduring, more tangible. They lived out their faith, understanding that their relationship with God was not conditioned by having Him submit to their will but rather by their submitting to His will. By the end of my senior year, I was sorry to leave. I may have been hired as their counselor, but the people at that shelter taught me so much. Although I learned a lot at Smith, some of my most precious lessons were discovered outside the classroom.

I took these indelible lessons with me as I matriculated to medical school at Washington University, and they have helped guide me throughout my life. One of the mistakes that I made early on at Washington University was not finding a mentor. Attribute it to the filtered values of self-reliance from my grandmother or to my mother's teachings of discipline and personal responsibility; I wrongly thought that mentorship was a waste of time. I was busy attending class, tutoring underclassmen, volunteering at my church and a local nursing home, and playing tennis. Sitting with a mentor, I thought, would only add to an already overburdened week. In retrospect, I realize that I was wrong. A good mentor can be a valuable lifeline, offering assistance with issues ranging from academics to eateries. A good mentor would have suggested that I not overburden myself (as I did) with too many extracurricular activities during the earliest stages of my training. Certainly, a mixture of academics and extracurricular activities is healthy, but crafting a balance between the two is something that a more seasoned person who had gone through a similar experience might have been particularly helpful in facilitating. Even more important than having smarts and knowing where to find the best pizza parlor, a good mentor must have several durable, but frequently elusive, attributes: authenticity, honesty and empathy. These qualities distinguish mentors as leaders and true mentorship as a mission rather than a business. As time passes, I find myself looking for and appreciating these qualities more and more, internalizing and integrating them into my own moral code.

Towards the end of my medical school training, I began to wrestle with choices for internship and residency training. I had boiled it down to two areas: obstetrics/gynecology and internal medicine. I loved assisting with deliveries during my obstetrics rotations but also found the more cerebral aspects of internal medicine appealing. Finally, I decided to apply for an internship and residency in internal medicine, thinking that the thrill of delivering babies at 2 a.m. might eventually wane. My choice was a good one. Upon completion of my residency training, I accepted an offer for fellowship training in pulmonary and critical care medicine at my alma



mater, Washington University. There, I met Dr. Michael Holtzman, chief of Pulmonary Medicine at that time and a brilliant scientist and mentor. I worked in his research lab for two years during my fellowship, studying the role of arachidonate products in the development of airway inflammation. Although I found the research exciting and even published original articles in scientific journals under his tutelage, bench research was for me too incremental and too far removed from direct patient care. Around this time, I was also growing tired of St. Louis. I knew that I wanted to remain on staff at an academic center, but I desired to venture into other parts of the country.

I must admit that I came to M. D. Anderson Cancer Center on a whim. I had been invited for an interview and came for what I thought would be a quick weekend. More than a decade later, I am still here. I take pride in the work I do here and the contributions I make to patient care, teaching, and clinical research. I enjoy the academic environment here, which is bustling with students, residents, fellows and colleagues who are intelligent, curious, intense, critical, anxious and excited. These qualities magnify the many challenges of teaching, a role that I thoroughly enjoy. Most of all, I love my work as a clinician. Often, the pace is frenetic, and the days are long and unpredictable. This type of schedule is embedded in a career in pulmonary and critical care medicine. It comes with the territory. That's O.K. — as long as I know that, at the end of the day, my work has positively affected my patients' lives. Making a difference in these patients' lives while they maintain hope and dignity in the direst of circumstances has been a personally rewarding experience for me.

Last year, for the first time in the history of M. D. Anderson, two African-American women were promoted to the rank of full professor. I was one of them. The immediate reaction of many of my colleagues (after offering their congratulations) was "Why did it take so long for a black woman to be promoted to this position?" For this question, I have no rightful answer. I do believe that, as in other aspects of achievement among blacks, what deserves focus is not the number of blacks that failed to succeed but rather those who succeeded against all odds. The promotion is a milestone for me as well as for M. D. Anderson and is a reward for my hard work and accomplishments in and outside of the hospital.

My work in hospital and community-based volunteer programs has grown out of a need to give back to a larger community in a world in which such basic needs as food, clothing, housing, education and health care are distributed unevenly. Career Mentors, a program for impoverished, inner-city elementary school systems, is one such program to which I have devoted my time almost since first arriving in Houston. This initiative allows students to regularly interact on a one-on-one basis with a diverse group of professionals,



including lawyers, physicians, nurses and businesspersons. Such networking opportunities have proved invaluable to these students, touching their lives well outside the classroom. I am also a long-term volunteer for the King Foundation preceptorship program, a summer program at M. D. Anderson for bright high school students in the Houston area. I have enjoyed working with these students and have found their research projects interesting. Students who have completed the program under my preceptorship have gone on to such schools as Duke, Harvard and Johns Hopkins and continue to excel academically. After completing the program, many of these students not only have considered career paths as physicians but as physicians in academic medicine. Those kinds of declarations come at a remarkable time, when uncertainties in funding, salary differentials and debt threaten the growth of the medical field. I am not sure when I transitioned from being a mentee to a mentor. Hopefully, through my leadership and advice, I can help students seeking mentorship avoid some of the gratuitous mistakes I made during that period of my training.

I grew up in a large, traditional family. Mother's charitable arms, a quality that she no doubt got from her mother, made our family appear even larger. I assumed during my childhood that my adult life would mirror that of my parents — that I would marry, have a career, have children and live happily ever after. And I am blessed with an exciting career that I love, but marriage and children have not materialized. As a single woman, I have stitched together a priceless network of friends and family that satisfies my need for meaningful relationships. My extended family includes adopted family members like Iliasu, a precious 5-year-old Nigerian boy whom I have sponsored for the past three years with money for food, clean water, clothing and education — items that many of us take for granted. I plan to meet him for the first time when I travel to Nigeria this summer. He's excited, and I am ecstatic about the prospect of our meeting.

Closer to home, I have helped take care of my brother Bryan and his young family. Although most of my family members have done well, rising tides do not lift all boats evenly. Bryan, a gifted musician with a promising career, developed heart failure following a heart attack at age 32. Suddenly, his life as he knew it was unrecognizable. With career derailed and a subsequent divorce, he became the custodial parent for his three small children, trying to make ends meet on a meager disability income. Although meeting the financial and spiritual needs of Bryan and his family while maintaining my own life here in Houston has been challenging, a larger challenge has been establishing boundaries that distinguish helpful assistance from disabling welfare. Striking this balance is important for Bryan to grow as a father and as a productive member of society. So, although I have no biological children, hopefully I have been a positive influence in many children's lives.

And marriage? Well, I'll just settle for two out of three for now.

Sometimes being a single physician is like winning the lottery. Distant relatives and long-lost friends come from near and far with suffocating demands on your time — *but only if you let them*. It is easy to tilt the scale too heavily towards work or to become consumed with other persons' issues if there is no immediate family to go home to. Whether it is weighing competing claims of work and family or work and other demands on your time, finding a balance between competing demands is imperative. Striking this balance is no less important for a single person. It requires setting boundaries and making personal time a priority. I was years into my career before I finally learned this lesson and was able to say “no” without feeling guilty. One way to free up time is to hire other people to do certain domestic jobs. This was another source of guilt for me. For example, at the start of my career I refused outside domestic help, thinking that as a single woman I should care for my home by myself. But the truth is, I don't know any woman — married or single — who after a 12-to-14-hour work day revels in the idea of going home and mopping her floors or cleaning her toilet.

I recall following my grandmother's funeral the conversation with my sister, Yolanda, when I announced to her my notion of becoming a doctor. “You should do what makes you happy,” she said. Over the years, the sense of what makes me happy has become more clearly defined. As a physician and mentor, what makes me happy is the knowledge that, in some demonstrable way, I have been able to help people live their lives with some measure of dignity and that my career has allowed me to reach persons in my family and community that I would not have been able to reach otherwise. My advice to those at crossroads in their careers is to pursue what makes you happy. Pursue the career that would continue to hold your interest even if there were no monetary incentives. Find mentors and create a circle of support to help you as you develop your career, and hold on to the dream with dogged conviction. Use stumbling blocks as your stepping-stones.

