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TRIBUTE TO MICHAEL SHANNON, MD, MPH, FAAP

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TRIBUTE TO MICHAEL SHANNON, MD, MPH, FAAP

By Sarita Chung, MD, FAAP

A Reflection on Dr Michael Shannon (1953–2009)

As we approach the 10th anniversary of Michael Shannon’s passing it remains difficult for me to recall this painful event. In 2009, I was a junior attending with a young family pursuing an interest in this new area loosely referred to as “disaster medicine.” I remember feeling lucky and honored to be practicing emergency medicine at Boston Children’s Hospital—but even more privileged to have Dr Michael Shannon as my mentor. We had just received an EMSC grant to analyze and create a family reunification system using leading edge computer science algorithms for photo identification.

For those who may not have known him, it is hard to separate the visceral impact of Michael’s magnetic, physical presence from his leadership style. With his perfect dancers’ posture, ready smile, and colorful bow ties, he always seemed to energize and motivate those around him with warm words of encouragement as well as setting the highest standards through his own personal example. But in his physical absence, it remains telling that Michael Shannon’s true legacy lies in the quality, prescience, and lasting impact of his ideas and advocacy. Among many, many examples that validate this point is the evolution of this important book: *Pediatric Terrorism and Disaster Preparedness*, a book for which Michael was one of the three original editors and for which I am deeply honored and humbled to join George Foltin and David Schonfeld as a coeditor.

Many critical ideas put forth in this book today are continuations of concepts that Michael helped develop and for which he passionately and articulately advocated. One such example—the critical importance of integrating the needs of children throughout all phases of a disaster cycle—is now more commonly understood by federal, state, and local governments. By extension, the need for hospitals to implement pediatric-specific disaster plans that include carefully considered protocols for decontamination, triage, and family reunification remains particularly urgent as the number of mass casualty events continues to rise. Michael was one of the strongest voices of advocacy for the research and development of effective pediatric countermeasures to better protect children from biological, chemical, and radiological events.

Michael was also a role model for life. He impressed upon me and my colleagues that while practicing academic medicine at the highest level was important, other aspects of life also needed to take priority. Michael was devoted to his family. He always found ways to be available for his children’s activities and performances and would occasionally leave national meetings or events to fly home, so he could have dinner with his family. His love of dancing showed the importance of sustaining interests and passions outside of medicine. And when everything simply got too complicated with overscheduling, Michael taught me the importance of flexibility—on a few occasions, impromptu meetings at the gym turned into brief work sessions (with exercise). Whether for a complex academic question or a simple parenting tip like how to better coax a fussy infant to sleep, Michael’s door was always open.

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Tribute to Michael Shannon, MD, MPH, FAAP

As I now play my own role in the tradition of teaching and mentoring each new group of PEM Fellows and junior staff, I seek to emulate Michael in all the ways I possibly can (though perhaps not as a dancer!). While I will always carry with me the sad memory of his passing, the weight of this sadness dissipates with time and slowly but gradually, transforms into a feeling of deep and sustaining gratitude to have been taught by a mentor as gifted, visionary, and big-hearted as Michael Shannon.

Sarita Chung, MD, FAAP