

# The Unfinished Symphony

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By Steven Krug, MD

I can no longer exactly recall how I learned of Michael Shannon's death on March 10th, the day will likely forever remain a blur. Although we had met many years earlier, I had the great fortune to partner with Michael as an external reviewer for the PEM program at the Hospital for Sick Children in 2005. Over those 2 days in Toronto, we got to know each other fairly well. I had previously been aware that Michael was a remarkable person, I just never knew until then how truly special he was. I remember musing on my journey home that I had met the "Renaissance Man."

Michael and I next collaborated as charter members of the American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council (DPAC). I was appointed as a DPAC member as I was the out-going chair the AAP Committee on Pediatric Emergency Medicine, had advocated strongly for the Academy to enhance its participation in the national disaster forum, and knew a little bit about emergency readiness. Michael was appointed to the DPAC as he was clearly the expert. Although I thought I was reasonably familiar with the scope and content of this field, I quickly learned that there was much more that I did not know than what I did. In reviewing the impressive body of his work, and from numerous meetings and phone calls, Michael became one of my primary teachers.

Working with Michael Shannon on the DPAC was a great privilege. It is difficult to say what I found most impressive, the breadth of his expertise, his stalwart commitment and staunch advocacy for children, his tireless work ethic, his superior writing and eloquent speaking skills, his thoughtful intellect, or his ability to lead and inspire others. Among a group of excellent people, I believe he was our MVP.

He was a true quadruple threat and one of those rare overtly brilliant people who did not make others feel bad about their lower IQs. The profound sense of loss that permeates his colleagues, mentees, friends, and family in Boston (and around the world) has also been perceived nationally in his many areas of specialty expertise. As we quickly surmised when it came time to fill Michael's position on the DPAC, there are just some things one cannot replace.

When I decided that Pediatric Emergency Readiness should be one of the 2009 issues of *Clinical Pediatric Emergency Medicine*, it was only natural to ask Michael to serve as the guest editor. He quickly agreed to help, although ever the mentor, asked if me if I would be willing to work with Sarita Chung as the guest editor and he would assist as her advisor. Michael also offered to also write an article for the issue, the title would be "Pediatric preparedness for disasters: where are we now? Current challenges and future directions."

Shortly after his death, Sarita shared with me the draft of this article that Michael had developed, containing an outline and the first couple of introductory paragraphs. It seemed only fitting that we assist our colleague, mentor, and great leader finish this work. Sarita and I reached out to the pediatric disaster readiness community, from which so many have collaborated with (or have been mentored by) Michael. The result, which was completed with extraordinary enthusiasm and determination, is contained in this issue.

Much like the manuscript that many have come together to complete, disaster readiness, and in particular pediatric preparedness, represents a team effort, a work in progress, and very much an unfinished symphony. There has been great attention and many dollars directed toward various aspects of emergency preparedness in the United States since 9/11. Since then, catastrophic storms involving the Gulf Coast, the Indian Ocean

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American Academy of Pediatrics Disaster Preparedness Advisory Council.

Clinical Pediatric Emergency Medicine.

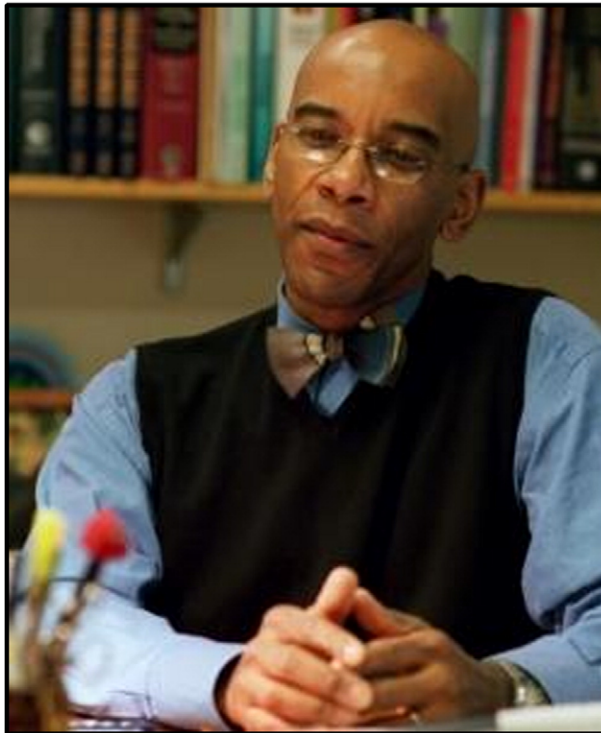
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tsunami, and numerous other natural disasters have reminded us of gaps in our response to mass casualty events, and in particular, our ability to meet the unique needs of children. The ongoing presence of terrorism and the threat this poses to our children is another reminder. Most recently, the H1N1 pandemic is a reminder that certain threats may primarily target our children.

Thanks to Michael and others, government agencies, public health departments, and professional organizations at the federal, state, and local level commonly (although not yet always) consider children and the involvement of pediatric experts and advocates as they plan for mass casualty

events. Although the outcome is uncertain, the formation of the National Commission on Children and Disasters offers hope for the continued advancement of pediatric care needs in all levels and aspects of planning. We have indeed come a long way since 9/11, yet this particular event is more like a marathon; there is a great distance that remains to be covered.

It is my hope that this issue of *CPEM*, which is dedicated to the memory of Michael Shannon, will promote a greater understanding of the unique needs of children and families, and inspire all involved parties to consider those needs as they plan for disasters. ☒



**FIGURE 1.** Dr. Michael Shannon.

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