

# A Mother's Loss — And a Grandmother's Warning

How a public health crisis hiding in plain sight took the life of a young woman.

By **Diane Shader-Smith**

OPINION

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My daughter Mallory should be here, living the life she fought so hard to stay in. Instead, I'm telling her story.

Mallory lived with cystic fibrosis (CF), but that isn't what killed her at 25. The cause of her death was a drug-resistant bacterial infection, one that outpaced the very antibiotics designed to save her.

Her doctors had done everything right, used every tool available. And then one day in 2016, one of them looked at us and said, "The antibiotics aren't working anymore." He gave us a minute to absorb this news and then said, "We're out of options."

At the time, I believed this was our tragedy, the cost of CF. We couldn't grasp that we were victims of a much larger crisis: antimicrobial resistance (AMR) — one of the top global health threats facing humanity, according to the World Health Organization.

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Most people don't know that we're living in a world where antibiotics, the foundation of modern medicine, are quietly losing their power. The acronym "AMR" feels like part of the problem. It makes something urgent sound technical, distant, and easy to ignore.

What it *actually* means is that infections that used to be treatable are becoming untreatable, or that antibiotics aren't working as well as they once did. In AMR, bacteria reproduce so quickly that random mutations occur, and any mutation that helps a bacterium survive an antibiotic gets passed on — like natural selection in fast-forward. Resistant bacteria defeat antibiotics by changing the target the drug attacks, or producing enzymes that destroy the drug entirely.

What makes this especially dangerous is that bacteria can share those resistance genes directly with other bacteria, spreading that ability across species rapidly. Every unnecessary use of antibiotics accelerates this process by filtering out the susceptible bacteria and leaving the resistant ones to multiply — which is why overuse is such a serious global health threat.

AMR means that routine surgeries like hip replacements and C-sections are riskier, and cancer treatments are more dangerous. A simple infection can spiral into something life-threatening. The safety net we've all come to rely on — the idea that there will always be a drug that works — is starting to fray. Resistance evolves relentlessly: like water rusting steel, it slowly renders every antibiotic less effective.

This means that we're not just fighting misuse, we are racing against biology itself. Without continuous medical and scientific innovation, we fall behind. But innovation alone won't solve this. It has to be paired with awareness and action.

The WHO says that antimicrobial resistance is directly responsible for over a million deaths each year. Experts warn that by 2050, that number could rise dramatically. A study in the Lancet confirms that nearly 2 million people die each year because antibiotics no longer work and more than 8 million deaths are linked to resistant infections overall.”

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Unfortunately, Mallory’s story is not unique. It’s part of a growing pattern, one unfolding faster than most people realize.

Mallory was a Stanford graduate with a fierce spirit and a deep sense of purpose, at heart a writer who documented her life with extraordinary honesty. She wrote about illness, yes, but also about love, and what it means to live fully even when facing one’s own mortality. She left behind journals that would become the 2019 book *Salt in My Soul*, later made into a documentary of the same name. “I want to collect the wisps, the threads of my untidy happenings,” she wrote in one entry.

After Mallory’s passing, her words gave me a path forward through my grief. She deserved to be heard, and without her here, that responsibility became mine. Mallory once wrote, “I am limited in what I can do but not in what I can say.” And so, knowing I had to spare other families from the pain I’d experienced, I took her words to heart and went on the road.

I told her story everywhere from the White House to the World Health Organization to NATO Headquarters. At conferences, corporate headquarters, and community gatherings, the words I carried, her words, resonated.

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AMR is rampant because it isn't limited to one group and doesn't stay contained within hospitals or specific diagnoses. It moves quietly across communities, across borders, across generations. And it's invisible — until it isn't. So to shine more light on the risks I created the [Global AMR Diary](#), a platform that brings together stories aggregated by global health leaders.

Recently, something shifted for me: My son had a baby. Suddenly, AMR is no longer just a story about the past. It's about the future.

I find myself holding two perspectives at once — the memory of my daughter, and the prospects for my grandson, just beginning his life. And there's one question I can't shake: What kind of world are we handing him?

When Mallory was sick, we believed that medicine would catch us if we fell. That there would always be another antibiotic, another option, another line of defense. I no longer believe that.

The same forces that contributed to Mallory's infection — overuse of antibiotics, gaps in antibiotic innovation, a system trying to keep pace with bacteria that are constantly evolving, and often winning — are still very much in play.

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This piece isn't about sowing fear — it's about raising awareness. Because what affected my daughter is not confined to her story — it's already shaping the world my grandson has been born into.

I don't want him to inherit a future where a routine procedure carries unnecessary risk. Where a scraped knee, a simple infection, or a standard treatment becomes something parents have to fear. And yet, unless we pay attention and act, that's the direction we are heading.

We don't need everyone to become an expert in antimicrobial resistance. But we *do* need people to become aware and do their part to reduce the spread of resistance.

Here are 5 things we can all do:

1. Don't use antibiotics for colds or viral illnesses. They don't work, and unnecessary use fuels resistance.
2. Never pressure your doctor for an antibiotic. Instead, have a conversation about whether the benefits truly outweigh the risks. Physicians are often under pressure to prescribe, even when it's not the best course.
3. Be mindful of how your food is produced and where it's sourced. Reducing antibiotic use in agriculture is a step in the right direction, even if we don't yet fully understand how many lives it will ultimately save.
4. Prioritize prevention. Vaccines, both bacterial (like the pneumococcal vaccine) and viral (like the annual [flu shot](#)), reduce infections and the need for antibiotics in the first place. So do simple measures like handwashing.
5. Get involved. Ask Congress to support innovation so that we have long-term solutions against resistance.

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I still think about Mallory every day. I think about her strength, her words, her ability to find meaning even in the hardest moments. I think about the life she wanted, and the

one she didn't get to have.

I also think about my grandson, about the world he'll step into, the systems we take for granted, and whether they will hold.

What took my daughter did not end with her, and what we choose to do next will determine whether AMR reaches the next generation. This is no longer just about a mother's grief; it's a warning to all of us.

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*Diane Shader Smith is a communications strategist working at the intersection of physical, mental, and environmental health, with a focus on antimicrobial resistance and phage therapy. She curated her daughter's journals for [Salt in My Soul](#) and created [The Global AMR Diary](#).*

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