

Her plan would have been alarming under ordinary circumstances. With the threat of storms on the mountain, a ranger told her, it was out of the question. So she caught a ride to a friend's house in nearby Lone Pine to rest. Which to her meant popping blisters, gobbling veggie pizza, and checking weather reports. But not sleeping. It might be too hard to get back up.

At midnight she returned to what sensible ultrarunners call a finish line. And at 2 a.m., she started ascending the mountain. Roughly 24 hours later, she returned to the base. Waiting for her were her husband, Alan, and her boys, 11-year-old Moe and 8-year-old Ben. Ben was crying. He wanted to go home. He wanted everyone to go home.

She held him, stroked his head. She pictured the drive back home, lying down in the backseat with Ben, legs elevated, her battered feet hanging out the window. Instead, she slept a few hours at a hotel with Ben in her arms, her first real sleep in three days. Then she told her husband to get the boys in the car. She'd meet them later. She needed to do something. Ben was wailing: why couldn't she stop?

It would take years before she knew the answer. "In order to not feel pain," she wrote in a journal in 2015, a time when she began to make the sticky connection between what had happened to her as a child and her adult behavior. "I needed to find a place, a familiar place. A place I had to go . . ."

She watched her family drive away, then yanked three blackened toenails off her right foot, two off her left. She wanted to "double" the route—the entire original route—which meant that she had 135 more miles to go. She ran back toward Death Valley, back to where she had started.

Now 55, Shannon was born four months after her mother, Jackie, left Shannon's father. Jackie was 19, already the mother of an 11-month-old boy. She worked as a teller at a bank in Palm Springs and, for extra money, as a dancer for a television show with a handsome producer. His name was Yale Farar, and he and Jackie started dating when Shannon was three. When they married a few years later, Farar adopted Shannon. The couple then moved to the San Fernando Valley and had two more children, a girl and a boy.

When Shannon was 11 years old, the family took in an acquaint-

and ended at the house of a friend whose parents had a full bar. If her friend wasn't around, Shannon drank NyQuil.

She dropped out of school in 11th grade. At 17, her parents kicked her out, though Farar rented her an apartment around the corner, hoping it might help her settle down. Instead she found a boyfriend, a real estate mogul who drove a dark blue Mercedes-Benz 450. She smoked pot on a yacht with a movie star in his fifties. She watched a rock-and-roll idol inject himself with heroin.

She didn't tell her parents about the old man, she didn't tell the real estate mogul. She didn't tell the therapist she saw. She tried not to think about it.

Then she got a job selling a Velcro-like fabric, mostly to surf companies who used it for leashes, and soon she had landed some of their biggest accounts. Her boss called a friend and said that he had to come by and get a load of his new firecracker sales gal.

When Shannon met Alan Griefer, she thought, *This is the man I will marry. This is the man who'll give me children.*

This is the man who will save me.

A good wife looked pretty. She dressed nice. A good wife was a doting mother. A good wife did not spend her nights dancing with real estate moguls then knocking herself out with NyQuil.

Shannon took a professional cooking course at UCLA—a good wife cooked delicious and nutritious meals—and on the first day of class, the other students, all men, introduced themselves. "I'm Buck, and I've been studying in Tuscany," said one. "I'm Alfredo, and I've been working under a Michelin three-star chef in France," said another.

There was so much Shannon never could talk about. Now she had something she wanted everyone to know.

"I'm Shannon," she said, "and I'm getting married!" She returned from her honeymoon pregnant, and then three years after Moe, Ben was born.

Griefer worked in real estate, then started a credit card processing company. Times were good. He and Shannon each had American Express Black Cards. Together, they owned eight cars, including a Porsche 911 Carrera and a Ferrari. The family lived in a four-bedroom house on an acre of land in a gated hamlet called Hidden Hills, near Calabasas. They had a swimming pool with waterfalls, a fitness center, a barn, a screening room, and a guest cot-

entered her sixth 100-miler, the Angeles Crest 100 Mile Endurance Run in Wrightwood, California. She vomited at mile 10. She tried to stay nourished by gobbling peanut butter, pretzels, and chocolate, and she drank water. Lots of water. By mile 20 she had stopped urinating and, though she didn't know it, was gaining weight. She was suffering from acute hyponatremia, or the rapid fall of sodium levels in the blood due to drinking too much water. Her kidneys were shutting down.

She passed out at mile 46. A runner roused her and ran with her the next two miles to a checkpoint / medical tent. After taking her vitals, the medical aide left to call for help. Shannon jumped up and ran into the darkness, back to the race. Nothing some water and snacks couldn't solve. She passed out again after less than a mile.

She woke up with IVs in her arms, electrodes attached to her chest.

A doctor at the Providence Tarzana Medical Center ER told her if she had spent 10 minutes more on the ground, she'd have gone into cardiac arrest. She was confused. "What's wrong?" she asked. "Didn't I run a good race?" She thought she was still at the race. "Where are the other finishers?"

Griefer and the doctor exchanged glances and walked away. While they were gone, Shannon considered what she'd do different next time. Start slower. Pace herself. Fuel more efficiently.

Her husband returned without the doctor, flanked by two serious-looking children. She didn't want to embarrass them, so she motioned her husband closer, where she whispered to him.

"Who are they?" she asked.

"Those are our sons," he said.

Two weeks later, a nurse from Ben's school called. The boy was complaining of stomachaches nearly every day. Shannon took him to a doctor, who suggested a therapist. Ben told the therapist that every day when his mother went for a run, he thought she might die. So for the next three months, instead of running her usual five or 10 or 15 miles in the mountains after she took the boys to school, she ran in the Bay Laurel Elementary School parking lot, for hours at a time, past Porsches and Bentleys, past pure-bred poodles with \$200 haircuts. Sometimes she would look up and see Ben staring at her out his classroom window.

When she returned to the mountains, she approached training

they, with their wealth and grace and perfect lives? She didn't need to tell anyone, though. Not as long as she kept running.

In the autumn of 2005, Shannon felt an unusual burning sensation in her legs during the Javelina Jundred 100-miler in Arizona, causing her to drop out of the race. A few weeks later, she awoke just past midnight curled in a fetal position. Her legs felt like they were on fire. She didn't have sunburn, or any broken bones. She went to her computer. She found symptoms "that freaked me out, things I've never heard of and didn't want to know about."

She saw a doctor, who sent her to a neurologist. The neurologist sent her for a brain scan, and two days later she was back in his office for the results.

She and her mother, Jackie, sat while the doctor pointed at Shannon's MRI. Did they see those white spots? They didn't, not really. He told them they were lesions characteristic of multiple sclerosis, a rare and chronic disease in which one's immune system breaks down the protective covering of nerve fibers of the brain and spinal cord, replacing it with plaque, or "sclerotic" tissue. That in turn interferes with the transmission of nerve impulses, and it was almost certainly responsible for the burning pain in Shannon's legs.

That was December 2005. The first Saturday of 2006 she got out of bed and ran 20 miles. The next day she took the Hos for a 16-mile training run for the upcoming Los Angeles Marathon. If she had MS, how could she do that?

The next week, she was too weak to get out of bed. There was burning all along her right side. She felt like an elephant was sitting on her right arm.

Another neurologist, more tests. More brain lesions. It was early spring now and he would do a final round of testing in August, to be absolutely positive, but he was confident she had an aggressive form of MS and recommended starting treatment immediately. Some people with MS are relatively symptom-free most of their lives, while others suffer severe and/or chronic symptoms. Shannon would turn out to have the most common form of the disease, Relapsing-Remitting MS (RRMS), which is marked by attacks that include fatigue, numbness, muscle spasms, vision problems, loss of memory and attention, trouble breathing and swallowing, and impairment of motor function. The attacks are followed by periods

just days before the final tests were to begin, Shannon woke Grier. She asked him to go to the kitchen and bring her some jack cheese and sour pickles.

The MRIs and treatment would have to be postponed during the pregnancy.

When Jet was born in April 2007, Shannon stayed overnight in the hospital. "Are you an athlete?" a nurse said.

"Yes, why do you ask?" Shannon said.

"Because you just gave birth by C-section and your pulse is 38."

Shannon wasn't taking her medicine and she felt fine. She felt better than fine. She had nursed Moe and Ben till they were two, and she decided to nurse Jet for a long time too. She couldn't take Copaxone while she was nursing.

Eventually, when Jet was older, she started giving herself the shots. But she didn't like them. They hurt. They left welts, and made her feel run-down. They made her too weak to run. So she took them only sporadically. If she had a really bad attack, she could get an IV drip of steroids to reduce her inflammation and lessen the pain.

And so it went. Over the next 10 years, Shannon finished eleven 50-kilometer races, ten 50-milers, one 100-K, seven 100-milers, and three 135-milers, the longest events all through Death Valley, in large part without taking the medicine. Who said running didn't strengthen her immune system, and that running and a healthy diet hadn't helped slow down the MS? She wasn't paralyzed or in a wheelchair, was she?

Nicholas G. LaRocca, PhD, vice president of health care delivery and policy research at the National Multiple Sclerosis Society in New York City, allows that the disease affects different people in different ways, and each person copes with MS in their own way.

Shannon's friends are even more accepting. Record-setting ultrarunner Jenn Shelton says, "Shannon's decision is between herself, her sons, her doctors, and whatever god she believes in. But mainly it is a decision for herself. In her case her self-care seems to do as good a job as the best Western medicine money can buy. And when she is doing well, I'm happy for her. I'm not there to tell her how to manage her disease. I'm there to be her friend and listen when she wants to talk. I just love her. Even if she is a triflin' ho."

U.S. Olympic bronze medalist and record-setting marathoner Deena Kastor, another good friend, has privately suggested to

Shannon started running at 8 p.m. on Tuesday, July 28. A month earlier she had suffered a bad episode of muscle pain and paralysis, and her left arm was numb and in a sling. She was 10 pounds heavier than usual, because of the three-day steroid drip she had received. She knew, she later wrote in her journal, "that I would soon have to detach . . . going to that place where I know I will endure 135 miles of pain." She knew she could do it. She had been doing it since "I was 11 years old when The Monster was about to attack."

More than 10 hours and some 42 miles later, after having vomited much of the night (while moving; it's a skill ultrarunners develop), she arrived at Stovepipe Wells with Shelton and Gardner. Kastor joined at mile 56. The women took turns running with Shannon, talking about children and marriage and love. Shannon still wore her sling. In it, she had a water bottle.

At mile 72, the third checkpoint, Shelton and Gardner had made peace with the fact that they wouldn't be climbing Telescope Peak. They, and Kastor, had learned not to be shocked at Shannon's absurd ability to endure. Still, they knew the limits of flesh. Shannon asked someone to pinch each of her toes, then stick a needle through bloodstained tape and squeeze out all the liquid. Shelton and Gardner retired to the van to doze. Kastor had headed out hours earlier.

Resting at the checkpoint, Shannon sat in a chair munching a veggie burger and fries, thinking. Running had cost her, she knew. The sprains and blisters, dehydration, and vomiting had been the least of it. It had cost her time, and that had affected relationships. Both of her husbands (she and Griefer were divorced in 2014; she remarried shortly thereafter and was divorced from her second husband last year) asked her to cut back to spend more time at home, and when she didn't, they weren't happy. She knew running had taken her away from her sons at times, even though she always scheduled it around soccer and Little League games, and it had been hard, especially for Ben, who is now estranged from Shannon. Moe, an avid surfer, says he accepts his mother's obsession; Jet has only known her during the time when she hasn't trained as often. She worries about them—especially Ben.

She also thought of all that running had given her. Keeping her fit, generating endorphins, those were far from the most important things. It had brought her friends. It had brought her com-

Shannon that her medicine was ready to be delivered. She had been hitting the decline button, off and on, for the past decade.

The story of her life, the way Shannon saw it, driving to her therapist's office in Encino, is one of fast times and forward motion, a rollicking saga of close calls and outrageous adventures. She's raised almost half a million dollars for charity. She started a successful business. Her photo has been in dozens of magazines. She's active on the event committee of the Race to Erase MS organization. She's done jumping jacks on national television.

She has suffered a few flare-ups of MS since finishing her sixth Badwater, which she decided wouldn't be her last one after all. She has been rushed to the ER a few more times. When she's feeling well, she doesn't stop talking or running, cooking, writing, driving, laughing—anything other than sitting still. During flare-ups, though, she is so weak she can't walk, so fatigued she can barely get out of bed.

A few days before her therapy appointment, she had seen a pulmonologist at Cedars-Sinai Medical Group in Beverly Hills who had diagnosed her with respiratory muscle weakness. When she told him she was planning to stop taking her medication altogether, he had said, "You are your own worst enemy. Athletes think they can outrun disease, but they can't. Even psychiatrists get depression, and when they do, they need treatment. You need to take your medicine."

Her current internist, Robert Goodman, MD, in Tarzana, is less sure. "She's got MS, but it's relatively quiescent," he says. "Her heart is strong, her blood pressure is okay." He's not crazy about Shannon running ultras, but doesn't see any real reason for her to stop. As for Copaxone, he adds: "I'm not that impressed with it—there's not much in the way of medication that really works for MS."

Shannon pulled into the parking garage at her therapist's office, clambered swiftly out of her SUV. She was cracking jokes, moving fast. Tonight she'd cook dinner for her mother and Moe and Jet. Her hazel eyes were flashing. She'd run five miles earlier. She's been talking nonstop for much of the previous three days. She'd been reviewing the same story with her therapist, Candice Slobin, for two years. Now she was in Slobin's office.

"You have said out loud, to me, that you're super-independent," Slobin said.

Shannon nodded.

"You've said, 'I'm not going to be dependent on other people or on medicine.'"

Shannon nodded again. In the past year, there had been a handful of times when she hadn't been able to get out of bed for days at a time. But when she could make it to her feet, she ran in the mountains. She tries to run five to 10 miles, five days a week. When she couldn't run, she walked. If she fell, she made sure to take a cane the next time, and she limped a shorter route. "But you are, right?" Slobin said. "You are dependent on others now?"

Shannon made a small noise. Running had given her agency, it had given her strength. And there was no proof that the Copaxone would slow her disease, was there? And hadn't she shown everyone what could be accomplished by just putting one foot in front of the other, over and over again? She was the one who helped others, not the other way around. Shannon would continue to run, she told her therapist, with medicine or without.

"Can I say something?" Slobin asked.

Shannon nodded.

"You are brilliantly capable of manipulating yourself out of acknowledgment of pain. What allows you to run are the psychological tools you developed as a child."

Shannon said nothing.

"Your gift has saved you," Slobin said. "But it has crippled your ability to deal with your disease."

She suggested that Shannon continue to attend running events, and if the medicine made it too difficult to participate, that she volunteer. She could be part of the running world without running.

"But people there have always seen me as a runner," Shannon said.

Now it was Slobin's turn to say nothing.

"Now they see me as a sick runner," said Shannon. "I don't want to be Shannon, the sick runner."

"But you are sick."

That's when Shannon cried. She would eventually find another therapist.

In the year or so since, Shannon moved to a different house in Hidden Hills, and has been working on a cookbook, a lifestyle book, and a memoir. She has continued to log 30 miles a week

running (or walking or limping) in the nearby mountains. She has finished a 30K race, two 50Ks, and a 50-miler. When she finished the Javelina Jundred last October, "it felt like redemption." She started strength-training and receives regular massage and chiropractic care. She researched the connection between diet and inflammation, experimented with different spices. She only takes Copaxone when she has flare-ups, "which seem like they're shorter and farther apart." She says her doctors scold her, so she stopped making as many appointments. "They said I'm in denial, and yeah, I'm in total denial when I feel well. But the treatment made me feel like I was succumbing. I know I need to be on consistent treatment soon, but I feel the tools I developed through ultrarunning—the ability to ride out the storm through fatigue and pain—have helped me take on this disease in a different way, until I find an alternative treatment. I know the flare-ups will pass, just like mile 80 in a 100-miler."

Shannon is planning to run Badwater again this year. There will be a couple more after that, too. She wants to be a 10-time finisher. If she didn't have a goal, who would she be? She thinks about that a lot. When she takes her medicine, who will she be? She might be sick. And if she is sick, she might not be able to run.

If she can't run, who will she be?