

# The Mettle of Ketil

## Achilles Marathoner Runs Despite Cystic Fibrosis

by Gloria Averbuch

To truly appreciate Ketil Moe, you have to see his face as he talks about running and living with a fatal illness. It is not a face on fire, nor does his gaze reflect either bitterness or an iron will. His tousled blond hair and large blue eyes radiate the joy of any young man in the prime of his life. He continually smiles and laughs. There is a rare grace about Ketil Moe.

Moe doesn't run merely for the sport of it. He runs for his life—literally. Running brings him physical relief; it also brings incredible pain. Born with cystic fibrosis (CF), a respiratory disease, Moe's running is a form of therapy. Physical exercise helps to break up the congestion that causes persistent clogging of his lungs—a result of the disease. Despite the fact that the average lifespan for persons with CF is 20 to 25 years, Moe has defied the odds and made it to age 30. What's more, he's run a remarkable 10 New York City Marathons.

For Moe—president of the 40-member Achilles Track Club of Norway, which he helped found with the assistance of Dick Traum—every race is a landmark. However, the 1993 NYC Marathon was particularly special. He's chasing a record of sorts—seeking to match the 11 NYC Marathons run by his coach, Grete Waitz. Waitz became involved with cystic fibrosis in Norway when Moe's doctor approached her for advice about beginning his innovative running and exercise program for those with CF. She has advised and trained Moe ever since—completing a five-mile race in London and a variety of events in Norway with him.



Ketil Moe was center stage at the annual Achilles fund-raising dinner.

Moe is part of an experiment begun by his doctor, Johan Stanghelle, MD, PhD, in 1979. Explains Stanghelle, who began working with Moe in 1980, "Some people with Cystic Fibrosis do passive therapy, which, for example, is the method used with children." Passive therapy consists of methods such as clapping on the chest to achieve clearing of the lungs. "We believe exercise can replace this passive therapy and be even more effective," he adds.

While a marathon seems an incredibly rigorous way to prove a point, Stanghelle says it is "only a demonstration that such an achievement is possible. Medically, we are not trying to convince those with Cystic Fibrosis to run marathons. This is too hard for most. It's a symbol from which they can feel self-esteem and gain the knowledge that they can manage." Although simply pro-

moting regular exercise is the aim, Stanghelle says Moe's marathoning has made him a special inspiration for those with the disease in Scandinavia.

Moe, who has run every NYC Marathon since 1983—except for one miss in '85—boasts a best time of 5:31. He runs the race because, he says, "For me, the NYC Marathon is the greatest sports event—especially when I come to Central Park and pass the 26-mile mark, and there are only 385 yards to go. It's just fantastic. And when I get the medal and know I've done it once more, it gives me new strength to come back the next year."

For Moe, accomplishing a marathon means more than just putting in the training miles, which he

does in his hometown of Liaillesand, located about 300 kilometers (180 miles) south of Oslo. It is truly a remarkable act of strength and will. Moe's case of CF, says Dr. Stanghelle, is a particularly serious one. In fact, when he began running, he could traverse no more than 60 meters. His disease requires that each morning he undergo a one-hour medical regime of inhalation and lung drainage before setting out on his one-hour run. In that hour, he covers four kilometers (2.4 miles). "Normally I train alone," he says, and maintaining his omnipresent smile, he adds without a hint of self-consciousness, "I have to stop often and cough up the mucus. I don't like to be with people." After returning from his run, he works with a physical therapist for strength training.

Moe ran this year's Marathon with a small but meaningful entourage. For the

Courtesy Achilles Track Club