

THE STATE OF SLEEP IN AMERICA

Elevating the Consciousness of a Paralyzing Phenomenon

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Merriam-Webster, the preeminent and most critically authoritative glossary resource of definitions, aptly defines sleep as “the periodic suspension of consciousness during which the powers of the body are restored and a state of torpid inactivity”.

This precise and staid depiction of the sleep process is an expected and often anticipated state for anyone, whether animal or plant, or even non-*Homo sapiens*. *We all* realize and experience some state of sleep...often referred to as a natural occurrence within the body of life. Yet, the very naturally occurring essence of sleep is often absent and/or deprived for many, whose depravation of sleep has too many times become passé, acceptable and a veritable way of life...the fact and circumstance of living virtually without sleep. This is not only unfair, but medically and for all intents and purposes, unnatural.

Sleeping for humans and most advanced animals is a natural and physiologically correct practice and an experience so expected that it should be uneventful. But as many know, in today’s climate of increased social and interpersonal responsibilities and nuances; in today’s growing cadre of environmental impacts; and the ever present assaults of medical and health related occurrences, that the simple and natural phenomenon of sleep is so often elusive.

But sleep is something that every human being should not only have access to, but should eagerly look forward to, enjoy and benefit from. Yet that is not the case for millions of Americans and others worldwide. Sleep and the depravation of sleep is a paralyzing phenomenon that is severely and devastatingly impacting an entire generation of humans and the worst is yet to come.

Let’s step away for a moment from the obvious and realistic pathological elements of sleep and the depravation of sleep, and instead focus on the ever present realities of the current state of sleep.

Every night in America millions of people go to sleep hoping to wake in the morning rested and relaxed. However, for many this is just not possible. They suffer from a sleep disorder. Over the past 40 years sleep medicine has gone from a virtually ignored area of medicine to one of the fastest growing areas in medicine. In fact, in 1998 more than 70 million Americans suffer from some variety and form of chronic sleep disorders, of which 95% sought no treatment. Of these sufferers, approximately 10 million consult their physicians regarding sleep complaints, making sleep-related problems the third most common complaint heard in the doctor's office.

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It is also estimated that at least 12 million and as many as 18 million individuals in the United States alone suffer from sleep apnea, which is equivalent to the number of individuals suffering from diabetes and asthma. Traditionally, sleep apnea was considered a problem for middle aged or older individuals. However, in recent articles published in the New England Journal of Medicine, individuals who have a high body mass index (BMI) are at an increased risk for sleep apnea. This study takes sleep apnea beyond the market of middle aged to older individuals and makes it a potentially significant problem for people of all age groups.

With signs increasingly pointing to a variety of ongoing illnesses which normally plague African-Americans, minorities and other social groups i.e., athletes and the chronically obese, doctors are now blaming many of them for the increase in sleep disorders within these segmented communities.

Such problems as obesity, diabetes, hypertension, stress and now recently added psychiatric problems can cause and be caused by sleep disorders. And across America, solutions which include the aggressive application of and the need for sleep centers and other diagnostic and treatment facilities are on the rise.

But why is this relevant and seriously impacted by the sociological intricacies in the U.S., because of the general state of health care in this country. Health care in the United States is among the best in the world with astonishing technologies and new treatments that offer hope to all those fortunate enough to access them. However, people of color and other

vulnerable populations are more likely to experience health care barriers and to suffer from high rates of disease and early death.

According to *Healthy People 2010*, this too is the picture of health care in America at the beginning of the 21st. century:

- **African-American men have a rate of prostate cancer that is double that of White men.**
- **Women of Vietnamese origin in the United States suffer from cervical cancer at nearly five times the rate for White women.**
- **Although African-Americans and Hispanics represent an estimated 25% of the total U.S. population in 1998, 55% of the reported aids cases occurred among these two population groups.**
- **The infant mortality rate for African-Americans is more than double that of Whites.**

Populations can suffer from health disparities based on race/ethnicity, gender, age, income, insurance status, rural or urban geographic location, sexual orientation, housing status, occupation, or health behaviors. These population-specific differences in the presence of disease, health outcomes, or access to health care are “*health disparities*”. These factors are extremely important especially today, as our nation looks to the state of our health care system and how it impacts those who too often are deprived of its access and its benefits.

Unfortunately, in 2005, too many of these deprived people are minorities. And too many of them suffer from debilitating sleep disorders and diseases that negatively impact the tone and tenor of their very lives. That has now become a national focus and more specifically our focus here in Houston and with me.

In light of these supportive statistics, studies and programs relative to the direct and critical impact of sleep, sleep related illnesses, diseases and disorders on the American population in general, it is my overall goal and objective, through a series of key and strategic partnerships and campaigns to focus on the increasingly afflicting impact these phenomena have on the national minority community, particularly the African-American community. In fact, in addition to this targeted community, my objective is to focus on those

ancillary groups and individuals who are at the highest levels of severe illness or even death from sleep related disorders.

With the recent death of NFL football great Reggie White now being ascribed to Sleep Apnea a common and potentially deadly sleep disorder, people who suffer from snoring and other related sleep disease and disorders and the medical professionals who treat them are now taking a second look at their situation, especially those who are obese and are athletic.

Inasmuch as this crippling, devastating, deadly condition oftentimes goes untreated and undiagnosed, we as healthcare professionals and administrators are hopeful that the attention now being focused on Sleep Apnea due to the untimely and unfortunate passing of Mr. White, will serve as a much needed catalyst for a national initiative to identify, study and make appropriate treatment recommendations to the many Americans so affected. This should include but not be limited to minorities (especially African-Americans) and athletes.

Because of this current and glaring event I will be seeking to immediately form a national healthcare initiative in honor of Reggie White...*"THE REGGIE WHITE FOUNDATION FOR THE STUDY OF SLEEP DISEASE AND DISORDERS"*. Taking a visionary approach to the phenomenon of sleep has appropriately segued to the business of sleep and the development of a tried, tested and proven mechanism for the deployment of effective and successful sleep diagnostic clinics across America.

In 2001 it was estimated that there were between 600,000 to 750,000 sleep tests performed with total revenue of \$720 million to \$1.2 billion. This represents only 5% of the possible market, highlighting the enormous potential for growth in this very lucrative industry. Looking at the current reimbursement rates, the potential number of patients, and the statistics from 2001; sleep medicine has a possible market of \$24 billion in the United States.

Armed with these statistics and positive industry projections coupled with the vast and growing need for a unique and marketable model, I have designed a winning

combination concept for the development and implementation of successful, functioning and profitable sleep diagnostic centers..."The Doctor-Partner Model".

Historically, there are two types of sleep labs, hospital based and free standing. The major difference between these types of labs is simply that hospital based sleep labs are owned and operated within a hospital setting, while free standing labs are independently owned and operated giving the free standing labs more innovation and flexibility.

A patient is referred to the sleep lab by a primary care physician. The patient has a sleep exam performed at the sleep lab overnight. The sleep lab medical director analyzes the data recorded during the sleep test and generates a report with diagnostic and treatment recommendations and proper treatment is given to the patient.

My plan includes the creation of Physician-Partner as Limited Liability Partners in each sleep center, primarily because these doctors know both their patients and their communities, making them a natural patient driven engine for the growth of the centers. Over the past 8 years, I've opened twenty five state-of-the-art sleep centers in 5 states utilizing the Physician Partnership model. The opening of these Sleep Centers also initiates our team's ambitious program to enhance the quality of life for America's national minority communities with programs that directly identify and impact those medical phenomena so detrimental to its wellness and health.

As such, I am pleased to announce "SLEEP... A Critical Foundation For Health & Wellness", a national community healthcare awareness and education initiative on the phenomenon of sleep related illnesses, diseases, disorders and solutions. Through a comprehensive and visionary Developmental Investment Partnership (The Physician-Partner Model), I will utilize an unprecedented business development growth module plans

to open 100 full-service professional sleep centers in selected cities throughout the United States over the next five years under the ABC umbrella.

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This development and growth activity will position ABC as the nation's largest and most successful minority-owned sleep center development-corporation. ABC will also design and implement a series of

educational and community awareness events and initiatives to heighten public awareness of the phenomenon, business and industry of sleep.

These events shall be highly publicized and promoted throughout the country as joint ventures with some of the most powerful, prestigious and prolific African-American groups and organizations. The campaign will target the traditional and emerging minority base, which qualifies for and has need of assessment and treatment of sleep disorders, illnesses and diseases. This target group will be comprised of existing medical patients being treated for Hypertension, Diabetes, Heart Disease and other medical impairments, and whose insurance would more than likely qualify them for the segue realm of sleep treatment – already an existing educational objective for The ABC. Additionally, work groups and categories would be included in this target group, such as Emergency Workers, Law Enforcement Professionals, Fire & Safety Workers, Hospital Shift Workers, Educators, Electrical & Chemical Plant Workers and Members of the Military.

Because the success of the expansion plans of The ABC sleep centers greatly depend on the reciprocal nature of the created partnerships between the investor doctors, corporations and other groups and organizations, we have created this venture as a major way to address the potential dangers inherent in undiagnosed sleep disorders in young athletes. With the death of Reggie White, the NFL has instituted a series of programs which will result in the overall testing for sleep disease and/or disorders of their many players, whose weight situations make them ideal candidates for similar fates as that of Reggie White.

As such, I have devised a program that in addition to establishing and expanding professional sleep centers in selected cities, it will also lend itself to taking customized sleep testing programs to many of the Historically Black Colleges & Universities around the country, and to the Thurgood Marshall Scholarship Fund member schools with athletic programs.

In January, I had a major planning meeting with the Thurgood Marshall Scholarship Fund and the Association of Black Cardiologists in New York to initiate the comprehensive sleep testing of the member schools athletic teams.

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The ABC sleep labs would receive payment for such testing through the schools insurance programs (which is currently being done in the private sector and in the NFL program), and could then make a financial contribution either to the specific school or to the Thurgood Marshall Scholarship Fund.

Last year, I took substantial steps toward implementing the national campaign for the proliferation of access to sleep testing and solutions by attending several major national conventions and conferences where we met with their leadership and spoke on the need for sleep centers for the national minority community. We met with Jacquie Reid of BET Nightly News, NAACP President Kwaisi Mfume, Congresswoman Sheila Jackson Lee and Congressman Harold Ford of the Congressional Black Caucus.

Laying the groundwork, setting the stage and covering all the bases has been the mantra for myself within the Sleep Diagnostic industry over the past five years, as I have personally immersed myself into the world of sleep, with a vision to weave functional, productive and lucrative sleep centers throughout the United States that adequately and productively serve the national minority community.

After all, it is often said that in many instances it is a personal reason for a professional path. Well in my case it was my grandmother. Because of numerous health problems and other impacting ailments, my grandmother for years had some problems with having or enjoying a good night sleep. When her doctor recommended that she undergo an intensive sleep study in order to pinpoint her problem, she ran into a veritable brick wall in search of a suitable sleep center to conduct her study.

We found her a lab in Tyler, Texas which was functional but not very nice. From that day forward I vowed to create an environment for the introduction of quality first-class sleep diagnostic centers throughout the U.S., a promise I made to my grandmother. I remain totally committed to the establishment of such facilities and are pledged to this goal.

It is my firm belief that at a time when our country stands on the precipice of a healthcare crisis, with prescription drug costs spiraling out of control, and more Americans without adequate health insurance, and with the state of minority health severely influenced by the onslaught of diabetes, obesity and heart disease, we must all be cognizant of the fact that sleep and/or the lack thereof is a prime indicator of our state of health.

Sleep disease and chronic disorders must be addressed, diagnosed and treated in order for us as a community to advance our healthiness and our general longevity, and create an environment conducive for the ongoing development of a more healthy and wholesome community.

On behalf of my family and the millions of professional healthcare workers in this great country, I pledge our unwavering support to elevating the consciousness of the paralyzing phenomenon of sleep disease, illness and disorders, in order for us all to have and enjoy a good night sleep.