

# ***Sleep Apnea Considered a Factor in New Jersey Transit Wreck***

As transportation workers – many of us in safety sensitive positions - we've heard a lot about sleep apnea in recent years. Then, on September 29th, when New Jersey Transit Train #1614 failed to stop at the bumping post and continued on into the Hoboken, NJ terminal – killing one and injuring more than 100 - suddenly sleep apnea was grabbing front page headlines once it was announced that the train's engineer apparently was asleep at the time of the wreck, and had since been diagnosed as a sleep apnea victim.

Obstructive Sleep Apnea (OSA) – the most common form of sleep apnea - is a common condition which causes a complete or partial obstruction of the upper airway. Individuals who are the victims of OSA are rarely aware of the problem, and symptoms may be present for years or even decades without awareness of the individual. S/he may become conditioned to the daytime sleepiness and fatigue that can often manifest as a direct result of OSA throughout the day and not realize that OSA is at the root of it.

Since the wreck of NJT #1614 and the subsequent sleep apnea diagnosis of the train's engineer, the rail carriers have pounced upon sleep apnea. In both freight and passenger service, the carriers are suddenly demanding testing. A number of engineers and conductors have been held out of service. The newspapers and politicians rail against workers whose possibly undiagnosed and/or unreported condition might be the cause of the next big train wreck. The carriers, to be expected, wish to focus attention on individual workers, and deflect attention away from their own practices that lead to chronic fatigue, and may in all likelihood exacerbate OSA.

In typical fashion, the powers-that-be have unfortunately taken a social problem, named a physical condition, and crafted it into a personal issue. Alternatively, workers need to consider OSA for what it is – a societal problem like any other health condition – and seek a comprehensive remedy. If in fact sleep apnea is as widespread and commonplace as suspected, and presents a hazard to safe train operations, then it cannot and should not be left to the individual to diagnose and rectify. Just as we came to understand the societal need for free and universal access to vaccines in order to achieve a healthy and safe society, the same holds true for dealing with OSA. If there were any doubts prior to the wreck of NJT #1614, there should be none now that it is apparent that OSA is a condition that directly or indirectly affects every member of society. As such, the costs of remedy must not be placed upon the individual, and in the case of the railroad, upon individual railroad workers. Testing, diagnoses and remediation should all be borne by the industry and society as a whole.

And while we are at it, let's talk about those management practices and procedures that produce workplace fatigue and exacerbate OSA, regularly compromising safe operations. The lack of schedules, 12 hour plus shifts, and never knowing when you are going to work, when you will sleep or eat, or when you will return home (in freight service), along with split shifts and long days (in passenger service) can mitigate against a good night's sleep. Irregular hours, a general lack of time off, harsh attendance policies that subject employees to severe discipline, task overload in the cab, and a high stress environment (both freight and passenger service) all contribute to chronic fatigue and taken together, thereby increase the dangers of undiagnosed OSA. And all of the practices, procedures and policies outlined above contribute to depression, a lack of good diet and regular exercise, and hence, to increased obesity, all of which are factors that have been shown to increase the likelihood of an individual developing OSA.

So, while the rail carriers are happy to point fingers and declare that they have found the root of fatigue-related train wrecks; i.e., an individual's unreported OSA, they and their policies, practices and procedures are the "elephant in the room" that goes unrecognized. Just as cameras, PTC and other technology will do nothing to ensure a well-rested and alert train crew, neither will simply mandating OSA testing.



***The engineer of a New Jersey Transit train like the one pictured above apparently was asleep when the train plowed into Hoboken, NJ terminal on September 29th, 2016. He has since been diagnosed with sleep apnea. While RWU is very concerned about the dangers of undiagnosed sleep apnea, we must not let the rail carriers off the hook. Dealing effectively with sleep apnea is not a panacea. Crew fatigue is a very real and widespread chronic problem in the rail industry, caused by overwork, lack of schedules, poor train lineups, limited time off, draconian attendance policies and other hazardous management practices and procedures. These unsafe conditions can all been rectified if and when the rail carriers are forced to make a comprehensive commitment to safe train operations.***

It's time for a complete and total plan for crew fatigue abatement, one that of course includes amelioration of OSA. But if the FRA, the rail carriers, the unions, the politicians and the public cannot promulgate a comprehensive fatigue abatement plan that includes a workweek of reasonable length, limits to excessive overtime, reasonable call times, more scheduled trains, adequate rest between "shifts" and a reasonable amount of time off work to attend to life's other demands (e.g. good diet, exercise, time for friends and family, hobbies, general relaxation, etc.), then any plan that focuses solely on OSA is a farce, one that is undeserving of the support of rail labor and rank & file workers. We know what the problem is. We have the means to correct it in short order. We must call out the rail carriers for their complicity and failure to act. Our battle cry is simple: ***End Crew Fatigue Now!***



## ***Sleep Apnea is Just One Aspect of the Whole Issue of Train Crew Fatigue***

*Continued From Page 1*

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