

Project Sleep Podcast
“Alida Abdullah’s Story with Sleep Apnea”
(Sleep Insights Series Episode 5)

Julie Flygare, JD is the President & CEO of Project Sleep, a leading narcolepsy advocate, speaker, award-winning author, and Stanford Medicine X ePatient Scholar diagnosed with narcolepsy and cataplexy in 2007. She received her B.A. from Brown University in 2005 and her J.D. from Boston College Law School in 2009.

Alida Abdullah is a wife, mother of four, and teacher living in the Atlanta area. She received her sleep apnea diagnosis over 10 years ago but didn’t understand the severity of the disorder until more recently, when she learned of the many other health issues that sleep apnea can cause. Alida is sharing her story to help raise awareness of under-diagnosed but serious sleep conditions like sleep apnea and how they can affect other areas of people’s lives. Alida is also a member of Project Sleep’s Expert Advisory Board.

The Sleep Insight Series invites listeners to learn about this amazing adventure we take every night called sleep. Through these insightful discussions, we examine sleep, and our societies beliefs about sleep, from a variety of angles. We hope you'll learn some cool new facts and analogies that you can use to help us raise awareness about this under-appreciated one third of our lives. This is a written transcription of the podcast “Alida Abdullah’s Story with Sleep Apnea” (Sleep Insights Series Episode 5) from Project Sleep. Transcription provided by Mirela Starlight.

Project Sleep is a 501(c)3 Nonprofit Organization, dedicated to raising awareness and advocating for sleep health, sleep equity and sleep disorders.

All guests and speakers express their own opinions. While medical diagnoses and treatment options are discussed for educational purposes, this information should not be taken as medical advice. Each person’s experience is so unique, which is why it’s so important to always consult your own medical team when making decisions about your own health.

Julie in intro: If you tell your doctor that you're tired all the time, would they take you seriously? What if you said you're snoring? In this podcast, I talk to Alida Abdullah about finding her sleep apnea diagnosis, getting treatment, and what she wishes she'd known earlier in her journey. We also discuss a challenge many of us face: how to balance a busy lifestyle while also prioritizing treatment and sleep.

Julie: Hello everybody! We're really excited today to have a very special guest with us. Alida, say hello!

Alida: Hi!

Julie: I am so excited to have a conversation with Alida today. Alida reached out via Instagram, is how we met. And then we have been getting to know each other over the last couple of weeks, we also both live with sleep conditions. So, Alida Abdullah is a wife, mother of four, and a teacher living in the Atlanta area. She was initially diagnosed with sleep apnea 10 years ago, but didn't understand the severity of the disorder until more recently, when she learned of the many other health issues that sleep apnea can cause. She is sharing her story today to help us raise awareness of underdiagnosed but serious sleep conditions, like sleep apnea, and how

they can affect other areas of people's lives. We're just really excited to hear your full story— also just like being a mother of four, and a teacher, like— wow.

Alida: (laughing) Thank you, thank you. I am also what I would consider a serial edu-preneur. I am a part of a company that helps people actually get their credit into order, so. I'm a part of the Team Unstoppable, so. Shameless plug there. I just you know I really like to help people and I like to provide education so this opportunity to share about this sleep disorder that I've been dealing with probably even longer than the diagnosis, is really a blessing. I used to do birth work in Minnesota, working with the community, providing awareness there. So everything I've done has been around education— I do have four wonderful children, I have two sons, my oldest son is a huge football player and my youngest son is five. My daughters are in the middle, they really like art and creating and they are really creative kids. So I run the gamut, I was an athlete growing up. I am the daughter of a retired football and track coach, so sports runs huge in my life. Right now, the one oldest child is trying to groom the youngest son to be a football player, but I definitely think I have athletes in my daughters, as well. One plays tennis and she enjoys that. And the other one I believe— this is my personal opinion, I am no world class track coach, but— I believe she's a 400 runner. (laughing) But for the mean time, I think they're just enjoying the skates.

Alida: But to get to my story, I actually as Julie said, I was diagnosed back in 2010, somewhere around 2010. I had just given birth to my oldest daughter, and I was what, in my opinion— huge. I weighed about 200 pounds, I had never weighed that much before, and she was the smallest kid I had, I'm like, how did you put this much weight on me, and be this little? After I gave birth to her, I think my snoring became worse. Of course my husband had noticed it before, and he would say, hey, you know, you snore really loudly, or whatever the case may be. Or sometimes he'll nudge me and wake me up, and— so I said well perhaps— because I have all this weight on me, that this is causing the sleep apnea. So I said let me go to an ENT— find out what I can do, so I did a sleep study, this particular sleep study I actually had to go to a lab— and I slept with a CPAP on, and— (laughs) I promise you it was probably the best sleep I had gotten— probably in my aware years, honestly. I felt so refreshed that day. I was going, and the next day, rather— I was just going, and I was all over the place, and I was like, wow. And when the results came back it was true that I did have sleep apnea. However, when I got the CPAP at the time, I was breastfeeding, and— my daughter slept in the bed with me, and I had recently decided to go natural, so my hair was you know thick, and— so I had all this stuff. And these tubes, and this machine— and I was like, oh, this is a headache. I worked really hard to get the weight off. So I dropped my weight. And I said, okay I probably don't have sleep apnea anymore, I'm not fooling with that machine, it gets on my nerves— there's just too much going on. And then I got pregnant with my youngest daughter, so— there we go again. I didn't use the machine after that, because I really didn't think it was— it was helpful. You know I said okay well I kind of feel better, sometimes— but not consistently enough for me to feel like I needed the machine. So fast forward four years, and I went for my regular female physical checkup. And the doctor says "Hey, your blood pressure is elevated." And I'm like, who's blood pressure? Not mine.

(Julie laughs)

Alida: Like, you can't be talking about me. I work out, you know of course like I said I'd gone through all this trouble to get the weight off, and I did the same with my youngest daughter, I'm— I'm working out, you know I try to eat right— I don't smoke— I'm not a drinker, that's not my thing— like, what? Who has high— not me. And they were like, well it's genetic. I was like,

well my mother, and my grandmother— have high blood pressure, but— it can't be me. I'm an athlete. My mother and my grandmother, they weren't athletes, so— it just can't be me. And I battled that for about a week, going back and forth with doctors. Hey, I don't want to take this medication. I'm not— I don't have high blood pressure, I don't believe in that, I'm not claiming that, as they say— and the doctor finally said well, look well here's the question, do you want to have a heart attack or a stroke? I said— no? So she said, well, take the medication. She said but I will work with you to get your dosage low. So for the next six months, I— what I also noticed is that the types of things that I was eating, so I'm thinking that if I get Zatarain's, or I get Rice-A-Roni or I get Pasta-Roni, and I add vegetables, hey! I'm good! But I didn't realize the astronomical amounts of sodium that those box meals have in them. So I started eliminating those things and learned how to make the pasta without the box. And that was helpful. And of course I continued to work out, and I finally did get down to a really low dosage of my hypertension medicine.

Alida: Kept moving, we moved to Minnesota, I had— my youngest son, and— then when we moved back here, I had gone to the ENT because I was having some other issues, you know sinus things and so forth. And I told them about, hey you know I used to— I was diagnosed at one point with sleep apnea, do you think I still have it? And he mentioned to me, he said well, you know— he said quite possibly. He said I would have to do another sleep study because it's been so long. But sleep apnea, I don't know if you knew this, now he didn't know that I had high blood pressure or anything, he said, I don't know if you knew this but sleep apnea actually causes hypertension. And I was like, oh. Really. He said yeah and it can cause type 2 diabetes, and some other things. And I'm like, oh. Oh. Okay. So now I'm more like, mm. He said I found out for myself because I had high blood pressure, or I had high blood pressure— and I would use the machine, he said, but I wouldn't always feel just so great after using it. He said, but my blood pressures came down. I said oh. Okay. So, that was my wake up call. Yes, pun intended. That was my wake-up call, honestly. I said okay so let's go ahead and do this sleep study to see. And I had— when they did my study I think on average I had 60 apneas an hour. It may have actually been more than that, but at any rate— so, for those who don't know what sleep apnea is, apnea means that— you stop breathing, in your sleep. And— I would stop breathing— 60 plus times, per hour.

Julie: Well, I just— I love how you mentioned something about— something that you didn't want to own, like that you didn't want to own high blood pressure, is, uh—

Alida: Yeah.

Julie: —it's like so funny to me because, I have narcolepsy, with cataplexy— type one narcolepsy. And you know uh, it's one of those things too, that— you first hear and you go, I don't want to own that! (laughing) You know? (laughing)

Alida: No! Nobody wants to claim something that is— I don't know, but the pun is negative. And I certainly thought high blood pressure was super negative. And it is! It's very— and they call it a silent killer for a reason, because— literally, when my blood pressure was elevated, feel nothing. I had no headache, no nothing. I did have an episode after my youngest son was born, where I could feel pressure in my lip. And I was like, mmm— and I had a slight headache, and when I say slight, like— I have a pretty high tolerance for pain so it was like, okay, no big deal. And I checked my blood pressure, it was sky high. So I had to go to the hospital and stay an extra day for them to get my pressure down. Because all during my pregnancy I took no medication. I

thought pregnancy had cured me from high blood pressure, but it didn't. So, yeah, so I had to go take care of— getting my pressure down. But because I was aware of my condition and I used the cuff, and— you know was able to check my pressure, then I was able to do something about it. But— going back to what an apnea is, an apnea is where you stop breathing. In the middle of the night. So if you ever hear somebody snoring and I know it's going to sound weird, but it sounds kind of like this— (imitates snoring, silence, then more snoring) and then you know you go back to breathing. That is an apnea. That means that during that time period, where a person is snoring and you hear them just go silent, they're not breathing. Nudge them. Wake them up. Shake them. Do something.

Alida: I was talking to my dad the other day and he was like, sometimes I'm just in my sleep begging somebody to just shake me, shake me! And I'm like dad, you need a machine. Just go get a machine, please. (laughing) And I know it, um— it is something that I probably inherited from him. I had been snoring since I was about 11. My brother woke me up one night, he was like, you're snoring, you're loud. You're waking me up. And I was like, hey— go away. And I would sleep in class, I slept all through high school, I slept all through college. As a matter of fact I do believe that when I was in college, I slept in class so much that when I went to go get the— fill out the paperwork, to graduate, people were looking at me like, how in the world did she get through? 'Cause she slept through most of it. Yeah, I did. I did. And once again, something undiagnosed. And you don't think about it. And there's this stereotypical picture, like when I think of sleep apnea, the person and the picture that comes to my mind is Homer Simpson. No joke. This is exactly who I think of— would have sleep apnea. Older, middle aged, beer belly guy— just, you know, kind of sloppy in a way, I never would've thought that me being an athlete, half-way in some sort of shape— why do I have sleep apnea? Why do I snore? And it could be some— anything that causes it, you could have an obstruction, in your sinus passage ways— it could be that— I think the way they call it, there's several types. So I have obstructive sleep apnea. I think that when I sleep, my tongue relaxes in a way that it doesn't allow for the air to breathe— to flow freely. But I think it's important that you— you recognize these things and no, I don't like the machine. The machine gets on my nerves. However, I know that the machine helps me. And, it ain't sexy. No. Not at all. It— you know, and I have a husband, it's just like, dang. I know he's over there like, dang. I got Darth Vader over there, she looking crazy with all them tubes, but— you know, I know that he's more concerned about me being healthy that about what I'm looking like when I'm asleep. And I think that sometimes we get into this— oh I don't want to look like that, I don't want to, um— that ain't cute. My man ain't going to like that. Or, you know if you're a guy, I don't want my girl to think I ain't fine, 'cause I got this— but you know honestly if you are with someone who truly loves you, they don't care— what you look like in your sleep. They just want to make sure you going to wake up. And what happens is we have these conditions.

Alida: Once again, sleep apnea— I knew I had it, but I didn't realize the major impact, and I wonder if— had I continued to use the machine and gone through with the CPAP therapy, from the first time I was diagnosed, that I may not have been diagnosed with hypertension, some years later because— the stress and the pressure would not have been on my arteries the same way. The way the doctor explained it to me is that when you have an apnea, and you stop that breathing, your body treats it like it's a heart attack. Because you have cut off your airways. And so it's going through these panic attacks throughout the night, and that puts stress on your arteries, it puts stress on your heart, it puts stress on your body as a whole. And so we don't think about it, and we just think of it all, you know— he just can't sleep, 'cause I'm snoring. But it's really much bigger than that. And we have to take control over our health and wellbeing. And when we know that we have certain conditions, then we can do something about them. Think

about Serena Williams knew. She suffered with embolisms, and that's when you have blood clots. So she knew what to do when she had those embolisms, but right after her daughter was born she had one. And the doctors are like, oh you're fine— and she was like, no I'm not. She said give me an MRI, and give me an IV. Right away. She knew exactly what she needed— to advocate for her health. And— I think in the African American community, especially, we have these conditions and— literally, we don't know that we have them.

Alida: So here we're disproportionate to both hypertension, and type 2 diabetes, and I learned just a year ago that sleep apnea causes both of those. So how many of us are running around here, sleep apnea that has caused high blood pressure, and diabetes— and we don't know that sleep apnea is the cause. So, I think understand— I'm all about root causes. I do not take— Tylenol, unless I know exactly what's going on. If I have my knees hurting 'cause I've been running, or— I know why I have a headache, oh my goodness I know I'm getting a sinus infection— I will take medication. But until I get to that root cause, usually I won't take medication, because it's like putting a Band-Aid on something. And you don't even know what's causing the issue that you see the outward result from. So, you know if you see the high blood pressure, you see the type 2 diabetes, you think— oh I'm not eating well, or I'm not exercising well. And that's probably true as well, but it could be something as serious as sleep apnea where you're literally cutting off your oxygen. Hundreds of times throughout the night. And that causes major, major problems. So, if you can get to those root causes, you know if I can take the therapy for the sleep apnea, bring my high blood pressure down, lower my risk of type 2 diabetes.

Julie: Um, Alida, we were talking a little bit about whether you face any barriers as far as— well I guess you never took, when you just were— you said you slept through like, high school and college but like you never really took the tiredness— to any, you never like brought that up, but more like you brought up snoring, right? Is that the first?

Alida: Yep.

Julie: And— how was your interaction with the healthcare system because that's something that I'm reading about more recently about race and interactions with healthcare professionals and how seriously or not seriously or— they take people's concerns when they— from the black community, and from minorities in general, too.

Alida: Yeah, exactly. And that was why I brought up the Serena Williams story is that oftentimes healthcare professionals do overlook people in the African American community, and don't recognize— hey look, this is something serious that you need to really take note of. And they kind of, oh— you know you're strong, you could make it, you've been through all this stuff, as a people— you know, you're fine. And that's not necessarily true. I didn't really experience any barriers with this particular situation. I just went in there, said listen, I'm snoring. My husband said I can't— and they, you know went ahead and ordered that test. The sleep study. And I think that had I gone in there, said I'm sleepy all the time. Yes, by nature I'm a night owl. So it's nothing for me to go to bed at 1 o'clock in the morning, 2 o'clock in the morning, and still get up at say six or seven in the morning, because over the past few years I've kind of developed this early morning routine. So I'm a night owl, so anybody could— if I go into a doctors office and I say, I'm always tired, and people would walk up to me and they would look— hey, you alright? I'm like, why are you asking me that? They're like, you look tired. I'm like, do I? Oh my goodness. So that was a thing that really said that, okay let me get this machine. Because— I

need to at least, if I'm going to stay up all hours of the night, I need to at least get quality sleep when I do get it.

Alida: But going back to healthcare professionals, what if I just said hey I'm always sleepy, I'm always tired. There'll be times literally— I am originally from Columbus, which is about an hour and a half south from Atlanta— I'm driving home from school in Atlanta, to my hometown. And thank god for those little bumps they put on the median. That would wake me up and I'm back on the road and I'm good, but— it was— you know I would find myself sleepy. Even if I had gotten what I would consider a good nights' rest or I'd gotten, you know, six, seven hours of sleep I would still be tired. And oftentimes we say, okay I'm tired. I'm sleepy. You know I always feel like I need to take a nap. You're not getting all your oxygen so you're really not getting all the rest you think you're getting if you have sleep apnea and it's undiagnosed. So that's another major hazard, you know. You could fall asleep driving or while operating heavy machinery or— anything like that, so. I think the key word is to go in there and you say, I don't think I'm breathing through the night. Or, I'm snoring. But I think if you go in there and you say, well I'm just tired all the time. They may just dismiss it and say you probably just need to get some more sleep.

Alida: And one of— you know to be honest with you that is what drew me to— your, uh— your IG page. Because it was Project Sleep and I'm always trying to find better ways to come up with the sleep routine. Better ways to get better sleep. So I said, okay this is a great resource. And when I reached out I got a chance to meet you and it's just been an amazing experience. But I have a very diff— now when I go, when I hit that bed— or if I hit this— oh, this is my favorite couch here. Oh, I sleep best in this couch, better than anywhere else. But if I hit it, I'm gone. It's me getting there. I always feel like I have something to do. You know like I said I'm a serial entrepreneur. I have things going on. I have four kids. Oh, I need to have this together for them, I need— so my brain is always going. And once my head hits the pillow, I'm done. To the place where sometimes I don't even put the machine on, 'cause I have— I faded and I'm gone before a time, but— honestly my biggest struggle is coming up with a consistent sleep routine. Just— how do I get as much done throughout the day, that I feel satisfied enough to go to bed. I'm like a baby— you know how baby's don't— they're dog tired and they're rubbing their eyes and they're, "eeeeehhh," 'cause they don't want to miss anything, they don't want to feel like they've lost out on something. And that's kind of how I operate. Like okay, oh dang did I do this, did I do that. Oh, I need to send this email. I need to type up this letter. It's always something that I can— and should be doing, that makes me feel like— why am I going to sleep? I've got too much to do. So.

Julie: Right. Have you heard of [The Nap Ministry](#)?

Alida: No.

Julie: Oh, I've got to connect you with that. It's a woman on Instagram, but also more than that. But that's just how I think in terms of Instagram world. But she talks about rest as a form of resistance that also like, that we have this concept of productivity and she does bring it in with race and, um— like, that it's a form of oppression. That we think that we always have to be super over productive, and not take time for rest. And so, rest is like— yeah. Like part of a— I won't say it as eloquently as she does, but. The importance of taking time for ourselves, as a form of resistance.

Alida: Oooh.

Julie: Yeah.

Alida: I like it. I like it and I always hear self-care— and a lot of times you know we equate self-care with the spa, or going to get your hair and nails done— but we don't think about a nap. Now I will take a nap. It doesn't take much. And once I've taken that nap, I'm usually ready after that. So I definitely will take a look into— you said The Nap Ministry?

Julie: The Nap Ministry. Yeah.

Alida: Mm-hmm. Yeah. And you know you asked me one time, when we did our interview initially, we talked— you said, has that affected my job? And— I would get sleepy through the— I mean it's— it's easy to get sleepy. Even though you have a classroom full of kids. And a long time ago, this is before I was even diagnosed, I would take a nap. You know, like my planning period, or— you know I'd tell the kids, okay give me five minutes. Everybody just take a nap. And there are— different cultures, where a siesta is— is normal. And why don't we have that here? Why can't we take a nap— especially after you eat lunch. You know, after you've eaten lunch, you hungry. You want to sleep. Everybody wants to sleep. So give people half an hour, 15 minutes, 20 minutes, to take a nap. And my hope is that during this pandemic people have been able to take advantage of being at home and that freedom to say, you know I'm a little tired. And as you say, refresh yourself. It is self care to take a nap and get adequate rest. And we don't even think about it that way. But you know if you're a napper, that's a good thing.

Julie: Yeah. We got to own it. (laughs)

(Alida laughs)

Julie: Alida I think you also mentioned that people in the African American community are much more familiar with hypertension and diabetes but sleep apnea is not really on the radar?

Alida: You know I'm not saying it's not on the radar but I don't really hear people talk about sleep apnea. I hear people say, ooh, girl, my husband snores so bad. Or, oh man I snore so terribly I run people out of the house. So we know the symptoms, and we have an understanding of that, but I don't think that we— we say, girl I got sleep apnea. I know a few people who do, and I know some people who actually have a machine and things like that, but— it's not something that we— we sit around and say, oh you know— what'd they call it? The Sugar. Back in the day we would call diabetes The Sugar. Well you know, so-and-so has The Sugar. So you know we'll use the term Snore, but then we don't do anything about it. You know we talk about snoring and, you know people who have The Sugar— diabetes, they go and get their insulin, and they take their medication, or— you know I hear old people say, I got high blood pressure, baby. I gotta get my pressure medicine. And I always think and I hate saying this way but I always think about, high blood pressure and diabetes is something for older people. And um, so— we always do think, we take our blood pressure medication, and we— we go get our insulin or we take care of our diabetes, but. We talk about snoring all the time, we don't do anything about it. So we get treatment for these other things that we know affect us disproportionately in the African American community, such as high blood pressure and

diabetes. But we don't get any treatment for sleep apnea which could very well be the root cause of these other two disorders that we're dealing with.

Julie: It's kind of amazing to think, too, that like, that you didn't know that for 10 years. Like you first got a diagnosis and you didn't even know for 10 years like that those things were associated with it, and you went down this path of the high blood pressure and all the medications and— no one in that journey ever thought, to look at your records, just I don't know if it was part of— you know somewhere in there, or anything, that there was that connection?

Alida: You know, I don't know. And then, so hopefully things are getting better, but— if I go to one provider and I get a sleep study and then, for example, I moved. So I moved from Georgia to Minnesota, back to Georgia. How do you keep up with all those records? And I don't think all the records follow you all the time, so if I go to a gynecologist, they're not mixing records with the ENT which has my sleep study records. That has— you know my PCP may be connected in some way, because that's hypertension, your primary care and things like that, but— as a matter of fact, I told the gynecologist, I don't want a PCP. You're my doctor. Nope, you gotta get a PCP for your high blood— so there's all these different people you gotta go to. So if I don't have that in, say my gynecological record, and that's the only kind of doctor I'm going to— and they're pulling records from a gynecologist but not necessarily pulling records from an ENT that's going to have the information about the sleep apnea— then they may or may not make those connections.

Alida: And then I wonder how much too— how much do providers in general— you and I have that conversation about sleep disorders are— not really talked about, you know.

Julie: Yeah.

Alida: People think about narcolepsy as, oh yeah, yeah, she's always sleepy. It actually is something very, very serious. Oh, she snores, she shouldn't be snoring, that little baby— listen, I have a daughter. She snores. So I don't know if she has sleep apnea. She could, but would they do a study for her? At her age? I don't know. So I don't know at what point does sleep apnea become serious to the medical community. And to the place where we start really doing something about it. So—

Julie: Well there are kids and they do do sleep studies on children and, um— we did a broadcast with a young— I'm going to say maybe she was seven? Aaah, I hope I'm getting it right, but I think she already had a CPAP.

Alida: Oh, wow.

Julie: Yeah.

Alida: Wow. But then— how much better is she going to be, down the line, if she continues with her therapy? She is avoiding potentially high blood pressure, she's potentially avoiding type 2 diabetes, she is getting quality sleep so she can be all that she can be, so to speak.

Julie: Yeah. Life? (laughing)

Alida: Yeah, yeah.

Julie: We'll throw that in there. (laughs)

Alida: So yeah, I think that we really have to take those things into consideration.

Julie: One other thing that I think is interesting too is that sleep apnea doesn't always have to be with snoring too, so some people that I know with sleep apnea they never even considered that they could have it 'cause they didn't snore. And so that's another— like Alida is saying, that that's a big part of it, but then also some people don't even snore and could have sleep apnea. Oh, I'm just so glad that you're willing to share because I think— when you say even how can we raise awareness about these issues in different communities, I think story sharing is one of the most powerful vehicles. And research actually really shows that, we think often we can throw facts at people and then they'll change their behaviors. But really like, I think you— being a new face, not the Homer Simpson, you know. (laughing)

Alida: Oh my god. (laughing)

Julie: There's also a Homer Simpson episode where he gets narcolepsy, by the way. And so—

Alida: Wow.

Julie: Yeah, I think there's also one where he does use a CPAP. I think. But there's also one where he gets narcolepsy. It's kind of a creative episode. But— Your being willing to be a face of this and sharing, I think that is one of the ways to raise awareness. And let people know about that it's not just Homer. (laughing)

Alida: No, no— not just Homer at all. (laughs)

(Julie laughs)

Alida: And not just old people, you know? I saw a movie, I think it was Jumanji or something and the granddad had this big CPAP that he was using and like I said, we think of these things as older people— but I'ma tell you one of the things that really has concerned me, like young people that I know— people that I went to middle school, junior high with, and high school— they died— you know, from heart attacks. And from strokes. And from liver complications and— liver complications is another issue that is caused by sleep apnea. And it's like— uh, yikes. You know? And how many people may have had some of these disorders and they passed away and they just never knew. That's a scary, scary thing. And we have to stop looking at it, like you say, as Homer Simpson, or— older people. But that it starts really when you're young and if you can prevent certain other issues from occurring then you're putting yourself in a much better place.

Julie: Mm-hmm. Is there anything else that we should chat about?

Alida: No, I just— I recommend anyone who knows someone who snores or it sounds like they're not breathing at night, oftentimes it's another person who can recognize those things in you, because if you're asleep you don't hear yourself snoring, you don't— unless, like I had an episode last week where I was like, oh my god. I couldn't breathe, I couldn't breathe. I fell asleep and I woke myself up, so unless you know that for yourself, make sure if you are the partner of someone that snores or if you think you may snore and you have a partner or your partner has told you that you snore, something to definitely take a look at. Go to your doctor, say hey listen, I snore or I stop breathing, can I get a sleep study? It's really a simple— it's actually even better than the CPAP. They give you a little headband and you wear that at night and it just basically checks your oxygen levels. It determines whether or not you dropped below optimal oxygen levels throughout the night and how many times.

Julie: And also if people are sleeping through school— (laughs) —because I think a lot of people, you know young people that could have narcolepsy too or sleep apnea, like— let's just not make a precedent where sleeping through school is okay and normal. And a lot of kids are getting in trouble.

Alida: Yeah.

Julie: They're actually going to truancy court and stuff for missing school or sleeping through school and that the more connections we can make there, and help educators consider a medical condition as opposed to— maybe this kid's partying, or this kid's gaming, late at night— and maybe they are. Maybe. But why not also just look for a possible sleep condition, for them too, so.

Alida: I agree. I think it's so important that we don't criminalize— when we have situations going on, you know and kids get in trouble— she was sleeping in class, or he was— you know wake so-and-so-and-so up, and it turns into— sometimes even a battle between the child and the teacher and— you know it's important for— if you are a teacher and you recognize these things, I work with some very caring educators who will kindly, hey— go wash your face, or take a break or— that's what I do, if I see someone is tired and— 'cause I recognize it. And I say, okay go wash your face, freshen yourself up— you know walk around, kind of— you know that kind of thing as opposed to criminalizing, oh you're just being defiant and you don't want to learn this lesson so we're going to write you up and— fall back, it's not that deep. Sometimes kids just don't get a good night's rest. And that's okay too. I think we have to definitely look at this as a possibility. And something that we can work to change, for the better. For everyone.

Julie: Well I think that's kind of a good— final words, in a way. I also wanted to mention the American Association of Sleep Apnea is a really wonderful organization, if you are looking for more information. That is a really great non-profit advocacy organization for people with sleep apnea. They have great resources as well. I just cannot thank Alida enough, your willingness to share your story, 'cause that's really what I truly believe in as the most powerful thing is our stories and when we're willing to share those, that that is one of the most powerful ways to get the word out. You're amazing, and thank you again for doing this!

Alida: (laughing) Thank you, Julie, for having me, it's been a joy!

This discussion was originally recorded during Project Sleep's [Sleep Advocacy Forum](#) in October 2021.