



# REDUCE

# FATIGUE,

# NOT PRODUCTIVITY

BY HENRY E. SEATON

**“AS A RESULT, DRIVERS FEEL FORCED TO DRIVE WHEN TIRED AND TO COMPETE WITH COMMUTERS DURING HIGH VOLUME TRANSIT TIMES.”**

In response to ending split sleeper berths and other hours of service changes, David Owen and I wrote a booklet in 2003 titled “Industry in the Crosshairs.” Therein, we criticized changes in the hours of service regulations which eliminated driver flexibility, frustrated nighttime driving and gave no credence to the value of a nap.

We argued that within general guidelines, a driver is best suited to regulate his hours of service and should be encouraged to drive while rested and to rest when fatigued.

These basic common sense principles were ignored in the name of Circadian rhythms and restorative sleep, concepts which were incorporated into rigid hours of service requirements. The subsequent 34 hour restart

further limits flexibility and hampers productivity while reducing home time.

As a result, drivers feel forced to drive when tired and to compete with commuters during high volume transit times. Under peril of being placed out of service, they must frequently spend 10 consecutive hours in the middle of nowhere ostensibly to get restorative sleep and to shut down for the weekend 100 miles from



home, regardless of their ability to drive safely without a 34 hour restart.

You see, the existing rules do not measure fatigue, they measure unit productivity and tend to force OTR operators into shift work based on the assumption that the government regulators know what is in the best interest of drivers' health and welfare.

The soon to be mandated ELDs are not designed to alert the driver to fatigue, their benefit is simply to make it easier to comply with the rigid "government knows best" hours of service rules. Yet, over the past 10 years there has been ever-improving technology to measure actual driver fatigue, from small wristwatch-like devices which measure biorhythms to in-cab devices which sound alerts when drivers demonstrate symptoms of fatigue. To my knowledge, although many respected sleep scientist professionals tout such systems, no one is putting R&D funds into developing this technology for use in aiding the driver to recognize fatigue. To be sure, driver sleep patterns vary

and a driver can be less rested after being off duty for two days than a driver in his 13th hour of on-duty time.

Ultimately, the welfare of the traveling public is dependent upon the truck driver taking responsibility for his own personal safety and the safety of those with whom he shares the road by recognizing fatigue and managing his driving time accordingly.

In this context, sleep apnea is not an artificial construct, but a real fatigue causing syndrome which results from interrupted sleep patterns. Diagnosing and treating sleep apnea is an important health and safety issue and one which every motor carrier should urge its drivers and owner-operators to recognize and treat. There is no litmus test for it. Yet, there are screening tests to determine the source of fatigue, and there are CPAP machines and other ways to treat the source of the problem.

Industry awareness and personal driver accountability in diagnosing and treating apnea is preferable to imposing testing and

screening requirements by either regulation or as part of driver medical certification. Congress has properly placed on hold any plans to develop or enforce sleep apnea rules. Yet, as part of the new Certified Medical Examiner program, there appears to be an increased tendency for doctors to prescribe a \$4,000 sleep study on drivers suspected of having apnea based on the so-called STOP-BANG test. (STOP-BANG is an acronym for eight characteristics, any three of which may trigger a test.)<sup>1</sup> Rigidly applied, STOP-BANG would require testing of all drivers who are male, over 50 and overweight, regardless of any demonstrable evidence of fatigue.

There are better voluntary solutions than this. NASTC and possibly others now have available low cost testing by doctors with the results provided under HIPAA protection to the drivers who can then seek treatment on a voluntary basis. Drivers who submit themselves to this cheaper alternative can obtain medical certification that they do not have treatable apnea or can demonstrate at the time of their physical that

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the syndrome has been recognized and is being treated.

Driver health and safety are important issues, but limiting driver flexibility is no way to guarantee rest. Enhanced technology, which measures productivity, does not measure the real issue of fatigue. Maybe we need to rethink how to help drivers to recognize and manage fatigue in more constructive ways than ever-increasing costs of regulations. ■

<sup>1</sup> Snore, Tired, Observed, Pressure, BMI, Age, Neck, Gender.



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