

Letter From America: My Night in Wires

Overcoming sleeplessness the American way

By Shashi Tharoor

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The defining assumption of American life is that no problem is insoluble. Especially one posed by nature. Men have tried to fly since Icarus plummeted to earth, but it took a pair of American brothers to defeat gravity. Heat was something human beings learned to live with, until Americans invented air conditioning. Human imperfections, from acne to aging, have all been defeated, delayed or deferred by American science and will. Cancer might take a little more time, but Americans are working on it.

So it was hardly surprising that when I confessed to a friend I was having trouble sleeping, she told me that America had found a way of dealing with that, too. Nothing as crude as a little pill, which I refused to take on principle. Instead of merely knocking myself out, my friend said, I should have myself studied by the Sleep Disorders Clinic of New York.

I balked. A sleep-disorders clinic? My little difficulty wasn't all that dramatic. I hadn't been sleep-walking into my neighbor's apartment or sitting up bolt upright, screaming into the night. I even had no difficulty falling asleep; my problem was merely that I couldn't stay asleep. "That's why you need the clinic," my friend replied. "You might have a breathing problem that's waking you up. Better check it out before you stop breathing one night."

Two largely sleepless weeks and a long interview with a doctor later, I found myself an overnight guest of the Sleep Disorders Clinic. A middle-aged nurse introduced herself: she'd be watching me through the night like a cake about to rise. I was supposed to sleep, in a tiny windowless room equipped with a discreet camera, while she monitored me from a battery of screens and machines next door.

The prospect of being studied while you slept was a bit disconcerting; I imagined myself a rat in a lab, tethered to a flywheel while Dr. Strangelova in a white coat muttered observations under her breath in a German accent. And then the nurse started pulling out enough red and black wires to jump-start a truck fleet. "Hope you're not too fussy," she said apologetically. "I'll have to stick these to your head."

With practiced efficiency, she applied some goop to my scalp and pasted on five electrodes that would, she assured me, pick up the slightest electrical impulses in my brain. Pairs of electrodes followed onto my eyelids, behind my ears and on my chin, forehead, legs and the tips of my fingers. The

nurse slipped a plastic tube under my nose to measure my breathing. "Want to see yourself?" she asked, turning me to a mirror. I looked like a prototype humanoid in a bad science-fiction movie.

To decode all that data, I figured she'd need to be an electrical engineer, or at least an insomniac with a sideline in voyeurism. But she really was just a nurse, and she'd heard about the job seven years ago when her daughter came to the clinic as one of its early patients. She had slept during the day and was looking forward to a night of watching me toss and turn on a black-and-white screen. It takes all sorts, I guess, and in New York you usually find the sort you need.

To my own surprise, the wires didn't really interfere with my rest. In fact, the unnatural quiet—far from police sirens and clattering sanitation trucks—actually gave me a more peaceful night than usual. I spent an unaccustomed eight hours in bed, though it took almost that long the next day to get the sticky goop out of my hair.

A week or so later I was with a doctor reviewing the findings. An impressive array of charts and graphs emerged. (Mercifully, I was not invited to watch myself sleep on video.) There were stats on my brain-wave activity, my REM sleep, my heart rate. It turned out I had no major sleep apneas, those sudden arrests of breathing that can prove fatal. But I'd had 23 bouts of hypopnea, which sounded like a rock band but was apparently the next worst thing: I had, it seemed, woken up 23 times. My REM sleep—the deep sleep in which you dream vividly—had also occurred rather later in the night than the experts considered healthy.

An hour later and nearly \$2,000 poorer, most of which would not be covered by my insurance, I was officially wiser to the tune of one insight: there was nothing seriously wrong with me, but I had difficulty staying asleep. This, I pointed out to the doctor, I already knew: that was why I'd come to the sleep clinic in the first place. What should I do about it?

Maybe, she said, a mild sleeping potion, a few drops in a glass of water? She scribbled out a prescription. I went home and put it neatly away in a drawer. I wasn't planning to drug myself. Maybe some problems aren't soluble after all. There's some comfort in knowing that. But it's not very American.

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