

**Jerry West:** I'm going to talk a little bit about my life, as an athlete, but some of the things I've had to overcome in terms of dealing with my problem. So, I don't have a lot of time. This is going to be short and concise. But I can tell you some of the issues I've had and how I've tried to deal with this for many, many years. And, obviously, my name is Jerry West. And I have, hopefully you people have been following this initiative for a while now.

Now, I've been living with a chronic disease for more than 30 years. I was first diagnosed with atrial fibrillation in my 40s, but I'm sure that I had the disease earlier in my life, probably in my days as a professional athlete. I didn't recognize it at the time but I had so many symptoms, feeling breathless, enduring sleepless nights with my heart racing and pounding all of the time. And I wonder today with all of the sophisticated testing that we have, would I have even had a professional career based upon the findings we have today? Maybe I wouldn't have, and maybe I wouldn't have had a chance to share this story with you today. When I look in the newspapers sometimes and I see 17-year-old kids being diagnosed with this disease, I wonder, back when I played what I really did have, and what dangers I was exposing myself to.

Just a moment ago we received a lot of excellent information about the healthcare system, about Medicare and the cost associated with chronic disease. And later on this morning you'll hear more about the far reaching impact AFib has on patients and our healthcare system. Well, I'm here today to share my own story because this isn't just about systems costs and budgets numbers. Those things are certainly important, especially now as lawmakers work to implement our health reform.

It's about patients like myself who need care for a complex and potentially debilitating chronic cardiovascular disease. This is about the impact that they can have on individual's lives, their health, their families, their finances, their careers and so many other factors. My own story includes—actually some kind of funny things. It's my share of doctors visits, extended hospital stays, four instances where I've had cardio aversions.

The other story I usually share is about how I went to a hospital for a procedure for my AFib. I was discharged the afternoon of my elective surgery. But that night I woke up and I was in incredible pain. I thought my chest was going to explode. I had this burning sensation in my chest and I eventually went to the emergency room. And when I was there I was diagnosed with a heart attack. Now, I went in for an elective surgery. I lost about 15 pounds in six days at the hospital and so that was my other visit. And it was changed to the diagnosis pericarditis. And I will tell you I was thinking to myself this whole thing is ridiculous. I was angry that I had scheduled this because I had been treating it in a different way. And here I was stuck in a hospital for a week feeling so much worse than when I actually went in. And, of course, your family, your kids,

everyone is really concerned about what's going on because it wasn't diagnosed until the second day I was there.

Plus, I was working at that time. I was president of the Memphis Grizzlies, and I really cared about my job. I'm a highly competitive person. And, I think, when someone hires you you're never half in or half out, you're always in. And I made the commitment to the owner who I really respected, who I had a great relationship. I made a commitment to be there for the team, to be there to try to establish a winning organization which we did for three years. And I really felt that I was letting this team down because here I'm lying in a hospital and I can't get up and do anything. But for three months this was not fun. On top of that it was a waste of time and money. In fact, now that I think about it I wonder how many other patients all of those doctors could have been treating, if I wasn't unnecessarily taking up their time and attention.

Now, imagine for a second this all happens to someone who didn't work in an NBA office. Imagine it happens to someone who's not been as fortunate as I have in my life. Imagine this happens to someone who is making an hourly wage. Maybe they don't have the greatest health insurance. Or imagine if this happened to someone who supports a sick spouse or a special needs child, who lives in a rural area, where I grew up, and might have little or no access to medical care. Imagine this happens to you. Your chronic disease forces you into retirement, which mine did—like mine did—without the ability to financially prepare for it. Maybe you have other plans for your future. At that point in time I was fortunate enough that I had made plans. Others are not as fortunate. Let me tell you going to the ER is never part of that plan. Never part of the plan. Imagine all of these things and you'll realize that the costs of being an AFib patient are a much bigger matter than just a cost to the system. There's an impact to the patient that is hard to measure and it's hard to track.

Our schedule obviously is very full today and I can't go into details about how many other health services that I've had related to my AFib, but rest assured there have been many. As always it's a pleasure to be here today on behalf of the *AF Stat*. And I will tell that this has probably been one of the most enlightening things that I have done, because athletes are proud people and they don't talk about their own particular problem. And I have been surprised the number of people who I know who have the same problem as I do, and they discussed it with me, what I'm doing with my life and how I'm trying to care for myself. But I would remind you for every one of those facts and figures we'll discuss, there is a real patient story behind it. And that makes all of your work and our work today here all the more urgent.