**Sample Sleep Apnea VA Buddy Letter From a Fellow Servicemember**

**Subject:** Buddy Letter for Sleep Apnea – [Insert Veteran's Full Name]  
**Date:** [Insert Date]  
**From:** [Your Full Name]  
**Address:** [Your Address]  
  
**To Whom It May Concern,**

My name is [Your Name], and I had the privilege of serving alongside [Veteran's Name] in the [Branch of Service, e.g., United States Army] from [Start Date] to [End Date]. We were assigned to [Unit Name/Designation, e.g., 3rd Battalion, 12th Infantry Regiment] and spent significant time together during deployments and training exercises.

I am writing this statement to provide firsthand evidence of the sleep-related issues I observed in [Veteran's Name] during our time in service. Specifically, I directly witnessed numerous symptoms consistent with sleep apnea, which were noticeable during our shared time in barracks, field exercises, and deployments.

**Sleep Observations**

During our time in service, I frequently noticed that [Veteran's Name] exhibited loud, disruptive snoring at night. This was a common topic of discussion among our unit members because it was so noticeable. On multiple occasions, I observed [Veteran's Name] stop breathing momentarily during sleep, followed by gasping or choking sounds. At the time, I didn’t realize these were signs of a medical condition, but looking back, it’s clear they were symptoms of sleep apnea.

**Daytime Symptoms**

In addition to the nighttime issues, I also observed that [Veteran's Name] struggled with excessive daytime fatigue. He frequently appeared drowsy, even after what should have been a full night of rest. During training and field exercises, [Veteran's Name] often complained about feeling tired or having trouble concentrating. On several occasions, he would nod off while sitting still or during brief periods of inactivity, which impacted his ability to stay alert during our duties.

**Impact on Duties**

These symptoms affected [Veteran's Name]'s performance during service. While he always gave his best effort, the noticeable fatigue sometimes made it difficult for him to meet the high demands of our assignments. I recall that during [specific deployment or exercise], he expressed frustration about how his sleep issues were affecting his energy levels and focus. Despite these challenges, [Veteran's Name] pushed through without seeking medical attention, as was common among many of us in the military.

**Closing Statement**

I believe the symptoms I observed during our time in service are consistent with sleep apnea, and I strongly support [Veteran's Name]’s claim for VA disability benefits related to this condition. The issues he experienced in service were clearly present and have likely worsened over time. I hope this statement helps provide the VA with the information needed to understand the challenges [Veteran's Name] faced and continues to endure.

This statement is true and accurate to the best of my knowledge and belief. If you have any questions or need further clarification about my observations, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your time and consideration.

Sincerely,

[Sign Your Name]  
[Type Your Full Name]  
[Rank/Title at the time of service, e.g., Sergeant, US Army]  
[Branch of Service]

[Your Email Address]  
[Your Phone Number]