

Put it To Rest!

Your VA Sleep Apnea Disability Claim.



Chris Attig

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Your VA Sleep Apnea Claim.

“Changing the Way Veterans Experience the VA Claims Process.”

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Licensed in Maryland and Texas

Accredited by the VA (September 2008)

Admitted to Practice, Court of Appeals for Veterans' Claims

Admitted to Practice, Federal Circuit Court of Appeals

My first job after school was military service. I reached the rank of Captain in the U.S. Army (Field Artillery) on Active Duty from 1993-1997, and served in the Reserves from 1997-2004.

I graduated Airborne School, attended Ranger school, and prior to leaving active duty, was invited to attend Special Forces Assessment and Selection (SFAS).

The Attig Law Firm handles cases at VA Regional Offices all around the US, before the BVA, and the Court of Appeals for Veterans Claims. My Vision is to Change the Way Veterans Experience the VA Claims Process. My Firm will do that by providing More Information, and More Power, in More Ways, to More Veterans.

I speak around the country on Veteran's topics:

Sept 2013	Using FOIA in your VA Cases (NOVA Conference, San Diego)
Apr 2013- present	The Journey to Service Connection (NOVA: San Diego Washington, D.C.)
February 2013	Veterans Law Day at SMU Law School (Dallas)
November 2012	Texas Veterans Legal Issues: Texas Ass'n of Counties (Galveston, TX)
Spring 2012	Overview of Veterans Benefits (Locke-Lord Law Firm, Dallas)
Spring 2012	Ethical Issues in a Veterans Law Practice (Dallas Bar Association)

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Preface.

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- * Discount on Other Veterans Law eBooks
- * How this eBook is Organized, and what it seeks to do.

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PREFACE:

Changing the Way Veterans Experience the VA Claim Process.

I've been where you are.

While in the military, I tore my face to shreds, and injured my jaw, teeth and skull while jumping out of a C141 Starlifter.

I filed a claim for service-connection of those injuries with my local VA Regional Office - as an attorney, I was SHOCKED at how difficult it was to file and prove up a simple VA Claim.

So I've battled the VA in my own claim.

I've been frustrated by the VA's obtuse rules and regulations, annoyed by their excessive delays and baffled by the things they've written in their decisions.

I learned something along the way. I learned that Information is Power.

Every year, thousands of Veterans come to the Attig Law Firm looking for help battling the VA.

The Veterans Law Blog is the Oldest, longest-running blog about Veterans Law by an accredited VA Attorney.

The Veterans Law Blog has been teaching Veterans how to simplify the law and process of their VA Claims and Appeals since 2007.

As of this writing in July 2014, the Veterans Law Blog has published over 500 posts containing valuable VA Claims Information. Posts are published every weekday, and tens of thousands of Veterans following the Veterans Law Blog on the website and through e-mail.

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*“There is no substitute
for good legal advice.”*

*This eBook is general
information meant to
educate and inform you
- it is NOT legal advice.”*

The posts cover a wide variety of topics designed to help Veterans understand the basic law and procedure of the VA Claims process.

Let me tell you about “Veterans University”.

In addition to the Veterans Law Blog, we have “Veterans University”. Veterans University is a growing section of the AttigLawFirm.com website where Veterans can have access to more detailed information about the complexities and the finer points of preparing and advancing their own VA Claim or Appeal.

The Veterans Law Guidebooks in Veterans University are organized using my approach to VA Claims, which I call the [“8 Steps to Improve Your VA Claim”](#). I have analyzed hundreds - if not thousands - of Veterans C-Files, and I have figured out some of the biggest reasons that Veterans get caught in the VA Hamster Wheel or why their claim or appeal gets caught in the Backlog.

I have come up with a path out of the mess of the VA bureaucracy called the [“8 Steps to Improve your VA Claim”](#). The steps are not easy - anything worth doing is worth putting work into - but in the end, I am sure that if you follow them, they will Change the Way You Experience the VA Claims Process.

This will be the 9th Veterans Law Guidebook to be released on the Veterans University page.

(As a purchaser of this Guidebook, I offer you a a discount on each of our other Guidebook - just use the links at the end of this Chapter.)

We have more Veterans Law Guidebooks, Videos and Podcasts on their way - if there is a particular issue you would like to see covered in a blog post, Guidebook, Video or podcast, please let me know.

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*“Please tell me how to
make this eBook better
for MORE Veterans.*

*Tell me where I hit the
nail on the head, or
where I missed the
mark.”*

Can I keep in touch with you by email?

I send out emails to tens of thousands of Veterans every week.

I would like to keep in touch with you by email.

Follow this [link to the Veterans Law Blog](#) where you can sign up for a variety of FREE emails that I send out each week and, sometimes, each day.

Please tell me what you thought of this eBook.

I really would like to know what you thought of this eBook - the only way I can make it BETTER for more Veterans is to get feedback from folks like you that tells me where I “hit the nail on the head” or where I “missed the mark”.

In fact, this eBook was the suggestion of several Veterans who emailed me and told me they were struggling to understand the different kinds of evidence used in a VA Claim or Appeal.

If you have thoughts, ideas, suggestions, and even criticisms or complaints - PLEASE - tell me so that I can make the Veterans Law Blog the Best and Most Thorough source of information for Veterans battling the VA in their claim or appeal.

[Leave Feedback for me on the Veterans Law Blog by clicking here.](#)

Let me tell you who this Guidebook is NOT for.

If you want or expect legal advice, this is **not** the place for you.

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“Use the information in this eBook to help you better understand the VA Claims Process, and the language used by the Board and the Courts to rule on that process.”

If you are seeking or expecting legal advice, then fill out a [consultation request form on the Attig Law Firm website](#).

No Veterans Law Guidebook should be considered legal advice. This Veterans Law Guidebook is not legal advice.

In fact, some or all of the ideas suggested may not be appropriate, and/or may not be effective, in your VA Claim or Appeal.

If you need, want, or expect specific guidance on the unique facts and law of your claim, **STOP** reading here and contact an accredited VA Benefits attorney.

There are good ones out there.

I have a Veterans Law Guidebook that will teach you the “8 Things you Need to Know When Choosing a Lawyer for your VA Disability Benefits Claim.”

Be sure to read this Guidebook so that you can find and hire the lawyer that is best for you and your claim or appeal.

There is NO SUBSTITUTE for good legal advice. If you need legal advice, or specific guidance based on the unique facts and law of your case, contact an accredited VA Attorney immediately.

I will tell you this, too, just to be sure you understand: it is really easy to take a superficial reading of Veterans law sources, try to apply them in your case, and do serious damage.

The *study* of law is just that - a study.

While there are cases and rules and precedent that guide us, lawyers *study* law for years and still don't come anywhere near developing expertise.

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Heck, I've been at this for 7 years, and it takes 10 minutes with some of the Lions of Veterans Law (Robert Chisholm, Ken Carpenter and Barbara Cook) to know that I have a lot to learn.

In reading this Guidebook, please don't think that I'm advising you how to use the law mentioned in this eBook in your case. I'm also not telling you that you SHOULD follow the steps that I lay out. Use this information as a piece of your research - a small part of a broader study of the VA Claims Process.

Don't use this Guidebook to argue to the VA (or anyone for that matter) that you know the law or rules of evidence. First of all, the VA raters don't really care about the law - I rarely if ever cite case law to VA regional office employees. And I NEVER tell them about 5 Star Evidence....they won't have a clue what that means. That is a term that I coined, and that is used only on the Veterans Law Blog.

And don't take this Guidebook to your DRO hearing and say, "Attig says it, see here, you have to do what he says."

That's just not what this Guidebook is intended for.

Instead, use the information in this Guidebook to understand the VA process and educate yourself about the language and process that is used by the VA Regional Office, BVA, and Veterans Court in VA service connection claims and appeals.

I've been at this since 2007, and I'm still learning what these decisions mean and how to use them every day.

If you are concerned about how the law discussed in the attached cases will affect your case, or how to apply the law in the attached cases to the specific facts of your case - please stop right now and contact an accredited VA Benefits attorney.

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There is no substitute for legal advice from an accredited Veterans Benefits attorney.

There is also no guarantee that this Guidebook will help you win your claim.

If I could make that guarantee, I'd call a bookie in Vegas and pick the next 20 Superbowl winners, and retire a very wealthy man.

Nobody can predict what the VA is going to do in any claim or appeal. Nobody can guarantee an outcome in your VA claim or appeal - and if someone is giving you that guarantee, then you should run far, far away.

The VA is unpredictable, and a fickle bureaucracy. What "works" in one case may not "work" in another case - even though the 2 rely on the same facts.

Before I share this Guidebook with you, I have one favor to ask: if you find something in this Book helpful, tell another Veteran how to get it.

Let's watch out for each other - nobody else has our back.

Let me know if this eBook helped you in your VA Claim

I love to hear good news.

[Leave Feedback for me on the Veterans Law Blog by clicking here.](#)

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What “works” in one case may not “work” in another case - even though the 2 rely on the same facts.

How this Guidebook is Organized, and what it seeks to do.

This Guidebook is NOT medical or legal advice.

I am not a doctor, so I cannot advise you on the diagnosis or treatment of any medical condition.

All I can tell you is that **Sleep Apnea KILLS - if you suspect you have Sleep Apnea, go see a doctor or, in case of a medical emergency, call 911 and get to the emergency room!**

My summaries of what sleep apnea is, and what it is not, comes from a few places: my experience and discussions with medical doctors while working sleep apnea claims; study of Veterans Court and BVA Decision; study of hundreds - even thousands - of Veterans C-Files to see how the VA handles sleep apnea claims and appeals.

This Guidebook is NOT legal advice. It is meant to educate and inform you about how - in my experience - the VA handles sleep apnea claims and appeals.

No Guidebook - no blog article, and no social media posting - can take the place of legal advice from an accredited VA attorney. Use this book to help you understand the jargon, process, procedure and evidence in a VA Sleep Apnea claim.

Do not use this Guidebook as a substitute for legal advice.

Now that the disclaimers are out of the way, I want to tell you how I have set this Guidebook up.

First, I want to give you an idea of what I understand sleep apnea to be, and why I think it is important to get it service-connected if you believe your sleep apnea is related to military service.

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*The VA is a fickle
bureaucracy. What
works in one case may
not in another case -
even when they rely on
the same facts.*

Second, I want to walk you through the 4 Pillars of a VA service-connection claim - these are the 4 things that every Veteran must prove in most service-connection claims.

Third, we will talk about how I have seen lay and medical evidence used in VA Claims and Appeals - both the good and bad - and I will talk to you about my thoughts on how best to use Lay and Medical Evidence in your Sleep Apnea claim or appeal.

Fourth, I want to talk about some of the common errors that I see Veterans making in Sleep Apnea claims.

I will consider this Guidebook a success if, at the end of it, you feel more comfortable in your understanding of how the VA looks at, and talks about, Sleep Apnea claims.

But what is important to me is that you find this book helpful.

Tell me how to make it better. Fill out a review at this page on the Veterans Law Blog.

When I update this Guidebook, you will get a FREE update. That's the cool thing about our Veterans Law Guidebooks - you only have to purchase them once, and you will be kept up to date with any changes we make.

Here's a Special Offer for you, too: If you know of a way that I can make this Guidebook better - or if you give me feedback I can use to make this Guidebook a more valuable resource, I will refund your ENTIRE purchase price.

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Chapter 1: Sleep Apnea - What is It?

Sleep Apnea is a Killer. No “bones” about it - sleep apnea will kill you unless you get treatment and get it under control.

If you don't stop breathing in your sleep and die, there is a good chance that untreated sleep apnea will lead to a cardiovascular event.

Or cause other medical problems.

Sleep Apnea, in a nutshell, is a condition where you slow or stop breathing while you are sleeping.

If your breathing slows, and becomes shallow, the event is known as a hypopnea. If you stop breathing altogether while sleeping, the event is known as an apnea.

An apnea, can last anywhere from a couple seconds, to as long as a minute.

The impact, while you are sleeping, starts in the lungs. ¹The lungs aren't filling with air, so your blood is not oxygenating.

When your blood is not oxygenating, your brain becomes aware of the problem, and sends signals to move your body into a lighter level of sleep.

Think of it like the check engine light in your car.

Your car needs oxygen and fuel to properly ignite, and start running. If your car is not getting the right amount of oxygen

¹ I am not a doctor. This explanation is over-simplified, and meant to illustrate to Veterans the seriousness of the condition, and how the symptoms and manifestations of the sleep apnea condition will ultimately relate to the impairment ratings for sleep apnea.

“I will consider this Guidebook a success if, at the end, you feel more comfortable in your understanding of your own VA Sleep Apnea Claim or Appeal.”

into the fuel mixture, there's a good chance your check engine light will come on.

Same thing in the human body.

If you aren't getting enough oxygen into your blood stream - and oxygen is vital to proper functioning of your heart, brain, nervous system, organs, and basically every other body function - your brain will, in a sense, wake you up so you can consciously control your breathing.

Ultimately, the immediate and recognizable limitation is that your body's sleep cycle is interrupted and you don't get the opportunity to go into a state of deep sleep that is needed to recharge your body's "batteries" and systems.

As a result, most people that have sleep apnea wake up in the morning feeling less than rested - even though they may have gotten a full night's "sleep".

In the long term, however, a sustained pattern of low oxygenation of the blood will increase the amount of carbon dioxide in your blood, and can lead to problems involving:

- * the rhythm of your heart beat
- * pressure build up on the right side of your heart
- * fluid build up in the body
- * heart failure
- * stroke

Remember watching a movie where a character tries to kill themselves by locking themselves in a garage, and turning their car engine on?

What happens to them?

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“Sleep Apnea is a Killer...If you don't stop breathing in your sleep and die, there is a good chance that untreated sleep apnea will lead to a cardiovascular event. Or cause other medical problems.”

They die, right?

The body's process of shutting down and dying - very rapidly in that scenario - is precisely the same as what is happening to your body (albeit a little more slowly) when you have untreated sleep apnea.

With untreated sleep apnea, your heart will eventually shut down.

When your heart and lungs break down over the long term, it is much more painful.

Hypertension (high blood pressure), headaches, strokes, heart disease, other forms of brain and organ damage (from low blood-oxygen levels) make death from sleep apnea a very long and very painful - and not to mention a very costly - proposition.

Symptoms of Sleep Apnea

So you have seen some of the dangers of untreated sleep apnea.

What are the symptoms of this deadly condition?

For our purposes here, I'll group the symptoms into 4 categories, depending on who can observe them.

Why is this breakdown important for you, the Veteran, filing a VA disability claim for sleep apnea?

In a nutshell - and this is the “secret” that not many Veterans understand - different types of people can observe different types of symptomatology of your sleep apnea.²

The savvy Veteran will collect lay - and medical - evidence from all of these types of people, and provide it to the VA (using the 5 Star Evidence formula I teach in my eBook “The Secret to Proving Your VA Claim”), then your VA Claim for Sleep Apnea becomes much stronger, and much easier for the VA to grant the FIRST time around.

So here are the symptoms of sleep apnea³, grouped by the types of people that can observe them:

² Throughout this Guidebook, you will notice a theme: Lay evidence proving the development of the symptoms of sleep apnea over a period of time, coupled with medical evidence relying on those Lay Statements can invariably yield a very different outcome in a VA Sleep Apnea Claim or Appeal. The Veterans that used lay and medical evidence in the ways that I describe in this Guidebook seemed to me to have more successful - and quicker - outcomes at the VA Regional Offices and at the BVA.

³ Again, I am not a doctor - these symptoms are not meant to help your DIAGNOSE your condition: only a trained medical professional can do that. In fact, these symptoms may also be warnings of other and more serious medical conditions. If you have these symptoms, or are worried about sleep apnea, go see your doctor. These lists of symptoms are merely meant to help you understand the types of evidence to include in your VA Sleep Apnea disability claim.

Symptoms the Sleep Apnea “victim” can observe:

- * Morning headaches
- * Memory problems - learning difficulties, or inability to concentrate
- * Feelings of irritability throughout the day, depression
- * Mood swings
- * Confusion, poor memory
- * Sexual dysfunction
- * Waking up frequently in the night - often times you will think you are waking up to urinate
- * A dry mouth or sore throat when you wake up
- * Falling asleep throughout the day; fighting sleepiness throughout the day, or falling asleep whenever it is quieter (like behind the wheel of a car). Excessive daytime sleepiness is known as “hypersomnia” or “hypersomnolence” - you’ll recognize this term when it comes to rating your service-connected sleep apnea
- * Your sleep is “non-restorative” - you feel as tired in the morning as you did when you went to bed
- * Acid reflux

- * Cessation of breathing during the night.⁴

Symptoms that your spouse or loved ones can observe:

- * Cessation of breathing during the night.
- * Loud and Chronic Snoring - often described as snoring that wakes your partner up, or that can be heard in other rooms of the house.
- * Pausing in the middle of snoring, or, choking or gasping after pauses in snoring
- * Mood changes throughout the day
- * Poor memory and attention
- * Confusion
- * Sexual dysfunction

⁴ At least one BVA decision concluded that a Veteran is "...not competent to observe symptoms of apnea (cessation of breathing) during his own sleep." BVA Docket No. 10-41721 (April 2013) If you have Sleep Apnea, you may realize that this is "horse-puckey".

If you wake up due to a cessation of breathing - during an apnea event - you may have a clear and distinct sensation of gasping for air, or choking. It doesn't take a rocket scientist to put two and two together and realize that you stopped breathing in your sleep. Be sure to communicate that sensation of choking while waking in your Lay Evidence statement - it is competent and credible evidence!

While it is true that you may not ALWAYS know when you have an apnea event in your own sleep, or how many apnea events you have in the typical hour of sleep, it is patently untrue that a Veteran is not competent to observe symptoms of apnea, such as cessation of breathing, during the Veteran's own sleep.

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Symptoms that people around you throughout the day can observe:

- * Mood changes throughout the day; sudden increases in irritability
- * Falling asleep at work, or while driving, or feeling tired at unusual times of the day.
- * Poor performance at work, or in school, due to decreased attention, ability to concentrate, or appearing confused

Symptoms that medical professionals can observe.

- * enlarged Uvula (this is the thing hanging in the back of your throat)
- * Blood-oxygenation levels
- * Air movement through nose while sleeping
- * Chest movements while sleeping
- * Rate of Apneas/Hypopneas per hour of sleep, or per hour of sleep studied (known as the Apnea Hypopnea Index, or AHI).

Types of Sleep Apnea

A common myth about Sleep Apnea is that only the obese or overweight can have it.

This is a myth that is very dangerous.

Sleep apnea can affect even the most physically fit person, or folks that have an ideal Body Mass Index (*The Body Mass Index, or BMI, is the ratio of height and weight in a person, often indicative of whether or not they are over-weight*).

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There are actually three (3) different types of Sleep Apnea⁵: obstructive, central, and complex.

Let's take a look at each.

Obstructive Sleep Apnea

Obstructive Sleep Apnea, or OSA, is a type of sleep apnea that occurs when your airway is blocked or obstructed.

To understand how this happens, let's look at the normal breathing process.

#1: Air is pulled in through the nasal passages.

#2: It crosses the uvula - that dangling thing in the back of your throat

#3: It passes through the throat muscles, between the vocal chords, and enters your lungs.

Though the path from your nose to your lungs is a short one, there are a lot of parts of your body that air has to pass through.

An obstruction - or a problem - anywhere along that path of air, can cause Obstructive Sleep Apnea. Here is just a sampling of the problems that can obstruct the airway (notice how FEW of them have to do with obesity):

* Deviated Septum (damage to the piece of cartilage that separates your nostrils)

⁵ One doctor told me that there is a fourth, very rare, type of sleep apnea. He called it a Primary, or idiopathic, central sleep apnea. His explanation was very complex, and I am still researching this category of sleep apnea. The best I can explain, for now, is that it is a sleep apnea of unknown origin or etiology, which appears to not be tied to common or currently known causes.

- * Swelling in your nose due to allergic or other conditions
- * Damage to your throat or uvula
- * Your tongue can fall back and obstruct the airway
- * Reduction in the opening in the throat, or a narrowing of the side walls of your throat
- * Damage to your vocal chords can restrict your airway

Any damage to your nose, face, mouth, throat, neck, chest, or diaphragm can cause the airway to be obstructed, or the airflow to be limited.

Likewise, damage to the lungs themselves can lead to OSA. Conditions like COPD (due to asbestos⁶ or particulate exposure in burn pits, for example), blocks the air path at the point where the lungs move oxygen into the blood stream.

Here's one to think about, particularly for victims of a rape or sexual assault in the military.

Since rapes in the military are most often about power and control and domination, they are often quite violent.

In my experience, victims of military sexual assault or rape in the military, have a high coincidence of damage to their jaw, neck and back (muscle, bone and nerve), and a high coincidence of sleep apnea.

⁶There is some scientific and medical evidence that demonstrates a possible connection between asbestos exposure and sleep apnea. However, there is also research that suggests that there is no causative connection between asbestos exposure and sleep apnea. Be very sure to get a competent medical expert to explain the connection carefully to the VA if you have a claim or appeal for service connection of sleep apnea secondary to asbestos exposure.

Common logic ties the sleep apnea to the mental health condition that invariably results from the trauma of being raped or physically assaulted.

However, I think there is another reason:

There is a muscle where the tongue attaches to the jawbone.

Damage to that muscle - facial reconstruction or a broken jaw (quite possibly in a sexual assault scenario) could cause it to relax improperly, and the tongue falls backward while sleeping, blocking the airway.

I have often wondered whether the victims of Military Sexual Assault suffer sleep apnea because of structural damage to the airway, resulting from damage to the back, neck, throat, or face.

Its certainly something worth exploring with your medical care provider.

OSA is, without a doubt, the most common form of Sleep Apnea. And OSA is the type of sleep apnea most commonly associated with obesity - hence the rumor that only “fat people” have sleep apnea.

Don't make the mistake of thinking that obesity is the only - or even the primary - cause of OSA, particularly for a Veteran seeking service connection of Sleep Apnea in a VA disability claim.

Central Sleep Apnea

Central Sleep Apnea, or CSA, is essentially a type of sleep apnea where the brain and the lungs are not communicating properly.

It is, at its core, an interruption of the communication network between the brain and the breathing muscles.

How does it play out? A couple of ways, in a nutshell.

Your brain does not send out the signal to your lung muscles to breathe, or it sends it to the “wrong” muscles due to nerve damage.

Your brain sends out the signal, but the lungs never “get” the signal, and so they never attempt to draw more air in.

Either way, your body does not take a breath in.

When the brain senses the lack of oxygen, it is going to first change the rate of breathing to have you get rid of some of the carbon dioxide that is building up in your lungs.

It then shifts to another rate of breathing to bring in more oxygen.

You may experience a type of breathing known as Cheyne-Stokes breathing: alternating deep and shallow breathing.⁷

This type of breathing can only be diagnosed by a medical professional, but it can be observed by anyone that watches you sleep and breathe.

TIP: If your spouse observes you going through cycles of heavy, followed by shallow, followed by heavy breathing, this is an observation you will want to document for your VA claim - it may be enough evidence to trigger the VA's duty to assist you and provide a diagnostic exam. It may also, if

⁷ Again, my apologies to the doctors and medical professionals out there - I am really over-simplifying this process in the hopes of giving Veterans a simple explanation so that they will know how to build lay and medical evidence to support their VA Sleep Apnea disability claim.

observed continually during or following service, be lay evidence that supports the actual element of nexus for service connection.

If this pattern of alternating breathing doesn't get the right balance of oxygen into your bloodstream - and even sometimes when it does - the brain may wake up the body to get conscious control over the breathing function.

Complex Sleep Apnea

Until about 2006, there were only 2 widely accepted types of sleep apnea: Central Sleep Apnea (CSA) or Obstructive Sleep Apnea (OSA).

In September 2006, researchers at the Mayo Clinic identified a new type of Sleep Apnea that they are calling "complex sleep apnea".

At its core, Complex, or mixed, Sleep Apnea is a type of sleep apnea with mixed causes. The causes of the condition can be a combination of CSA and OSA causes; it can also be that your CSA presents as OSA, and only becomes apparent as CSA after OSA treatment (this is called "Treatment Emergent CSA).

Mayo Clinic researchers found that patients who presented with the symptomatology and manifestations of OSA were not responding to the type of treatment that usually alleviates OSA symptoms - i.e., a CPAP machine (CPAP machines are Continuous Airway Pressure machines that essentially forces open the patient's obstructed airway).

In some OSA patients, the CPAP machine was not alleviating the problem: even despite the CPAP treatment, they still suffered the same symptoms and still had moderate to severe sleep apnea.

Dr. Timothy Morgenthaler, M.D., said:

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“When [OSA Patients] put on a CPAP machine, they start to look like Central Sleep Apnea syndrome patients.”

Treatments are still being researched for Complex Sleep Apnea. This condition is among the most difficult to service connect - because it is hard to show the VA how military service caused a condition for which the etiology - and treatment - is not yet well known.

Causes of Obstructive Sleep Apnea.

This is not, by any stretch, a complete list. The human body is complex, and so you should ALWAYS talk to your medical care provider to understand the cause of your OSA.

- * Allergies or congestion of the upper airway
- * Deviated septum
- * Jaw damage - particular when damage to the jaw causes the inner jaw to be set further back than it normally would be (interfering with the tongue and tongue muscle control)

- * Diabetes.⁸
- * Hypothyroidism.
- * Overweight/obesity.
- * Muscle damage in the diaphragm.
- * Swelling of the uvula.
- * Relaxation of the muscles connecting the tongue to the jaw.
- * Damage to the tonsils or vocal chords.
- * Lung damage.
- * Smoking or alcohol consumption (which in turn may be caused by an anxiety disorder like PTSD).
- * Soft tissue, or tissue damage, in or near the airway.

⁸The connections between diabetes and sleep apnea - as discussed elsewhere in this Guidebook - are astounding.

Sleep apnea can CAUSE diabetes by affecting the body's ability to process blood sugars, and can hamper treatment by messing with the body's ability to properly process and use insulin.

Diabetes, through more complex systems, can cause OSA and possibly CSA.

Then, there is the common situation where obesity, diabetes and OSA can all present together.

Just don't be too quick to assume that your obesity caused OSA and diabetes - the connection may be entirely more complex than just the obesity.

In fact, the OSA and diabetes could CAUSE the obesity, not vice versa.

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- * Some surgeries, like pharyngeal flap surgery, can cause OSA.
- * Traumatic Brain Injuries that cause damage to the mechanics of the airway (as contrasted with TBIs that cause damage to the nerve-related communications between the brain and lungs).

Causes of Central Sleep Apnea.

Anything that interrupts the brain-lung communication “channel” can be a cause of Central Sleep Apnea.

This is important for Veterans, for many reasons.

First, a diagnosis of CSA should lead the Veteran to think about possible in-service injuries that could have led to this condition. Damage to the head, neck (cervical spine), nerve paths between the brain and the chest area, etc., may result from traumatic events in service: rape, assault, neck injury, upper back injuries, jarring explosions that rattle the brain or spine/neck, traumatic brain injuries

Second, a diagnosis of CSA should cause Veterans to think about service connecting more than one condition, and using more than one legal theory to service connect the CSA.

In fact, a common way to service connect a Central Sleep Apnea is using the “secondary service connection path” - proving service connection of the primary condition, and then showing that the CSA was caused by that primary condition.

When you think of possible causes of CSA, however, think of conditions that interrupt the communication between the brain and the lung: damages to the brain, muscles, or nervous systems.

For example, think of the following conditions:

- * Parkinson's Disease
- * Any motor neuron disorder, like Lou Gehrig's disease (ALS), Primary Lateral Sclerosis (PLS), Progressive Muscular Atrophy (PMA), Multiple Sclerosis, Myasthenia Gravis, etc.
- * Brain infections.
- * Alzheimers' or vascular dementia
- * Stroke
- * Damage to the Cervical Spine (neck), or the nerves in the cervicul spine (for example, cervical radiculopathy).
- * Arthritis in the spine, spinal stenosis, degenerative disc disease in the cervical spine
- * Surgery on the spine, or radiation treatment to the spine in the treatment of other medical conditions
- * Excessive time at high altitudes⁹ (like in the mountains of Afghanistan, perhaps)? I've seen that happen.
- * How about medication (like what the VA docs have prescribed for your medical conditions)? You bet.
- * Heart/cardiovascular disease can cause these interruptions in brain-lung communications.
- * Traumatic Brain Injuries - closed skull injuries to the "Brain Housing Group" are a leading cause of these types of problems. You can bang up your head pretty good in a

⁹ Pilots of any era or generation - pay particular attention here. Talk to your doctor to see if excessive time at high altitudes while flying on training or combat missions could have caused your CSA - or, for that matter, OSA or Complex Sleep Apnea.

vehicle accident, jumping out of an airplane, in an IED event, etc...and your head may look fine on the outside, but you may have nerve damage inside your brain.

- * Thyroid diseases, and kidney failures are correlated to CSA, although I confess I do not yet understand the connections for Veterans claims purposes.
- * Mental health conditions, typically anxiety disorders like PTSD

Any path of your nerves from the brain to the lungs can disrupt this communication.

Knowing that you have been diagnosed with CSA helps you begin to cast a broad net to understand and identify not only the in-service event, but also the nexus elements of your claim for VA Sleep Apnea service-connection.....

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