



enlistment and signed paperwork stating that you did not object to this discharge. You were subsequently discharged on 21 October 2004. Your Certificate of Release or Discharge from Active Duty (DD Form 214) states an uncharacterized entry level separation and a narrative reason for separation as Failed Medical/Procurement Standards.

In your petition, you request the narrative reason for separation be changed to medical discharge, with disability retirement pay. You contend your dental provider gave you an overdose of Lidocaine that caused a grand mal seizure and that you were given an overdose of Valium, which was not properly tapered and caused the second seizure. You claim that you were unjustly accused of fabrication, received a fraudulent enlistment discharge, and that currently have post-traumatic stress disorder (PTSD) due to the incident. The Board noted you checked the "PTSD" and "Other Mental Health" boxes on your application but chose not to submit any evidence in support of your claims.

The Board carefully reviewed your petition and the material you provided in support of your petition and concluded these potentially mitigating factors were insufficient to warrant relief. The Board noted that in 2004 you submitted information to the command that Lidocaine caused the seizures. In response, a military medical provider provided a rebuttal stating in pertinent part:

Although it is possible for anesthetics in the class that Lidocaine belongs, to cause seizure or seizure like reactions amongst recipients, it is not likely to occur the day after administration, and even less likely three days after administration. It would occur while the medication is still active within the body. The half-life of Lidocaine is 90 minutes, meaning that approximately 90% of the medicine has been totally cleared from the system within six hours, and within another four hours, no detectable amount of the medicine would have been left. It stops having an anesthetic effect within approx 90 minutes of administration. I don't believe the anesthetics used could possibly cause the reaction, and in the extremely unlikely scenario that they did, it would still probably be recommended that this SR be discharged for this type of allergy as this anesthetic is ubiquitous throughout the military as well as every civilian ER for pain relief for suturing of any kind, as well as minor surgeries.

Secondly, the Board noted you did not provide any evidence, other than your statement, that you received an overdose of the Lidocaine medication and that you were improperly tapered from Valium.

Third, the Board noted you did not receive a discharge for fraudulent enlistment – there is no statement regarding fraud in your record. Based on the evidence, the Board found that you were appropriately processed for erroneous enlistment. The Board relied on the 31 August 2004 medical recommendation that you did not meet procurement and induction standards based on your diagnosed seizure disorder. While the Board considered the preservice medical evidence in your case, they concluded it was insufficient evidence to overcome the presumption of regularity or find that you were misdiagnosed. Accordingly, given the totality of the circumstances, the Board determined that your request does not merit relief.

You are entitled to have the Board reconsider its decision upon submission of new matters, which will require you to complete and submit a new DD Form 149. New matters are those not previously presented to or considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

2/27/2024

