



**DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS**



In the matter of:)
)
) ISCR Case No. 17-02300
)
Applicant for Security Clearance)

Appearances

For Government: Brittany Muetzel, Esq., Department Counsel
For Applicant: *Pro se*

01/09/2019

Decision

MURPHY, Braden M., Administrative Judge:

Applicant did not provide sufficient information to mitigate Guideline G security concerns, which include a 2014 diagnosis of alcohol dependence, and evidence of subsequent and ongoing alcohol consumption, despite a recommendation to abstain from alcohol. Applicant did not mitigate the security concerns arising under Guideline J, criminal conduct, because he did not provide sufficient evidence that his alcohol-related offenses are unlikely to recur. Eligibility for continued access to classified information is denied.

Statement of the Case

Applicant submitted a security clearance application (SCA) on June 26, 2015. On January 23, 2018, the Department of Defense (DOD) issued a Statement of Reasons (SOR) to Applicant alleging security concerns under Guideline G, alcohol consumption, and Guideline J, criminal conduct. The action was taken under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DOD Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the *National Security Adjudicative Guidelines* (AG) implemented by DOD on June 8, 2017.

Applicant answered the SOR on February 21, 2018, and requested a hearing. The case was initially assigned to another administrative judge on April 18, 2018, and was assigned to me on July 23, 2018. On July 27, 2018, a notice of hearing was issued, scheduling the case for August 22, 2018.

The hearing convened as scheduled. Department Counsel offered Government Exhibits (GE) 1 through GE 3, which were admitted without objection. Applicant testified and submitted Applicant's Exhibit (AE) A, which was admitted without objection. I left the record open to provide him the opportunity to submit additional evidence.¹ He timely submitted 11 additional exhibits, which were marked and admitted without objection as AE 1 through 11 (as Applicant had listed them).² DOHA received the hearing transcript (Tr.) on August 30, 2018. The record closed on September 12, 2018.

Amendments to the SOR

At the start of the hearing, I amended the SOR to correct two grammatical errors, in SOR ¶¶ 1.a and 2.b. SOR ¶¶ 2.a and 2.b were also amended during the hearing to conform to the record evidence, reflecting the dates of Applicant's arrests, instead of the court dates. The amendments were accepted without objection. (Tr. 12, 13, 82-85) They are noted in **bold**, as follows:

¶ 1.a: . . . and **were** diagnosed as alcohol dependent.

¶ 2.a: . . . in approximately **August** 2012.

¶ 2.b: You were arrested and charged with Domestic Assault in approximately **February** 2014. You received 2 years of probation and **were** ordered to complete Alcohol Education and Domestic Violence Training for 12 weeks.

Findings of Fact

Applicant admitted SOR ¶¶ 1.a, 1.b, 2.a, and 2.b, with explanations. His admissions and explanations are incorporated into the findings of fact. After a thorough and careful review of the pleadings and exhibits submitted, I make the following findings of fact.

Applicant is 50 years old. He graduated from high school in 1986, and enlisted in the U.S. Navy. He served on active duty in the Navy in information technology from

¹ In addition, at the end of the hearing, it became apparent that one page (p. 4) of GE 2 was inadvertently missing. (Tr. 123-124, 129-131) Department Counsel provided a copy of the page after the hearing, and it is included in GE 2.

² AE A is a recommendation letter. AE 1 is a September 2015 letter regarding Applicant's completion of the conditions of community supervision after his 2014 offense. AE 2 is a work award. AE 3 and AE 4 are medical records from Applicant's August 30, 2018 session with his doctor. AE 5 is a December 6, 2016 letter from Applicant's counsel in a legal matter with his wife. AE 6 through AE 11 are recommendation letters, all dated in August or September 2018. AE A and AE 10 are the same letter.

1987 to 1998, and was honorably discharged. Since 1998, he has worked as a defense contractor, either for his current employer or its predecessor. He works as a systems engineer and program manager. He has held a security clearance since his time in the Navy, and needs a clearance for his job. (Tr. 31, 35-37; GE 1; AE 6-AE 11)

Applicant and his wife married in 1994. They have two daughters, ages 20 and 21. Both are now in college. He also has a 28-year-old stepson, his wife's son from a prior relationship. Applicant and his wife have had several separations. They first separated in 2005. They reconciled in 2007, but his wife then spent the next four years in jail after her fourth conviction for driving under the influence (DUI) or driving while intoxicated (DWI). (Tr. 34, 67) She returned to the home in 2011 after her release. She moved out of the house again in November 2014, and was away for about the next year. Applicant and his wife separated again in about June 2016. He later retained legal counsel and considered divorce. (AE 5; Tr. 92) They remained separated at the time of Applicant's background interview, in February 2017. (GE 3)

Applicant's wife returned to the home in December 2017, though she moved out again in January 2018. It is unclear when she returned, but at the time of the hearing, they remained legally married and were living under the same roof, though maintaining separate lives. Applicant said they do not speak, and do not have arguments. "I don't know what there would be to fight about," he said. Applicant is the household's sole financial provider, and he pays the mortgage. (Tr. 31-39, 89-93; GE 1)

In August 2012, Applicant had an altercation with his stepson, then age 22, over his compliance with house rules. Applicant had consumed several beers over several hours while watching an early-season college football game at home. During the altercation, his wife called the police, and Applicant was arrested and charged with assault and battery of his stepson. (Tr. 40-46, 83-84; GE 1; GE 3) In about October 2012, Applicant went to court and pleaded guilty. He was sentenced to one year of probation, and ordered to attend anger-management classes. He completed the terms of his sentence. (Tr. 47-48, 83; GE 1 at 26-27; GE 3 at 3; Answer) (SOR ¶ 2.a)

In December 2013, Applicant had an altercation with his wife. Both of them had been drinking. Applicant testified that his wife had a habit of stealing his wallet and keys, and he believed she had done so on this occasion. He grabbed her wrists and pulled her up off the couch in an effort to get her to help him look for his wallet. They lost their balance and fell over, and his wife hit her head, though she was not injured. Applicant had consumed between two and four beers, and said he was "buzzed" but not intoxicated. No one was arrested at the time. (Tr. 48-53, 86-87; GE 3 at 4)

A few months later, in February 2014, Applicant's wife and their elder daughter, then 17, had an altercation, in which his daughter threw a coffee mug at her mother, hitting her in the face. Applicant's brother-in-law was visiting at the time, and he called police. The daughter was arrested and spent the night in juvenile detention. (GE 3 at 4; Tr. 67-70, 85-86)

Applicant's wife then told the police about the December 2013 altercation with her husband. Applicant was arrested and charged with domestic assault upon his wife. He spent the night in jail. (Tr. 53, 84-87; GE 1 at 27-29; GE 3 at 4) (SOR ¶ 2.b) In June 2014, Applicant pleaded guilty. He was sentenced to two years of probation and ordered to attend 12 weeks of alcohol education and domestic-violence training. (Tr. 49-53, 87; GE 1 at 27-29; GE 3 at 4)

Applicant's two daughters were referred to therapy through his employer's Employee Assistance Program (EAP). Through Applicant's own involvement, he was referred to mental-health and substance-abuse counseling.³ (Tr. 57-59, 99-100; GE 2 at 5)

At his initial evaluation in May 2014, Applicant reported that he began drinking at age 16. His drinking had increased gradually over the previous seven years (beginning in 2007, the year his first separation ended, and the year his wife went to jail). During that time, his longest period of abstinence was four days. (GE 2 at 42) Applicant self-reported that he drank about five nights a week, usually by himself. He would have two or three shots of liquor on weekdays (including the night before the evaluation), and four to six shots on weekend nights. He reported some history of "shakes, queasy stomach, night sweats, and anxiety the next day after drinking heavily," as well as likely partial blackouts. He recognized "that drinking has become a problem with his becoming dependent on it." He expressed a desire to cut back on his drinking though he had not been able to do so. (GE 2 at 41)

Applicant was diagnosed with alcohol dependence and depressive disorder not otherwise specified (NOS) by a Ph.D. licensed clinical psychologist. (SOR ¶ 1.a) The psychologist recommended that Applicant participate in an intensive outpatient chemical-dependency program. (GE 2 at 39, 42)

Applicant's treatment plan included drug and alcohol abstinence, participation in Alcoholics Anonymous (AA), and development of an effective social-support network and of coping strategies for dealing with stress. Documentation reflects that Applicant was briefed verbally on the treatment program: ("I have gone over this plan with [Applicant]" and he "verbally agrees to treatment plan.") (GE 2 at 43)

Applicant began the intensive outpatient group treatment program on June 16, 2014. (GE 2 at 35) He missed a week of group sessions in late July 2014 after he relapsed into binge drinking. (GE 2 at 23-38) When he returned to the program, he continued attendance and completed the required 18 sessions on August 11, 2014. (AE 1) He attended AA during the program. (GE 2 at 7, 14) His prognosis in mid-August 2014 was "poor to guarded." (GE 2 at 16, 17) There is no record evidence of a subsequent prognosis.

³ GE 2 is a 43-page exhibit consisting of treatment records from both the psychology provider and the intensive outpatient substance abuse counseling provider.

Applicant returned for individual therapy with EAP in late September 2014. He reported that during the intensive outpatient group treatment, his longest period of sobriety was about three weeks. He resumed drinking shortly after completing that program. In late August 2014, Applicant's son-in-law moved back into the home. Applicant and his wife coped with the resulting stress by drinking, despite what he indicated was a court order not to do so. It was recommended that he develop a more extensive recovery plan with AA and that he identify how to achieve longer-term sobriety. (Tr. 68-75; GE 2 at 14)

At the time, Applicant's daughters had been removed from the home by Child Protective Services (CPS), in August 2014, and an October 2014 court date was pending. As part of his efforts to get them released by CPS and back into his custody, Applicant requested and received a prescription for Campral to help with his alcohol cravings, because, he said, he wanted to do more than what was required. (Tr. 66, 76-77; GE 2 at 13)

Applicant continued therapy with the EAP psychologist through late 2014. He was sober for several months. He reported to his providers that the Campral was working and that he found AA useful. (GE 2 at 7) In order for Applicant's daughters to return home from CPS custody, his wife had to leave the home, which she did, in November 2014. She was out of the home for the next year. (Tr. 68-75) Applicant's last documented therapy session with EAP was in November 2014. (GE 2 at 1)

Applicant completed a parenting class in December 2014. He completed a batterer's intervention program between March and July 2015. He tested negative for alcohol on August 27, 2015. A September 9, 2015 letter from community supervision authorities documented that he completed the requirements of his probation. (AE 1) He said he had been given drug and alcohol tests during his probation. (Tr. 54-63) Applicant completed his two-year probation period in June 2016. He has had no subsequent arrests or criminal offenses. (Tr. 88)

Applicant had a background interview in February 2017 in connection with his SCA. He reported consuming alcohol three or four times a week. He reported consuming two beers when in public, and up to eight beers at home. As to hard liquor, he reported consuming one to two cocktails in public, and three shots and four cocktails "if he is trying to get loose and have fun." He said he drank three shots and four cocktails, or eight beers, about twice a month "to get buzzed." He said this had been his drinking pattern intake for the previous 10 years. He drank more when he was younger. (GE 3 at 5) This alcohol consumption is alleged as a security concern, as it post-dates his diagnosis of alcohol dependence, in 2014. (SOR ¶¶ 1.a, 1.b)

In his Answer to the SOR, Applicant admitted his offenses, accepted responsibility for his conduct, and expressed regret. He said he had been in a "toxic relationship." He said he had completed the required treatment plan and all probationary requirements for both of his offenses. He disputed that he had been diagnosed with alcohol dependence. (Answer)

At hearing, Applicant testified that he drinks three or four times a week. Sometimes he drinks cocktails or two or three shots of alcohol, and sometimes he drinks “no more than two” bottles of beer when out with others. He denied that he drinks to excess. (Tr. 108-109)

Applicant testified that prior to this hearing, he had not seen documentation that he had been diagnosed as alcohol dependent, and that his diagnosis had never been discussed with him during his treatment. (Tr. 62-64, 88, 101). As he did in his Answer, Applicant repeatedly testified that he had never been diagnosed with alcohol dependence, and that he disagreed with the diagnosis. Applicant said, “I don’t agree with the statement that I’m alcohol dependent;” (Tr. 76) and “I don’t consider [myself] - I mean, alcohol dependent, I just don’t agree with it.” (Tr. 79; 80, 113)

Treatment records reflect that Applicant’s EAP psychologist diagnosed him with alcohol dependence in May 2014 and that Applicant was verbally briefed on his treatment plan and agreed to it. (GE 2 at 43) His treatment records do not indicate that Applicant was expressly told he was alcohol dependent.

Applicant testified that no medical doctor or licensed clinical social worker (LCSW) ever told him he was an alcoholic or that he had a drinking problem. (Tr. 102, 111) He acknowledged that he would have been told or advised to stop drinking as part of the intensive outpatient program: “I may have been. I mean, that’s their goal. . . . I would say as part of the program, yeah.” (Tr. 65; 76, 103)

Applicant has not seen any other treatment provider for substance abuse other than what is reflected in GE 2. (Tr. 77, 110) He does not currently see a therapist or alcohol counselor. He does not believe he has a drinking problem. (Tr. 77-78, 80) He offered no evidence that he is currently participating in AA or any similar counseling group, nor did he indicate involvement with a support network to help him curtail his drinking.

Applicant acknowledged that he and his wife have a history of confrontations, all of which involve alcohol: “[Applicant] reports infrequent physical fights with his wife, with the drinking having always been involved when they have occurred.” (GE 2 at 2; Tr. 81) He recognizes that his wife has a problem with alcohol, given her history of DUIs and DWIs. (Tr. 81-82) Applicant expressed regret for his actions, and accepted responsibility for them. (Answer; Tr. 65, 113-114)

Applicant provided no documentation at the hearing to refute or to update the 2014 diagnosis of alcohol dependence. (Tr. 81) After the hearing, he provided documentation from his primary care physician, whom he visited on August 30, 2018. His provider noted that Applicant “had ETOH [alcohol] issues a few years ago” and that he was “now fighting to have his legal/employment status returned to normal.” Among the “diagnoses attached to this encounter” was a diagnosis of Alcoholism. Applicant’s provider “advised counseling to resolve legal/alcohol issues.” (AE 3, AE 4) The documentation does not include an updated diagnosis of Applicant’s alcohol use disorder, nor does it note any prognosis for the future.

Applicant oversees a contract supporting communication networks for Navy ships. He has had no reportable security incidents. References attest that he carries himself with dignity and takes great pride in his work. He is regarded as highly valued by his government customers, and has the trust and confidence of those who rely on him. His references recommend retention of his clearance. (AE A; AE 2; AE 6 – AE 11)

Policies

It is well established that no one has a right to a security clearance.⁴ As the Supreme Court noted in *Department of the Navy v. Egan*, “the clearly consistent standard indicates that security determinations should err, if they must, on the side of denials.”⁵

The AGs are not inflexible rules of law. Instead, recognizing the complexities of human behavior, administrative judges apply the guidelines in conjunction with the factors listed in the adjudicative process. The administrative judge’s overarching adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny of a number of variables known as the “whole-person concept.” The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that “[a]ny doubt concerning personnel being considered for national security eligibility will be resolved in favor of the national security.” Under ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under ¶ E3.1.15, the applicant is responsible for presenting “witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by the applicant or proven by Department Counsel.” The applicant has the ultimate burden of persuasion to obtain a favorable security decision.

A person who seeks access to classified information enters into a fiduciary relationship with the Government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The Government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk the applicant may deliberately or inadvertently fail to safeguard classified information. Such decisions entail a certain degree of legally permissible extrapolation of potential, rather than actual, risk of compromise of classified information.

⁴ *Department of Navy v. Egan*, 484 U.S. 518, 528 (1988) (“it should be obvious that no one has a ‘right’ to a security clearance”).

⁵ 484 U.S. at 531.

Analysis

Guideline G, Alcohol Consumption

The security concern for alcohol consumption is set forth in AG ¶ 21:

Excessive alcohol consumption often leads to the exercise of questionable judgment or the failure to control impulses, and can raise questions about an individual's reliability and trustworthiness.

The guideline notes several conditions that could raise security concerns under AG ¶ 22. The following disqualifying conditions are potentially applicable in this case:

- (c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist; psychiatrist, or licensed clinical social worker) or alcohol use disorder;
- (e) the failure to follow treatment advice once diagnosed; and
- (f) alcohol consumption which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder.

The record evidence establishes that Applicant was diagnosed with alcohol dependence in May 2014 by a Ph.D. clinical psychologist. By his own admission, Applicant also requested and received a prescription for Campral to ease his alcohol cravings in October 2014, evidence which supports such a diagnosis. AG ¶ 22(d) applies to SOR ¶ 1.a. Applicant also engaged in habitual or binge consumption of alcohol. AG ¶ 22(c) applies.

The record evidence does not establish that Applicant was told he was alcohol dependent. However, treatment records reflect that Applicant's EAP psychologist diagnosed Applicant with alcohol dependence in May 2014, and that Applicant was verbally briefed on his treatment plan and agreed to it. Applicant's treatment plan included abstinence from alcohol and participation in AA. Applicant participated in AA during 2014, but had difficulty abstaining from alcohol.

The longest Applicant was able to abstain during intensive treatment was about three weeks. He engaged in binge drinking in July 2014, and missed a week of treatment. He resumed drinking shortly after completing his mandatory 18 sessions of treatment, in August 2014, when his stepson returned home. He resumed drinking after he completed probation in June 2016. He was consuming alcohol several times a week at the time of his background interview (February 2017) and also at the time of the hearing (August 2018). I conclude that Applicant's subsequent consumption of alcohol,

after he was diagnosed as alcohol dependent, as alleged in SOR ¶ 1.b, satisfies AG ¶¶ 22(e) and 22(f).

Conditions that could mitigate alcohol consumption security concerns are provided under AG ¶ 23. The following are potentially applicable:

(a) so much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;

(b) the individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;

(c) the individual is participating in counseling or a treatment program has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; and

(d) the individual has successfully completed a treatment program along with required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

The documentation Applicant provided from his primary care physician is insufficient to rebut or mitigate the diagnosis of alcohol dependence. AE 4 in fact *references* a prior diagnosis of alcoholism. The statement that Applicant "had ETOH issues a few years ago," without further detail, is insufficient evidence to establish that Applicant's issues with alcohol are fully resolved. Indeed, Applicant's doctor "advised counseling *to resolve* legal/alcohol issues," (emphasis added) leading to the conclusion that Applicant's alcohol issues are ongoing and are not resolved or fully in the past. AG ¶¶ 23(a) and (b) do not apply.

Applicant is not in alcohol treatment currently (and he relapsed during treatment in 2014). AG ¶ 23(c) does not apply. Despite the relapse, Applicant did complete the intensive outpatient group treatment in summer 2014. However, he has not demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations. AG ¶ 23(d) does not apply. Applicant did not provide sufficient evidence to mitigate the alcohol involvement security concerns.

Guideline J, Criminal Conduct

AG ¶ 30 expresses the security concern for criminal conduct:

Criminal activity creates doubt about a person's judgment, reliability, and trustworthiness. By its very nature, it calls into question a person's ability or willingness to comply with laws, rules, and regulations.

Applicant's two domestic violence offenses satisfy the following disqualifying conditions under AG ¶ 31:

(a) a pattern of minor offenses, any one of which on its own would be unlikely to affect a national security eligibility decision, but which in combination cast doubt on the individual's judgment, reliability, or trustworthiness; and

(b) evidence (including, but not limited to, a credible allegation, an admission, and matters of official record) of criminal conduct, regardless of whether the individual was formally charged, prosecuted, or convicted.

The following mitigating conditions are potentially applicable, under AG ¶ 32:

(a) so much time has elapsed since the criminal behavior happened, or it happened under such unusual circumstances, that it is unlikely to recur and does not cast doubt on the individual's reliability, trustworthiness, or good judgment; and

(d) there is evidence of successful rehabilitation; including, but not limited to, the passage of time without recurrence of criminal activity, restitution, compliance with the terms of parole or probation, job training or higher education, good employment record, or constructive community involvement.

Applicant's two domestic violence offenses occurred in August 2012 and December 2013, respectively. He completed probation successfully and there is no evidence of subsequent offenses. These offenses are not recent. Applicant also has an excellent employment record.

However, AG ¶ 32(d) only partially applies, because Applicant did not provide sufficient evidence of successful rehabilitation. This is chiefly because Applicant did not establish that his offenses are unlikely to recur. Applicant and his wife maintain separate lives, but they remain married and living under the same roof. Applicant acknowledged that he and his wife have a history of confrontations, and they are always alcohol-related. Applicant's criminal conduct, while dated, is clearly intertwined with his alcohol involvement. And his alcohol issues are unresolved and remain a security risk. Given this evidence, I cannot conclude Applicant's criminal conduct is unlikely to recur and no longer casts doubt on his reliability, trustworthiness, or good judgment. AG ¶ 32(a) does not apply. Applicant did not meet his burden to establish that the criminal conduct security concerns are mitigated.

Whole-Person Concept

Under the whole-person concept, the administrative judge must evaluate an applicant's eligibility for a security clearance by considering the totality of the applicant's conduct and all relevant circumstances. The administrative judge should consider the nine adjudicative process factors listed at AG ¶ 2(d):

(1) the nature, extent, and seriousness of the conduct; (2) the circumstances surrounding the conduct, to include knowledgeable participation; (3) the frequency and recency of the conduct; (4) the individual's age and maturity at the time of the conduct; (5) the extent to which participation is voluntary; (6) the presence or absence of rehabilitation and other permanent behavioral changes; (7) the motivation for the conduct; (8) the potential for pressure, coercion, exploitation, or duress; and (9) the likelihood of continuation or recurrence.

Under AG ¶ 2(c), the ultimate determination of whether to grant eligibility for a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept. I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. I have incorporated my comments under Guideline G and Guideline J in my whole-person analysis. I must also consider the total pattern of Applicant's behavior, not just in a piecemeal fashion as a series of unrelated incidents.⁶ In this regard, I can and do consider the fact that Applicant's offenses are alcohol-related, even though they were not alleged under Guideline G.⁷

Applicant is still drinking frequently, despite a diagnosis of alcohol dependence. The documentation he submitted post-hearing from his doctor is not sufficient evidence to establish that his diagnosis no longer applies. I credit Applicant with accepting responsibility for his offenses. He is credited with taking steps to return his daughters to home, and he remains in a difficult family situation. However, he has not established a support network for dealing with his alcohol issues. He is not in AA or a similar counseling program. He still consumes alcohol several times a week, despite a treatment recommendation that he should abstain. Applicant did not provide sufficient evidence to mitigate security concerns under either guideline alleged. Overall, the record evidence leaves me with questions and doubts as to Applicant's continued eligibility for a security clearance.

⁶ See, e.g., ISCR Case No. 03-22563 at 4 (App. Bd. Mar. 8, 2006) (regarding the need to avoid a piecemeal analysis).

⁷ Applicant's offenses were not alleged as being alcohol-related under Guideline G. However, I can consider that evidence under the whole-person concept. ISCR Case No. 03-20327 at 4 (App. Bd. Oct. 26, 2006).

Formal Findings

Formal findings for or against Applicant on the allegations set forth in the SOR, as required by section E3.1.25 of Enclosure 3 of the Directive, are:

Paragraph 1, Guideline G:	AGAINST APPLICANT
Subparagraphs 1.a-1.b:	Against Applicant
Paragraph 2, Guideline J:	AGAINST APPLICANT
Subparagraphs 2.a-2.b:	Against Applicant

Conclusion

In light of all of the circumstances, it is not clearly consistent with the interests of national security to grant Applicant continued eligibility for a security clearance. Eligibility for access to classified information is denied.

Braden M. Murphy
Administrative Judge