



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



In the matter of:)
)
) ISCR Case No. 20-00971
)
Applicant for Security Clearance)

Appearances

For Government: Andre M. Gregorian, Esq., Department Counsel
For Applicant: *Pro se*

04/11/2022

Decision

HARVEY, Mark, Administrative Judge:

Applicant was diagnosed with alcohol use disorder, moderate. He continues to consume alcohol. Security concerns arising under Guideline G (alcohol consumption) are not mitigated. Eligibility for access to classified information is denied.

Statement of the Case

On February 7, 2019 Applicant completed and signed a Questionnaire for National Security Positions (SF 86) or security clearance application (SCA). (Government Exhibit (GE) 1). On June 12, 2020, the Defense Counterintelligence and Security Agency, Consolidated Adjudications Facility (CAF) issued an SOR to Applicant under Executive Order (Exec. Or.) 10865, *Safeguarding Classified Information within Industry*, February 20, 1960; Department of Defense (DOD) Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (Directive), January 2, 1992; and Security Executive Agent Directive 4, establishing in Appendix A the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position* (AGs), effective June 8, 2017. (Hearing Exhibit (HE) 2)

The SOR detailed reasons why the DOD CAF did not find under the Directive that it is clearly consistent with the interests of national security to grant or continue a security clearance for Applicant and recommended referral to an administrative judge to determine whether a clearance should be granted, continued, denied, or revoked. Specifically, the SOR set forth security concerns arising under Guideline G. (HE 2) On

June 25, 2020, Applicant provided a response to the SOR and requested a hearing. (HE 3) On May 17, 2021, Department Counsel was ready to proceed.

On January 20, 2022, the case was assigned to me. On February 10, 2022, the Defense Office of Hearings and Appeals (DOHA) issued a notice of hearing, setting the hearing for March 3, 2022. (HE 1) The hearing was held as scheduled.

Department Counsel offered five exhibits into evidence, and Applicant offered four exhibits. (Transcript (Tr.) 17-20; GE 1-GE 5; Applicant Exhibit (AE) A-AE D) There were no objections, and all proffered exhibits were admitted into evidence. (Tr. 17-20) Department Counsel moved for administrative notice of *Diagnostic and Statistical Manual of Mental Disorders* 5th Edition (DSM-5), pages 490-497; there was no objection; and I granted the motion. (GE 6) On March 16, 2022, DOHA received a transcript of the hearing.

Some details were excluded to protect Applicant's right to privacy. Specific information is available in the cited exhibits and transcript.

Findings of Fact

In Applicant's SOR response, he denied the SOR allegation in ¶ 1.a. (HE 3) He also provided mitigating information. His admissions are accepted as findings of fact. Additional findings follow.

Applicant is a 46-year-old former DOD-contractor employee who is seeking employment for a defense contractor in the area of weapons of mass destruction response mitigation and proliferation analysis. (Tr. 7-9, 21-23; GE 1) A defense contractor employed him from 1999 to March 2016. (Tr. 23) After March 2016, he worked in retail. (Tr. 7-9) He is exceptionally intelligent. There is no evidence of criminal offenses, drug abuse, or security violations.

In 1993, Applicant graduated from high school. (GE 1) In 1998, he received two bachelor's degrees in environmental science and physics from a prestigious university. (Tr. 7-8, 22) He has several highly technical engineering and statistics-related certifications. (Tr. 22) He has not served in the military. (Tr. 8, 22) He has never married, and he does not have any children. (Tr. 9)

Alcohol Consumption and Criminal Conduct

SOR ¶ 1.a alleges in March 2020, Applicant was diagnosed with alcohol use disorder, moderate. Applicant agreed the diagnosis was accurate in March 2020. (Tr. 21) Applicant felt stress at work from interactions with coworkers and due to extensive mission-related travel. (Tr. 24-25) He left defense-related employment in March 2016 because his branch of the company was being sold. (Tr. 26) He had been using alcohol to help him cope with the stresses of his employment. (Tr. 28) He made extensive efforts to ensure his alcohol consumption did not adversely affect his employment. (Tr. 28) He was unemployed from March 2016 to November 2017. (Tr. 27) After November 2017, he

worked part time for several retail entities for about 12 to 25 hours a week. (Tr. 30, 34, 36) He also worked at several other part-time endeavors unrelated to his previous defense employment. (Tr. 31, 35) During 2020, he worked for a defense contractor for six months in his specialty, and then he was unable to work because the security levels for his employment were increased. (Tr. 32-33)

Applicant has a family history of excessive alcohol consumption and mental health disorders. (Tr. 37) He acknowledged a personal predisposition to these issues. (Tr. 38)

Applicant first consumed alcohol at age 11. (Tr. 38) He consumed alcohol in college, and drank more regularly after college. (Tr. 38) He estimated that after college he consumed about six beers a week. (Tr. 38) After he started his defense-related employment and was traveling, he drank four to six beers a day. (Tr. 39)

In the 2010 to 2011 period, the volume of Applicant's alcohol consumption peaked. (Tr. 74) Around 2010, while Applicant was on mission-related travel, he consumed sufficient alcohol for an alcohol blackout. (Tr. 59-62) He did not remember how he went from the bar where he was drinking to his hotel room. (Tr. 59) He believed one of his Marine Corps companions at the bar drove him to his hotel. (Tr. 60) He missed the class he was supposed to attend the next day. (Tr. 59-61)

In 2011, Applicant was consuming alcohol when he erroneously believed a bottle in his freezer contained vodka. He consumed about six ounces of methanol that he was storing in his freezer to use to maintain his vehicle. (Tr. 55-56) He called poison control and an ambulance took him to the emergency room. (Tr. 56) He was hospitalized overnight. (Tr. 57)

In 2015, Applicant was consuming alcohol and he slipped off of the couch, and cut his toe on a knife that was on the floor. (Tr. 62) He received care at an urgent care clinic. (Tr. 62) The incidents in 2011 and 2015 were the only alcohol-related incidents after which he received medical care. (Tr. 63)

In 2016, Applicant consumed alcohol, and then he went to a park (Tr. 57) He fell asleep in the park. (Tr. 58) It was cold and there was snow on the ground. (Tr. 57-58) His alarm went off; he awoke; and he walked back to his residence. (Tr. 58) He did not suffer frostbite or other cold-related injury.

After he left his defense-related employment in 2016, he increased his alcohol consumption. (Tr. 29) During a five-month period in 2017, he occasionally drank 500 milliliters of alcohol (tequila or gin) on more than one day during a week. (Tr. 40) The frequency of his alcohol consumption peaked in 2017, and later in 2017, he reduced his alcohol consumption. (Tr. 43-44, 74) In 2017, he hid bottles around his residence, and consumed alcohol in the middle of the night. (Tr. 44) Applicant hid his alcohol consumption from his cohabitant by consuming alcohol outside of her presence, such as when she was at work. (Tr. 29-30) He described himself as having "extreme competency in being a functioning drunk." (Tr. 30) His alcohol consumption when off duty did not

adversely affect his performance at work. In 2017, he began therapy. (Tr. 43, 45, 64) In March 2018, he broke up with his cohabitant. (Tr. 64)

Applicant attended individual therapy and group counseling from 2018 to 2020. (Tr. 64) He attended about 15 Alcoholics Anonymous (AA) meetings. (Tr. 72) His therapist met with him on a weekly basis for 50-minute sessions which focused on treatment of his anxiety and replacement of alcohol as a coping mechanism with more constructive means of coping with stress. (Tr. 65-66) In late 2018, he began 105-minute weekly group therapy sessions, and he limited his alcohol consumption to three to four beers for each drinking session. (Tr. 45, 66) In March 2020, he stopped meeting with a therapist because the COVID-19 pandemic security protocols for video teleconferencing were not adequate. (Tr. 67) His therapist did not provide a written diagnosis or prognosis. (Tr. 67) Applicant was never explicitly told that he should abstain from alcohol consumption; however, he acknowledged that during group sessions the message was that it was best to completely abstain from alcohol consumption. (Tr. 68-70)

Applicant's current level of alcohol consumption is "almost zero." (Tr. 46) He did not drink any alcohol for about eight months in 2021. Then, during one three-day weekend about one month before his hearing while visiting family, he drank nine beers. (Tr. 47, 54) This was the most alcohol he consumed in the previous year. (Tr. 47) He acknowledge that after consuming one drink, inhibitions are somewhat relaxed, and the next drink is more of a possibility. (Tr. 75-76) He is confident that he is able to control the amount of alcohol he consumes. (Tr. 71-72) He lives in a drug and alcohol free community. (Tr. 73)

On March 5, 2020, a psychologist, Dr. B, evaluated Applicant, and she diagnosed alcohol use disorder (moderate). (GE 2 at 6) Dr. B said:

Given [Applicant's] drinking habits, his family history of substance abuse and mental health conditions, as well as [Personality Assessment Inventory (PAI)] results pointing to significant alcohol-related problems and variable mood, there is reason for concern. These factors, coupled with his history of alcohol-related incidents and lack of long term plans to abstain from alcohol, raise questions about his judgment.

* * *

CONCLUSIONS: Taken together, the risk of future alcohol-related incidents seems moderate, and [Applicant's] prognosis appears guarded. Although [Applicant] reported that he had been consistent with individual and group therapy, and he has gained insight into himself and his drinking, a medical opinion could not be obtained and during the investigatory process, he consistently conveyed a lack of confidence in his ability to avoid relapse in the face of future stressors. As such, his diagnosis could pose a risk to his judgment, reliability or trustworthiness concerning classified information. (GE at 6) (emphasis added)

At the time of his March 2020 evaluation, Applicant had been sober for two months, and he was concerned about “reversion into the past behaviors and activities.” (Tr. 50) After his March 2020 evaluation, he ended his alcohol-related therapies; nevertheless, he is now comfortable with his current state of limited to almost zero alcohol use. (Tr. 50)

Applicant recognized that after receiving the March 2020 evaluation he would have a better change of approval of his access to classified information if he stopped consuming alcohol. (Tr. 76-77) However, he decided to continue his alcohol consumption because complete abstinence from alcohol as not his goal or intention. (Tr. 77) He did not want to stop consuming alcohol because of his security clearance. (Tr. 77) He rationalized that the reason for ending his alcohol consumption should be because of his personal goals and not because of security concerns related to his alcohol consumption. (Tr. 77)

Applicant never drives after consuming alcohol. (Tr. 51) He has consumed sufficient alcohol over the last three years to be intoxicated three or four times. (Tr. 51) The most alcohol he consumed in the previous three years was one mixed drink and five beers in November 2020, when his father passed away. (Tr. 48)

The DSM criteria for diagnosis of alcohol-use disorder for mild (presence of 2-3 symptoms), moderate (presence of 4-5 symptoms), and severe (presence of 6 or more symptoms) are as follows:

A. A problematic pattern of alcohol use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.

- b. A markedly diminished effect with continued use of the same amount of alcohol.
- 11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal, pp. 499-500).
 - b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms

DSM-5 at 490-491; GE 6.

Applicant provided statements from four character witnesses. (AE A-AE D) The general sense of his character statements is that he is a model employee, who is mature, professional, empathetic, punctual, helpful, trustworthy, responsible, and reliable. Two statements also described an improvement in his weight, health, and general wellbeing in the last few years.

Policies

The U.S. Supreme Court has recognized the substantial discretion of the Executive Branch in regulating access to information pertaining to national security emphasizing, “no one has a ‘right’ to a security clearance.” *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). As Commander in Chief, the President has the authority to control access to information bearing on national security and to determine whether an individual is sufficiently trustworthy to have access to such information.” *Id.* at 527. The President has authorized the Secretary of Defense or his designee to grant applicant’s eligibility for access to classified information “only upon a finding that it is clearly consistent with the national interest to do so.” Exec. Or. 10865, *Safeguarding Classified Information within Industry* § 2 (Feb. 20, 1960), as amended.

Eligibility for a security clearance is predicated upon the applicant meeting the criteria contained in the adjudicative guidelines. These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with an evaluation of the whole person. An administrative judge’s overarching adjudicative goal is a fair, impartial, and commonsense decision. An administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable.

The Government reposes a high degree of trust and confidence in persons with access to classified information. This relationship transcends normal duty hours and endures throughout off-duty hours. 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 about potential, rather than actual, risk of compromise of classified information. Clearance decisions must be “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See Exec. Or. 10865 § 7. Thus, nothing in this decision should be construed to suggest that it is based, in whole or in part, on any express or implied determination about applicant’s allegiance, loyalty, or

patriotism. It is merely an indication the applicant has not met the strict guidelines the President, Secretary of Defense, and Director of National Intelligence have established for issuing a clearance.

Initially, the Government must establish, by substantial evidence, conditions in the personal or professional history of the applicant that may disqualify the applicant from being eligible for access to classified information. The Government has the burden of establishing controverted facts alleged in the SOR. See *Egan*, 484 U.S. at 531. “Substantial evidence” is “more than a scintilla but less than a preponderance.” See *v. Washington Metro. Area Transit Auth.*, 36 F.3d 375, 380 (4th Cir. 1994). The guidelines presume a nexus or rational connection between proven conduct under any of the criteria listed therein and an applicant’s security suitability. See ISCR Case No. 95-0611 at 2 (App. Bd. May 2, 1996).

Once the Government establishes a disqualifying condition by substantial evidence, the burden shifts to the applicant to rebut, explain, extenuate, or mitigate the facts. Directive ¶ E3.1.15. An applicant “has the ultimate burden of demonstrating that it is clearly consistent with the national interest to grant or continue his security clearance.” ISCR Case No. 01-20700 at 3 (App. Bd. Dec. 19, 2002). The burden of disproving a mitigating condition never shifts to the Government. See ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005). “[S]ecurity clearance determinations should err, if they must, on the side of denials.” *Egan*, 484 U.S. at 531; see AG ¶ 2(b).

Analysis

Alcohol Consumption

AG ¶ 21 describes the security concern about alcohol consumption, “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.”

AG ¶ 22 provides conditions that could raise a security concern and may be disqualifying in this case as follows:

- (a) alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual’s alcohol use or whether the individual has been diagnosed with alcohol use disorder;

- (c) habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder; and

- (d) diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;

The record evidence establishes AG ¶¶ 22(a), 22(c), and 22(d). Additional discussion is in the mitigation section, *infra*.

AG ¶ 23 lists four conditions that could mitigate security concerns:

(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 any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

In ISCR Case No. 10-04641 at 4 (App. Bd. Sept. 24, 2013), the DOHA Appeal Board concisely explained Applicant's responsibility for proving the applicability of mitigating conditions as follows:

Once a concern arises regarding an Applicant's security clearance eligibility, there is a strong presumption against the grant or maintenance of a security clearance. See *Dorfmont v. Brown*, 913 F. 2d 1399, 1401 (9th Cir. 1990), *cert. denied*, 499 U.S. 905 (1991). After the Government presents evidence raising security concerns, the burden shifts to the applicant to rebut or mitigate those concerns. See Directive ¶ E3.1.15. The standard applicable in security clearance decisions is that articulated in *Egan, supra*. "Any doubt concerning personnel being considered for access to classified information will be resolved in favor of the national security." Directive, Enclosure 2, [App. A] ¶ 2(b).

None of the mitigating conditions fully apply; however, Applicant provided some important mitigating information. He voluntarily and credibly disclosed his history of alcohol consumption during his OPM interview, during his March 2020 evaluation, and at his hearing. He attended individual and group counseling. He reduced the amount and frequency of his alcohol consumption. He has never been arrested or convicted of any alcohol related offense. There is no evidence of security violations or abuse of illegal drugs.

DSM-5 at 491 defines early and sustained remission as follows:

In early remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met).

In sustained remission: After full criteria for alcohol use disorder were previously met, none of the criteria for alcohol use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use alcohol," may be met).

Appellant has met the criteria for sustained remission under DSM-5 as he has not had any employment, legal, familial, or relationship difficulties for more than 12 months. He currently has control of his alcohol consumption, and it has a limited role in his life. I found Appellant to be sincere, credible, and candid. However, his satisfaction of the DSM-5 criteria for sustained remission does not necessarily establish mitigation for security clearance requirements.

The evidence against mitigation is more persuasive at this time. In 2010, Applicant had an instance of alcohol-related memory loss or an alcohol blackout. The memory loss was due to binge-alcohol consumption. In an alcohol blackout, a person:

is still fully conscious. They're moving around, acting, engaging, talking, dancing, driving, engaging in all kinds of behavior, but because of alcohol's inhibition of the transfer of information from short-term memory to long-term memory, they simply will be unable to remember those decisions or actions they made while in the blackout.

In *United States v. Pease*, 74 M.J. 763, 769 (N-M. Ct. Crim. App. 2015), an expert on the effects of alcohol intoxication, Dr. Kim Fromme, Ph.D., described the levels of alcohol intoxication and the impact on human behavior, cognitive abilities, and memory. See also *United States v. Collins*, No. 201000020, 2011 CCA LEXIS 22 at *4-*8. (N-M. Ct. Crim. App. 2011) (unpub.) (testimony of prosecution toxicology expert, Jon Jemiomek).

A person who is in a blacked-out state may still "engage in voluntary behavior and thought processes. 'They might make decisions, for example, to drive home from a bar, or [engage in other] . . . activities which require complex cognitive abilities, but the individual might not remember the next day and might, in fact, might regret it.'" *Pease*, 74 M.J. at 769. See also *United States v. Clark*, NMCCA 201400232 at *13-*17, *22-*23. (NMCCA Jul. 14, 2015) (statements of Dr. Stafford Henry, M.D. and Dr. Thomas Grieger, M.D.). A person who consumes alcohol to a blacked-out state may not remember how much alcohol they consumed, or they may violate national security and have no recollection of their conduct.

In March 2020, Dr. B diagnosed Applicant with alcohol use disorder (moderate) despite two months of sobriety before the evaluation. Applicant had multiple alcohol-related instances such as injury to his toe, missing a class, and mistakenly drinking about six ounces of methanol.

Applicant drank nine beers over a three-day period 30 days before his hearing. He has consumed sufficient alcohol over the last three years to be intoxicated on three or four occasions. A commitment to sobriety is not required under the Adjudicative Guidelines; however, his declination from committing to sobriety while holding a security clearance is inconsistent with the recommendation of the evaluating psychologist, Dr. B. He attended numerous therapeutic sessions, including about 15 AA meetings, and complete sobriety as a goal is often suggested at those sessions. Nevertheless, Applicant has elected to continue alcohol consumption. Moreover, if Applicant receives a security clearance and resumes stressful employment, there is also an increased risk he will utilize alcohol to address his anxiety. Applicant has not fully accepted the risk entailed in his strategy of continued, albeit limited, alcohol consumption.

Applicant's history of alcohol consumption and plans for continued alcohol consumption cast doubt on his current reliability, trustworthiness, and judgment. None of the mitigating conditions fully apply, and Guideline G security concerns are not mitigated at this time.

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 the 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), "[t]he ultimate determination" of whether to grant a security clearance "must be an overall commonsense judgment based upon careful consideration of the guidelines" and the whole-person concept. My comments under Guideline G are incorporated in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under that guideline but some warrant additional comment.

Applicant is a 46-year-old former DOD-contractor employee who is seeking employment for a defense contractor in the area of weapons of mass destruction response mitigation and proliferation analysis. A defense contractor employed him from

1999 to March 2016. After March 2016, he mostly worked in retail. In 1998, he received two bachelor's degrees in environmental science and physics. He has several highly technical engineering and statistics-related certifications. He is exceptionally intelligent. There is no evidence of criminal offenses, drug abuse, or security violations.

The general sense of Applicant's four character statements is that he is a model employee, who is mature, professional, empathetic, punctual, helpful, trustworthy, responsible, and reliable. There has been an improvement in his weight, health, and general wellbeing in the last several years.

The evidence against grant of Applicant's access to classified information is more persuasive. Applicant has a history of binge alcohol consumption, an alcohol blackout in 2010, and alcohol-related instances including injury to his toe, missing a class, and mistakenly drinking about six ounces of methanol. In March 2020, a psychologist diagnosed him with alcohol use disorder (moderate) and commented that his "lack of long term plans to abstain from alcohol, raise questions about his judgment." Despite completion of counseling, attendance at AA meetings, and therapy, he continues to consume alcohol. He did not provide an opinion from a substance abuse counselor or psychologist indicating a positive diagnosis or prognosis.

It is well settled that once a concern arises regarding an applicant's security clearance eligibility, there is a strong presumption against granting a security clearance. See *Dorfmont*, 913 F. 2d at 1401. "[A] favorable clearance decision means that the record discloses no basis for doubt about an applicant's eligibility for access to classified information." ISCR Case No. 18-02085 at 7 (App. Bd. Jan. 3, 2020) (citing ISCR Case No. 12-00270 at 3 (App. Bd. Jan. 17, 2014)).

I have carefully applied the law, as set forth in *Egan*, Exec. Or. 10865, the Directive, the AGs, and the Appeal Board's jurisprudence to the facts and circumstances in the context of the whole person.

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
Subparagraph 1.a:	Against Applicant

Conclusion

In light of all of the circumstances presented by the record in this case, it is not clearly consistent with the interests of national security to grant or continue Applicant's eligibility for access to classified information. Eligibility for access to classified information is denied.

Mark Harvey
Administrative Judge