



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



In the matter of:)
)
) ISCR Case No. 21-02303
)
Applicant for Security Clearance)

Appearances

For Government: Gatha Manns, Esq., Department Counsel
For Applicant: *Pro se*

07/01/2022

Decision

HARVEY, Mark, Administrative Judge:

On July 26, 2021, a psychologist diagnosed Applicant with Alcohol Use Disorder, Severe. He has abstained from alcohol consumption for less than one year. Security concerns arising under Guidelines G (alcohol consumption) and I (psychological conditions) are not mitigated at this time. Eligibility for access to classified information is denied.

Statement of the Case

On October 23, 2013, and December 23, 2019, Applicant completed and signed Questionnaires for National Security Positions (SF 86) or security clearance applications (SCA). (Government Exhibit (GE) 1; GE 2). On December 20, 2021, the Defense Counterintelligence and Security Agency Consolidated Adjudications Facility (DCSA 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 DCSA 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 Guidelines G and I. (HE 2) On January 10, 2022, Applicant provided a response to the SOR. On January 25, 2022, Department Counsel requested a hearing. (HE 3) On March 2, 2022, Department Counsel was ready to proceed.

On March 18, 2022, the case was assigned to me. On April 1, 2022, the Defense Office of Hearings and Appeals (DOHA) issued a notice of hearing, setting the hearing for April 29, 2022. (HE 1) The hearing was held as scheduled.

Department Counsel offered five exhibits into evidence, and Applicant did not provide any exhibits. (Transcript (Tr.) 11, 22-24, 25; GE 1-GE 5) There were no objections, and all proffered exhibits were admitted into evidence. (Tr. 17-20) On May 9, 2022, DOHA received a transcript of the hearing.

I take administrative notice of the Diagnostic and *Statistical Manual of Mental Disorders 5th Edition (DSM-5)*, pages 490-497 which addresses and defines the diagnosis of Alcohol Use Disorder. (HE 5)

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 admitted most of the information in SOR ¶¶ 1.a through 1.d, and 2.a. (HE 3) He also provided mitigating information. His admissions are accepted as findings of fact. Additional findings follow.

Applicant is a 53-year-old information system security officer (ISSO) who has worked for a DOD contractor for the previous eight years. (Tr. 6, 9) In 1999, he received a bachelor's degree, and in 2003, he received a master's degree in information systems management. (Tr. 6, 36) He has about eight security or information technology certifications. (Tr. 37) He served in the Air Force from 1987 to 2011, and he honorably retired as a master sergeant (E-7). (Tr. 7, 38-39) He has been married and divorced three times: from 1990 to 1991; from 1993 to 1994; and from 2009 to 2017. (Tr. 7, 52-54; GE 1; GE 2) He has one 12-year-old child. (Tr. 8, 54) He has held a security clearance continuously since he was age 18. (Tr. 8)

Alcohol Consumption and Psychological Conditions

Department Counsel requested; Applicant did not object; and I approved an amendment to SOR ¶ 1.a, which now alleges: "You have consumed alcohol, at times in excess and to the point of intoxication from about age 14 to about 1998. You were

abstinent from about 1998 to 2018. You consumed alcohol from 2018 to June 30, 2021. On July 1, 2021, you resumed your sobriety.” (Tr. 14-18)

Applicant admitted he consumed alcohol at times excessively starting in about age 14 until he stopped drinking in 1998. (Tr. 27, 41, 45-46) For example, when he was married the first time from 1990 to 1991, he “never took a sober breath.” (Tr. 52) He drank at least one beer every other day, and he believed it takes 48 hours for a beer to get out of his system. (Tr. 52) He attended some Alcoholics Anonymous (AA) meetings during his first marriage and he stopped drinking during his first marriage; however, his first wife continued to consume alcohol. (Tr. 53)

During the years when Applicant was consuming alcohol, he continued to do so even though he attended some AA meetings. (Tr. 53) Some of his periods of sobriety were for a few days, sometimes he was sober for several weeks or for several months. (Tr. 53) He told himself “I’m going to quit drinking and then [he] would like forget and [he] would start drinking again. [He] would forget that [he] quit.” (Tr. 53) He would resume drinking, and then go through the same process of quitting and restarting. He was “in and out through a revolving door” for several years. (Tr. 53)

Applicant said he resumed alcohol consumption after 20 years of abstinence in 2018, because he stopped attending AA meetings; he was divorced; and he was in recovery from surgery for a deviated septum. (Tr. 20, 55) After his surgery, he received a pain medication which reduced his inhibition against drinking alcohol. (Tr. 21, 55) His mother passed away. (Tr. 55) In 2018, he gradually increased the frequency of his alcohol consumption until he was drinking on a daily basis. (Tr. 56) At his worst, he was drinking 10 drinks a day on weekends. (Tr. 57)

During a May 6, 2020 Office of Personnel Management (OPM) interview, Applicant disclosed he was drinking one to six drinks per day, five or six days a week. (Tr. 58; GE 4 at 4) He told the OPM investigator that he did not believe he had a drinking problem. *Id.* He drank to intoxication about once a week. (Tr. 73) He did not drink during the work day; however, sometimes he worked into the evenings and drank alcohol during a break, and then he resumed working. (Tr. 74-75) It did not occur to Applicant that his alcohol consumption was a security issue. (Tr. 58) He had some alcohol-related blackouts in the late 1980s and the 1990s. (Tr. 59) On June 30, 2021, he was thinking about his security clearance on the eve of his psychological evaluation, and he “got really drunk.” (Tr. 59) The next day, he concluded he definitely needed to abstain from alcohol consumption. (Tr. 59) His most recent alcohol-related blackout was on June 30, 2021. (Tr. 77) In July 2021, he resumed attendance at AA meetings. (Tr. 59) He started working with a sponsor and the 12-step AA program. (Tr. 60) At the time of his hearing, he attended one to three AA meetings a week. (Tr. 66)

Applicant does not see a medical or mental-health person to address his alcohol consumption. (Tr. 67) He has been taking a prescription drug for depression for 15 years. (Tr. 68-69) His general practitioner renews his prescription for depression. (Tr. 69) He has been “totally sober” since July 1, 2021. (Tr. 66) No medical person ever told him he

should remain sober; however, at AA meetings they recommend complete abstinence. (Tr. 71)

SOR ¶ 1.b alleges Applicant sustained an alcohol-related bruise to his foot and sought medical attention. In 1994, Applicant blacked out from alcohol consumption, fell, and injured his foot. (Tr. 47-48, 71) He was diagnosed as alcohol dependent; however, he did not believe the treating physician recommended that he not consume alcohol. (Tr. 72) Applicant said he was treated for an injury to his foot, and released. (Tr. 28) He was not hospitalized. (Tr. 28) He was referred to and successfully completed an Air Force alcohol-counseling program. (Tr. 48; GE 4) He complied with the order to abstain from alcohol consumption while he was enrolled in the Air Force alcohol-counseling program, and then he resumed his alcohol consumption after he completed the Air Force alcohol-counseling program. (Tr. 48)

SOR ¶ 1.c alleges in 1998 Applicant received alcohol treatment. In 1998, Applicant drank a few beers and a couple of martinis, and he could not function. (Tr. 44) He asked some teenagers to help him get home. (Tr. 44) They refused. He was stumbling and falling. (Tr. 44) A good Samaritan drove him home. (Tr. 44) He could not lay down because the room was spinning. (Tr. 45) He called his supervisor's supervisor, and told him he had a drinking problem and needed help. (Tr. 45) He received outpatient alcohol counseling after work and on weekends about three days a week for three months. (Tr. 49) He successfully completed this alcohol-counseling program. (GE 4)

SOR ¶ 1.d alleges a licensed psychologist diagnosed Applicant with Alcohol Use Disorder Severe. The psychologist indicated Applicant's current condition will likely impair his judgment, reliability, trustworthiness, and his ability to safeguard classified information.

On July 26, 2021, Andrea Graves, Psy.D., evaluated Applicant at the request of the DCSA CAF. (GE 3) Applicant provided some corrections to the facts in Dr. Graves' report, and I find his corrections to the facts in the report to be truthful and accurate; however, his corrections about the timing or location of events or circumstances are insufficient to impeach her diagnosis of Alcohol Use Disorder Severe. (Tr. 26-33, 82) For mental status, Dr. Graves concluded Applicant was average to above average in most respects. (GE 3 at 4) There is no evidence of suicidal or homicidal ideations, paranoid thinking, delusional thought processes, or psychosis. *Id.* She criticized his decisions to stop taking medically necessary medications for cholesterol and blood pressure when he resumed drinking. *Id.* at 6. She characterized his decision to stop taking his medications as possibly being "passively suicidal," but noted his insistence that he wanted to stay alive for his son. *Id.* at 6. At his hearing, Applicant assured he checked his blood pressure on a daily basis, and due to loss of weight, his health had improved to the extent that taking blood pressure and cholesterol medications are unnecessary.

Dr. Graves indicated Applicant had been abstinent from alcohol consumption for about one month and attended two AA meetings a day. GE 3 at 5. Applicant disagreed with the psychologist's conclusions that his history of alcohol consumption "likely impairs his judgment, reliability, trustworthiness, and ability to safeguard classified information."

Id. at 6. He considered the impact of his alcohol consumption on his ability to safeguard classified information not “to be a big deal at all.” (Tr. 50) After he received the psychologist’s report, he acknowledged, “This looks really bad.” (Tr. 50) He described himself as stable and responsible. (Tr. 50-51)

Applicant promised to stop drinking alcohol while holding a security clearance. (Tr. 76) He intends to continue attending AA meetings and maintain his sobriety even if his security clearance is revoked. (Tr. 78) He has never been arrested or convicted of any alcohol-related offense. There is no evidence of security violations or abuse of illegal drugs.

SOR ¶ 2.a cross alleges the same information in SOR ¶ 1.a under Guideline I.

The *DSM-5* criteria for diagnosis of alcohol-use disorder at the follow levels: 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; HE 5.

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:

(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(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 July 2021 mental-health evaluation, and at his hearing. He attended and completed counseling while he was in the Air Force. He attended numerous AA meetings. He was abstinent from alcohol consumption for several relatively brief periods and completely abstinent for 20 years (1998 to 2018). He was abstinent from alcohol consumption from July 1, 2021 to his hearing on April 29, 2022. 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).

Applicant has met the criteria for early remission under *DSM-5* as he has not had any employment, legal, familial, or relationship difficulties (*DSM-5* criteria) for more than 10 months. He currently has control of his alcohol consumption, and it has a limited role in his life. I found Applicant to be sincere, credible, and candid. However, his satisfaction of the *DSM-5* criteria for early remission or even sustained remission does not necessarily establish mitigation for security clearance requirements.

The evidence against mitigation is more persuasive at this time. Applicant had several instances of alcohol-related memory loss or an alcohol blackout with his most recent blackout occurring on June 30, 2021. 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.

On July 26, 2021, Dr. Graves, Psy.D., diagnosed Applicant with Alcohol Use Disorder Severe despite almost one month of sobriety before the evaluation, and a previous 20-year period of sobriety. In 2018, Applicant resumed his alcohol consumption because of stress in his life. He chose to stop attending AA meetings; he was divorced, and he was in recovery from surgery for a deviated septum. After his surgery, he received a pain medication which reduced his inhibition against drinking alcohol. His mother passed away. He engaged in binge-alcohol consumption shortly before Dr. Graves' evaluation because of stress. He may have stressful situations in the future and resume alcohol consumption.

Applicant's history of alcohol consumption and the possibility of renewed alcohol consumption cast doubt on his current reliability, trustworthiness, and judgment. More

time without alcohol consumption is necessary to reduce security concerns. None of the mitigating conditions fully apply, and Guideline G security concerns are not mitigated at this time.

Psychological Conditions

AG ¶ 27 articulates the security concern for psychological conditions:

Certain emotional, mental, and personality conditions can impair judgment, reliability, or trustworthiness. A formal diagnosis of a disorder is not required for there to be a concern under this guideline. A duly qualified mental health professional (e.g., clinical psychologist or psychiatrist) employed by, or acceptable to and approved by the U.S. Government, should be consulted when evaluating potentially disqualifying and mitigating information under this guideline and an opinion, including prognosis, should be sought. No negative inference concerning the standards in this guideline may be raised solely on the basis of mental health counseling.

AG ¶ 28 provides one condition that could raise a security concern and may be disqualifying in this case, “(b) an opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness.” AG ¶ 28(b) is established. Additional discussion of this disqualifying condition will be included in the mitigation section, *infra*.

Five mitigating conditions under AG ¶ 29 are potentially applicable:

- (a) the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) the individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;
- (c) recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual’s previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
- (d) the past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability; and
- (e) there is no indication of a current problem.

On July 26, 2021, Dr. Graves diagnosed Applicant with Alcohol Use Disorder Severe. She concluded his history of alcohol consumption “likely impairs his judgment, reliability, trustworthiness, and ability to safeguard classified information.” (GE 3 at 6) As discussed in the previous section, his alcohol consumption raises serious security concerns. Not enough time without alcohol consumption has elapsed. I have lingering concerns that Applicant will again be under stress, will again resume alcohol consumption, and then he may make poor security-related decisions in the future. Psychological conditions security concerns are not 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 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 Guidelines G and I are incorporated in my whole-person analysis. Some of the factors in AG ¶ 2(d) were addressed under those guidelines but some warrant additional comment.

Applicant is a 53-year-old ISSO who has worked for a DOD contractor for the previous eight years. In 1999, he received a bachelor’s degree, and in 2003, he received a master’s degree in information systems management. He has about eight security or information technology certifications. He served in the Air Force from 1987 to 2011, and he honorably retired as a master sergeant. He has held a security clearance continuously since he was age 18. There is no evidence of criminal offenses, drug abuse, or security violations.

The evidence against grant of Applicant’s access to classified information is more persuasive. Applicant has a history of binge-alcohol consumption and several alcohol blackouts, including a blackout on June 30, 2021, shortly before his mental-health evaluation. In July 2021, Dr. Graves diagnosed him with Alcohol Use Disorder Severe and commented that his history of alcohol consumption “likely impairs his judgment, reliability, trustworthiness, and ability to safeguard classified information.” (GE 3 at 6) In 2018, despite a history including completion of Air Force alcohol-related counseling and attendance at AA meetings, he resumed consumption of alcohol. His renewed attendance

at AA meetings and resumption of sobriety on July 1, 2021, are positive developments. However, more time without alcohol consumption is necessary to resolve lingering security concerns.

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. Guidelines G and I security concerns are not mitigated at this time.

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 through 1.d:	Against Applicant
Paragraph 2, Guideline I:	AGAINST APPLICANT
Subparagraph 2.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