



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



In the matter of:

Applicant for Security Clearance

)
)
)
)
)
)

ISCR Case No. 10-02669

Appearances

For Government: D. Michael Lyles, Esquire, Department Counsel

For Applicant: *Pro se*

May 20, 2011

Decision

GALES, Robert Robinson, Administrative Judge:

Applicant mitigated the security concerns regarding alcohol consumption. Eligibility for a security clearance and access to classified information is granted.

Statement of the Case

On December 29, 2009, Applicant applied for a security clearance and submitted an Electronic Questionnaire for Investigations Processing (e-QIP) version of a Security Clearance Application (SF 86).¹ On an unspecified date, the Defense Office of Hearings and Appeals (DOHA) issued him a set of interrogatories. He responded to the interrogatories on June 1, 2010.² On another unspecified date, DOHA issued him another set of interrogatories. He responded to the interrogatories on June 2, 2010.³ On

¹ Government Exhibit 1 (SF 86), dated December 29, 2009.

² Government Exhibit 2 (Applicant's Answers to Interrogatories, dated June 1, 2010).

³ Government Exhibit 3 (Applicant's Answers to Interrogatories, dated June 2, 2010).

August 13, 2010, DOHA issued a Statement of Reasons (SOR) to him, pursuant to Executive Order 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended and modified; Department of Defense Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended and modified (Directive); and the *Adjudicative Guidelines for Determining Eligibility For Access to Classified Information* (December 29, 2005) (AG) applicable to all adjudications and other determinations made under the Directive, effective September 1, 2006. The SOR alleged security concerns under Guideline G (Alcohol Consumption), and detailed reasons why DOHA could not make a preliminary affirmative finding under the Directive that it is clearly consistent with the national interest to grant or continue a security clearance for Applicant. The SOR recommended referral to an administrative judge to determine whether a clearance should be granted, continued, denied, or revoked.

Applicant acknowledged receipt of the SOR on August 19, 2010. In a sworn statement, dated September 3, 2010, Applicant responded to the SOR allegations and requested a hearing before an administrative judge. Department Counsel indicated the Government was prepared to proceed on October 27, 2010, and the case was assigned to me on November 9, 2010. A Notice of Hearing was issued on January 5, 2011, and I convened the hearing, as scheduled, on January 27, 2011.

During the hearing, three Government exhibits (GE 1-3) and two Applicant exhibits (AE A-B) were admitted into evidence without objection. Applicant testified. The hearing transcript (Tr.) was received on February 3, 2011.

Findings of Fact

In his Answer to the SOR, Applicant admitted two of the factual allegations pertaining to alcohol consumption (§§ 1.a. and 1.d.) of the SOR. Those admissions are incorporated herein as findings of fact. He denied the remaining factual allegations (§§ 1.b. – 1.c.). After a complete and thorough review of the evidence in the record, and upon due consideration of same, I make the following additional findings of fact:

Applicant is a 56-year-old employee of a defense contractor, currently serving as a principal scientist and explosives chemist.⁴ He is a 1973 high school graduate, with a 1977 B.S. (*cum laude*) in chemistry, and a 1982 Ph.D. in organic chemistry.⁵ He has been awarded three patents.⁶ Applicant was a chemist and principal investigator with a private company from November 2003 until September 2008, when he was laid off shortly before the company went bankrupt.⁷ He remained unemployed from September

⁴ Government Exhibit 1 (SF 86), *supra* note 1, at 15.

⁵ Tr. at 25; Government Exhibit 3 (Resume, undated), at 2, attached to Applicant's Answers to the interrogatories.

⁶ *Id.*

⁷ Government Exhibit 1, *supra* note 1, at 16-17.

2008 until October 2009, when he obtained his current position in another state.⁸ He has never served with the U.S. military.⁹ Applicant married his wife in May 1990,¹⁰ and they have one daughter, born in July 1990.¹¹

Alcohol Consumption

Applicant is an alcoholic. He started experimenting with alcohol when he was a teenager, or as Applicant describes it, when he was very young.¹² He has had only one incident involving police authorities when, at the age of 18, in 1973, after consuming about four beers at a party, and showing off what his new car could do,¹³ he was stopped by the police and charged with driving under the influence (DUI), later reduced to reckless driving. He was fined either \$200 or \$250.¹⁴

The frequency of Applicant's alcohol consumption varied over the years. From 1973 until 1981, he characterized himself as an "occasional drinker." From 1981 until February 1998, he was a daily drinker; from February 1998 until August 1998, he was a non-drinker; from August 1998 until February 2000, a daily drinker; from February 2000 until December 2000, an occasional drinker; from December 2000 until December 2006, a weekend only drinker; from December 2006 until March 2009, a daily drinker; and since March 2009, a non drinker.¹⁵ There was a time when Applicant considered himself a "big" drinker, and his normal weekday pattern would be to consume a bottle of wine and two beers before he went to the gym to work out, and sometimes after the workout.¹⁶ The weekends saw him consume larger quantities, and during about three weekends per month, he would become intoxicated.¹⁷

When Applicant was initially laid off in September 2008, he was told it was a temporary situation and that he would eventually be rehired. Applicant was depressed, and collected unemployment compensation, waited at home, watched television, ate, and consumed more alcohol, waiting to be rehired. It was not to be, for the company

⁸ *Id.* at 14-16.

⁹ *Id.* at 21.

¹⁰ *Id.* at 24-25.

¹¹ *Id.* at 28.

¹² Applicant Exhibit A (Letter from Licensed Clinical Social Worker (LCSW), dated January 13, 2011; Tr. at 22.

¹³ Government Exhibit 2 (Personal Subject Interview, dated December 29, 2009), at 2, attached to Applicant's Answers to the interrogatories, *supra* note 2.

¹⁴ Government Exhibit 1, *supra* note 1, at 36-37; Tr. at 38.

¹⁵ Applicant's Answer to the SOR, dated September 3, 2010, at 2.

¹⁶ Government Exhibit 2 (Personal Subject Interview), *supra* note 13, at 1.

¹⁷ *Id.*

went out of business.¹⁸ His consumption increased to at least one and one-half pints of alcohol each day.¹⁹ By February 2009, Applicant finally realized that his drinking was getting “bad.” Furthermore, his wife urged him to reduce his alcohol consumption.²⁰ Applicant did some research on-line, and attempted to contact his doctor, but the doctor was out of town. Applicant took no further action until the following month.²¹

On March 6, 2009, Applicant was again intoxicated, and in response to his wife’s encouragement, he sought help in an effort to reduce his alcohol consumption. Applicant was admitted to the local hospital for acute alcohol withdrawal on March 6, 2009.²² He had the strong odor of alcohol on his breath.²³ Applicant acknowledged to the treating personnel that he had a longstanding history of alcoholism with a decade-long history of alcohol hepatitis and cirrhosis, and that he had been binge drinking since he lost his job. Applicant’s blood-alcohol level was over .480.²⁴ He was transferred from the emergency department and admitted to the hospital in stable condition.²⁵ Applicant remained in the hospital until March 9, 2009. His discharge diagnosis was alcohol withdrawal – improved, with the following secondary diagnoses: acute alcohol intoxication, alcohol abuse continuous, benign hypertension, and reflux esophagitis.²⁶ He was advised to follow-up with his primary care physician and also to seek outpatient alcohol counseling.²⁷ He was prescribed Campral®, a drug that facilitates abstinence.

Applicant met with his primary care physician on April 1, 2009. The active problems assessed were alcohol abuse 305.00 and benign essential hypertension 401.00.²⁸ They discussed alcoholism, his past history, including his recent hospitalization, and his current needs. The doctor decided that Applicant should remain on Campral®.

¹⁸ *Id.*; Applicant Exhibit A, *supra* note 12, at 1.

¹⁹ Applicant Exhibit A, at 1.

²⁰ Government Exhibit 2 (Personal Subject Interview), *supra* note 13, at 1.

²¹ *Id.*

²² Government Exhibit 2 (Hospital records – discharge summary, dated March 27, 2009), at 1, attached to Applicant’s Answers to the interrogatories.

²³ Government Exhibit 2 (Hospital records – emergency department report, dated April 8, 2009), at 1, attached to Applicant’s Answers to the interrogatories.

²⁴ *Id.*, at 2.

²⁵ *Id.*

²⁶ Government Exhibit 2 (Hospital records – discharge summary), *supra* note 22, at 1.

²⁷ *Id.*

²⁸ Government Exhibit 2 (Primary physician report, dated April 1, 2009), at 1, attached to Applicant’s Answers to the interrogatories.

Upon his discharge from the hospital, Applicant started attending two meetings of Alcoholics Anonymous (AA) per day, for a period of 90 days.²⁹ He finally tapered off when he obtained his new job and relocated to another state.³⁰ There was a period when Applicant did not attend AA meetings, but he resumed doing so on a once-a-week basis because the only AA meetings were 40 miles away.³¹

In December 2010, motivated by DOHA's concern over his security clearance eligibility, rather than a perceived need for treatment,³² Applicant sought evaluation and treatment from an LCSW.³³ He attends group therapy once each week.³⁴ Applicant's diagnosis and stability of recovery, according to the LCSW, are:³⁵

. . . [Applicant] has appeared motivated to gain insight into and to recover from a period of 303.90 Alcohol Dependence, Moderate, With Physiological Dependence, in Sustained Full Remission. Since beginning our program on 12/02/10, [Applicant] has participated in every group and individual appointment he has been asked to attend. He has randomly provided urine samples, which have screened negatively for illicit drugs and alcohol.

The prognosis is:³⁶

[Applicant's] self-admission to a Detoxification unit to titrate off alcohol and his subsequent period of sobriety are strong indicators of his motivation to remain sober. His attendance in a cognitive-based treatment program and his ability to internalize the knowledge gained from this program serve to strengthen his recovery.

Applicant stopped drinking alcohol on March 6, 2009.³⁷ He has been abstinent since that date.³⁸ With his return to work, and the information and guidance received, as well as the support from his wife, AA, and his medication, Applicant has come to the

²⁹ Government Exhibit 2 (Personal Subject Interview), *supra* note 13, at 2.

³⁰ Tr. at 34.

³¹ *Id.* at 34-36; Applicant Exhibit B (AA attendance record, various dates)..

³² Tr. at 35.

³³ Applicant Exhibit A, *supra* note 12, at 1.

³⁴ Tr. at 35.

³⁵ Applicant Exhibit A, *supra* note 12, at 1.

³⁶ *Id.* at 2.

³⁷ Tr. at 36.

³⁸ Government Exhibit 2 (Personal Subject Interview), *supra* note 13, at 2.

conclusion that he can never drink alcohol again.³⁹ Applicant declared: “It will ruin my life.”⁴⁰

Character References and Work Performance

Applicant’s direct supervisor is very supportive of Applicant’s application for a security clearance. He characterizes Applicant as a hard worker who is willing and eager to get the job done, dedicated to his work and country, candid, and trustworthy.⁴¹ He noted that Applicant lives a healthy lifestyle and exercises on a daily basis, bicycling, swimming, running, and lifting weights.⁴² Since he has known Applicant, he has never seen Applicant consume alcohol, even when other employees are consuming alcohol, Applicant only consumes non-alcoholic beverages.⁴³ Applicant’s wife concurs in Applicant’s comments about his drinking and abstinence.⁴⁴

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.”⁴⁵ 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. The President has authorized the Secretary of Defense or his designee to grant an applicant eligibility for access to classified information “only upon a finding that it is clearly consistent with the national interest to do so.”⁴⁶

When evaluating an applicant’s suitability for a security clearance, the administrative judge must consider the AG. In addition to brief introductory explanations for each guideline, the AG list potentially disqualifying conditions and mitigating conditions, which are used in evaluating an applicant’s eligibility for access to classified information.

An administrative judge need not view the guidelines as inflexible, ironclad rules of law. Instead, acknowledging the complexities of human behavior, these guidelines

³⁹ *Id.*; Tr. at 39.

⁴⁰ Tr. at 39.

⁴¹ Character reference, dated September 7, 2010, attached to Applicant’s Answer to the SOR.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ Character reference, undated, attached to Applicant’s Answer to the SOR.

⁴⁵ *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988).

⁴⁶ Exec. Or. 10865, *Safeguarding Classified Information within Industry* § 2 (Feb. 20, 1960), as amended and modified.

are applied in conjunction with the factors listed in the adjudicative process. The administrative judge's overarching adjudicative goal is a fair, impartial, and commonsense decision. 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 meaningful decision.

In the decision-making process, facts must be established by "substantial evidence."⁴⁷ The Government initially has the burden of producing evidence to establish a potentially disqualifying condition under the Directive, and has the burden of establishing controverted facts alleged in the SOR. Once the Government has produced substantial evidence of a disqualifying condition, under Directive ¶ E3.1.15, the applicant has the burden of persuasion to present evidence in refutation, explanation, extenuation or mitigation, sufficient to overcome the doubts raised by the Government's case. The burden of disproving a mitigating condition never shifts to the Government.⁴⁸

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 as well. It is because of this special relationship that the Government must be able to repose a high degree of trust and confidence in those 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 as to potential, rather than actual, risk of compromise of classified information. Furthermore, "security clearance determinations should err, if they must, on the side of denials."⁴⁹

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."⁵⁰ Thus, nothing in this decision should be construed to suggest that I have based this decision, in whole or in part, on any express or implied determination as to Applicant's allegiance, loyalty, or patriotism. It is merely an indication the Applicant has or has not met the strict guidelines the President and the Secretary of Defense have established for issuing a clearance. In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Likewise, I have avoided drawing inferences grounded on mere speculation or conjecture.

⁴⁷ "Substantial evidence [is] such relevant evidence as a reasonable mind might accept as adequate to support a conclusion in light of all contrary evidence in the record." ISCR Case No. 04-11463 at 2 (App. Bd. Aug. 4, 2006) (citing Directive ¶ E3.1.32.1). "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).

⁴⁸ See ISCR Case No. 02-31154 at 5 (App. Bd. Sep. 22, 2005).

⁴⁹ *Egan*, 484 U.S. at 531

⁵⁰ See Exec. Or. 10865 § 7.

Analysis

Guideline G, Alcohol Consumption

At the outset, I note I had ample opportunity to evaluate the demeanor of Applicant, observe his manner and deportment, appraise the way in which he responded to questions, assess his candor or evasiveness, read his statements, and listen to his testimony. It is my impression that his explanations regarding his alcohol consumption status are consistent and have the solid resonance of truth.

The security concern relating to the guideline for Alcohol Consumption is set out 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(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 whether the individual is diagnosed as an alcohol abuser or alcohol dependent" is potentially disqualifying. Similarly, under AG ¶ 22(b), "alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, or drinking on the job, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent" may raise security concerns. Also, AG ¶ 22(c) may apply if there is "habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed as an alcohol abuser or alcohol dependent." If there is a "diagnosis by a duly qualified medical professional (e.g., physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence," AG ¶ 22(d) may apply. Where there is an "evaluation of alcohol abuse or alcohol dependence by a licensed clinical social worker who is a staff member of a recognized alcohol treatment program," AG ¶ 22(e) may apply. Under AG ¶ 22(f), a "relapse after diagnosis of alcohol abuse or dependence and completion of an alcohol rehabilitation program" is potentially disqualifying.

AG ¶ 22(a) has been established. Applicant was stopped in 1973, when at the age of 18, he was driving his new automobile in a manner that drew the attention of the police. He was charged with DUI, and was found guilty of reckless driving.

AG ¶ 22(b) has not been established for there is no evidence that Applicant had any alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, or drinking on the job. To the contrary, the only work-related evidence is that Applicant abstains and only consumes non-alcoholic beverages.

AG ¶ 22(c) has been established. Binge drinking is not defined in the AG, but the generally accepted definition of binge drinking for males is the consumption of five or

more drinks in about two hours.⁵¹ There is substantial evidence of Applicant engaged in binge drinking. As for habitual consumption of alcohol to the point of impaired judgment, there is also evidence of his doing so on numerous occasions. However, despite there being evidence of Applicant's binge drinking, there is no evidence that his consumption of alcohol resulted in impaired judgment.

AG ¶¶ 22(d) and 22(e) have been established. Applicant was admitted to the local hospital for acute alcohol withdrawal on March 6, 2009, with the strong odor of alcohol on his breath. Applicant remained in the hospital until March 9, 2009. His discharge diagnosis was alcohol withdrawal – improved, with the secondary diagnoses including acute alcohol intoxication, alcohol abuse continuous, and benign hypertension. He was advised to follow-up with his primary care physician and also to seek outpatient alcohol counseling. He was prescribed Campral®, a drug that facilitates abstinence. Applicant met with his primary care physician on April 1, 2009. The active problems assessed were alcohol abuse 305.00 and benign essential hypertension 401.00. They discussed alcoholism, his past history, including his recent hospitalization, and his current needs. The doctor decided that Applicant should remain on Campral®. In December 2010, Applicant sought evaluation and treatment from an LCSW. Applicant's diagnosis and stability of recovery, according to the LCSW, was essentially: to gain insight into and to recover from a period of 303.90 Alcohol Dependence, Moderate, With Physiological Dependence, in Sustained Full Remission. The above actions by the medical staff at the hospital, the treating physician, and the LCSW all qualify as either a "diagnosis by a duly qualified medical professional (e.g., physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence," or an "evaluation of alcohol abuse or alcohol dependence by a licensed clinical social worker who is a staff member of a recognized alcohol treatment program."

AG ¶ 22(f) has not been established. While Applicant may have been diagnosed with alcohol-related dependence and abuse, there is no evidence that Applicant's diagnosis was after completion of an alcohol rehabilitation program.

The guidelines also include examples of conditions that could mitigate security concerns arising from alcohol consumption. Under AG ¶ 23(a), the disqualifying condition may be mitigated where "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 good judgment." In addition, when "the individual acknowledges his or her alcoholism or issues of alcohol abuse, provides evidence of actions taken to overcome this problem, and has established a pattern of abstinence (if alcohol dependent) or responsible use (if

⁵¹ It should be noted that the definition for male binge drinking is the consumption of five or more drinks in about two hours. The definition of binge drinking was approved by the NIAAA National Advisory Council in February 2004. See U.S. Dept. of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism (NIAAA) Newsletter 3 (Winter 2004 No. 3), http://www.pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf. This information was not offered in evidence by Applicant. I am taking official notice of the information because it addresses the disputed inference that Applicant was either engaged in binge drinking or habitual consumption of alcohol under AG ¶ 22(c), which I find significant in analyzing the evidence.

an alcohol abuser),” AG ¶ 23(b) may apply. Evidence that “the individual is a current employee who is participating in a counseling or treatment program, has no history of previous treatment and relapse, and is making satisfactory progress” is potentially mitigating under AG ¶ 23(c). Similarly, AG ¶ 23(d) applies where the evidence shows “the individual has successfully completed inpatient or outpatient counseling or rehabilitation along with any required aftercare, has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations, such as participation in meetings of Alcoholics Anonymous or a similar organization and has received a favorable prognosis by a duly qualified medical professional or a licensed clinical social worker who is a staff member of a recognized alcohol treatment program.”

AG ¶ 23(a) partially applies. The only alcohol-related incident involving police authorities occurred in 1973 when Applicant was 18 and showing off in his new automobile after consuming alcohol. He was charged with DUI. The charge was subsequently reduced to reckless driving. The remainder of Applicant’s drinking took place quietly without incident. He has never appeared intoxicated or impaired at work, according to his supervisor, and has never had any other involvement with law enforcement or judicial authorities because of his alcohol consumption. Now abstinent and armed with knowledge and coping skills developed in his alcohol treatment programs, it is unlikely that his alcohol abuse will recur and it does not cast doubt on Applicant’s current reliability, trustworthiness, or good judgment.

AG ¶¶ 23(b), 23(c), and 23(d) apply. Because of his alcohol treatment and counseling programs, including participation in AA, Applicant has moved from “alcohol is not a problem” for him to realizing that, yes, it was. He has accepted the information and coping skills developed in the alcohol treatment programs and, since March 6, 2009, has established and maintained a pattern of abstinence. As noted by his LCSW, The prognosis is that Applicant’s “self-admission to a Detoxification unit to titrate off alcohol and his subsequent period of sobriety are strong indicators of his motivation to remain sober.” Applicant’s participation in the alcohol treatment program and his ability to use the information gained from the program serve to strengthen Applicant’s recovery.

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(a):

- (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.

There is substantial evidence against mitigating Applicant's conduct. With the exception of his early period of abstinence from February to August 1998, and various periods of occasional drinking, Applicant's alcohol consumption has generally been daily. On frequent occasions, his alcohol consumption could be characterized as binge drinking. His abuse of alcohol caused health issues. His hospital discharge diagnosis was alcohol withdrawal – improved, with the following secondary diagnoses: acute alcohol intoxication, alcohol abuse continuous, benign hypertension, and reflux esophagitis. He was advised to follow-up with his primary care physician and also to seek outpatient alcohol counseling. He was prescribed Campral®, a drug that facilitates abstinence.

The mitigating evidence under the whole-person concept is more substantial. Applicant is an alcoholic who has been abstinent since March 6, 2009. While Applicant was an alcohol abuser for many years, in March 2009, over two years ago, he turned his life around with the decision to seek help. First he received medical treatment for alcohol withdrawal and detoxification. He was discharged three days later. Then he sought follow-up care with his primary care physician and also obtained outpatient alcohol counseling. He attended 180 AA meetings in 90 days, and now is undergoing group counseling with an LCSW. With his return to work, and the information and guidance received, as well as his support systems, and his medication, Applicant has come to the conclusion that he can never drink alcohol again, for to do so would ruin his life. Applicant's current prognosis is good.

I have evaluated the various aspects of this case in light of the totality of the record evidence and have not merely performed a piecemeal analysis.⁵² Applicant's lengthy period of alcohol abuse came to an abrupt halt on March 9, 2009, and has not recurred. He possesses a new appreciation of the negative aspects of excessive alcohol consumption generally, as well as any alcohol consumption specifically by him, and has a support group. Applicant has come to the conclusion that he can never drink alcohol again. Applicant's over two years of abstinence and his favorable prognosis are sufficient to mitigate continuing security concerns. See AG ¶¶ 2(a)(1) through 2(a)(9).

Overall, the record evidence leaves me without questions and doubts as to Applicant's eligibility and suitability for a security clearance. After weighing the disqualifying and mitigating conditions, and all the facts and circumstances, in the context of the whole person, I conclude he has mitigated the personal conduct security concerns.

⁵² See *U.S. v. Bottone*, 365 F.2d 389, 392 (2d Cir. 1966); See also ISCR Case No. 03-22861 at 2-3 (App. Bd. Jun. 2, 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 E:	FOR APPLICANT
Subparagraph 1.a:	For Applicant
Subparagraph 1.b:	For Applicant
Subparagraph 1.c:	For Applicant
Subparagraph 1.d:	For Applicant

Conclusion

In light of all of the circumstances presented by the record in this case, it is clearly consistent with the national interest to grant Applicant eligibility for a security clearance. Eligibility for access to classified information is granted.

ROBERT ROBINSON GALES
Administrative Judge