



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



In the matter of:	)	
	)	
	)	ISCR Case No. 11-06475
	)	
	)	
Applicant for Security Clearance	)	

**Appearances**

For Government: David F. Hayes, Esq., Department Counsel  
For Applicant: *Pro se*

---

**Decision**

---

MATCHINSKI, Elizabeth M., Administrative Judge:

Applicant is an admitted alcoholic with a history of public intoxication and drunk-driving offenses. He has not relapsed since completing treatment for diagnosed alcohol dependency in October 2011, but it is too soon to conclude that his alcohol problem is safely behind him. Clearance denied.

**Statement of the Case**

On August 24, 2012, the Department of Defense (DOD) issued a Statement of Reasons (SOR) to Applicant, detailing the security concerns under Guideline G, Alcohol Consumption, and explaining why it could not find that it is clearly consistent with the national interest to continue Applicant’s security clearance eligibility. The DOD took action under Executive Order 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; Department of Defense Directive 5220.6, *Defense Industrial Personnel Security Clearance Review Program* (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG) effective within the Department of Defense on September 1, 2006.

Applicant answered the SOR allegations on September 17, 2012, and he requested a hearing before an administrative judge from the Defense Office of Hearings and Appeals (DOHA). On November 29, 2012, the case was assigned to me to consider whether it is clearly consistent with the national interest to grant or continue a security clearance for him. On December 1, 2012, I scheduled a hearing for December 20, 2012.

At the hearing, 14 Government exhibits (GEs 1-14)<sup>1</sup> and 16 Applicant exhibits (AEs A-P) were admitted into evidence without objection. Applicant and his spouse also testified, as reflected in a transcript (Tr.) received by DOHA on January 3, 2013.

### **Summary of SOR Allegations**

The SOR alleged under Guideline G that as of August 24, 2012, Applicant had consumed alcohol in varying amounts, including to intoxication and hospitalization, since 1971 (SOR 1.a); that Applicant was arrested on public intoxication charges in July 1993 (SOR 1.b), August 1980 (SOR 1.c), and September 1980 (SOR 1.d); that he was convicted of driving while intoxication (DWI) charges filed in December 1983 (SOR 1.e), December 1984 (SOR 1.f), and April 1988 (SOR 1.g); and that he was arrested for DWI in July 1993, which was dropped (SOR 1.h). The SOR also alleged that while Applicant was on a business trip in July 2011, he was fined for disorderly conduct by intoxication (SOR 1.i), and hospitalized after he was discovered severely intoxicated in his hotel room (SOR 1.j). Applicant was alleged to have voluntarily received alcohol rehabilitation treatment for diagnosed alcohol and opioid dependence from September 28, 2011, to October 9, 2011 (SOR 1.l); received counseling for diagnosed alcohol dependence and depressive disorder in November 2011 (SOR 1.m); and attended Alcoholics Anonymous (AA) since September 2010 (SOR 1.n).

Applicant admitted the Guideline G allegations with limited exception. He denied any issues with opiate dependency. On his admission to the alcohol rehabilitation program in September 2011, the presence of opiates was detected in his blood because of a prescribed synthetic opiate for back pain.

### **Findings of Fact**

Applicant's admissions to the alcohol consumption allegations are incorporated as findings of fact. After considering the pleadings, exhibits, and transcript, I make the following additional findings of fact.

Applicant is a 58-year-old senior principal engineer II, who has worked for the same defense contractor since May 1983. (Tr. 62.) He has held a secret clearance since about November 1983. (GEs 1, 2.) He held special access clearance for some military programs. His special access was suspended in the fall of 2011 for alcohol issues, as detailed below. (Tr. 64-65.)

---

<sup>1</sup> GE 1 as admitted includes an attachment, "e-QIP Attachment 5d," dated August 14, 2011. The eight-page attachment was apparently submitted by Applicant with his interrogatory response of August 15, 2011 (GE 3) and not with the September 2010 e-QIP (GE 1).

Applicant began consuming beer at parties on weekends around age 14. As a college student between January 1973 and December 1979, Applicant consumed three to four beers on Friday nights. On occasion, he drank liquor to the point of blacking out. (GEs 4-5.) In July 1973, he was with a friend who was pulled over for erratic driving. Applicant was detained overnight for being drunk in public. (GEs 1-3.) Around 1976, his drinking increased to three to four times a week. In 1977, he met his future spouse, who was not a drinker. (Tr. 77.) Applicant believed his drinking was not normal, although it was not yet causing him any apparent problems. (GE 5.)

Around May 1980, Applicant moved to another state for a job. His then girlfriend (now spouse) refused to accompany him. Applicant consumed a six-pack of beer on Friday nights and some Saturday evenings, usually by himself at home. He drank to intoxication on several occasions, including in June 1980. After consuming "probably 12 to 18 beers" at a local bar, Applicant passed out in the backseat of a car similar in model to the one he had borrowed. The police arrested him in the parking lot for public intoxication. He forfeited bail. In September 1980, Applicant was arrested for public intoxication at a concert after a fight. He was released after spending the night in jail and forfeiting \$35 bail. (GEs 1-5.) Applicant recognized that his drinking was a problem, but he did not know what to do about it. (GE 5.)

In November 1980, Applicant rejoined his girlfriend, and they married in June 1981. At her recommendation, Applicant attended a few AA meetings, but he was not open enough to commit to the program. (GE 5.)

By January 1983, Applicant and his spouse had moved to their present locale and bought a home that Applicant enjoys remodeling. (AE B; Tr. 62.) Applicant restricted his alcohol consumption to weekends only, primarily to please his wife, although he continued to drink 8 to 10 beers at a sitting when she was not around. (GE 5.) In May 1983, Applicant began working for his current employer, a defense contractor. (GE 1.)

In December 1983, Applicant slid on the icy roads into oncoming traffic. He had been drinking alcohol at home before the accident, and he was arrested for driving while intoxicated (DWI). He pleaded guilty and was fined \$500. He also lost his operating privileges for 90 days. (GEs 1-3.) Despite a desire to stop drinking, Applicant drank between 6 and 12 beers every other Saturday when his spouse was at work. (GE 5.)

In December 1984, Applicant consumed his usual quantity of 6 to 12 beers before driving to a nearby town. He scraped the bumper of another vehicle and was arrested for his second DWI. He was fined \$500, sentenced to seven days in the house of correction, and he lost his license for three years. Over the next three years, Applicant drank to intoxication about ten times. (GEs 1, 5.)

In early 1988, Applicant began attending AA open meetings. He was just beginning to understand that it was going to take more than willpower for him to stop drinking, when he was arrested for DWI (his third offense) in April 1988. He had consumed about 12 beers after working overtime on a Saturday. He was sentenced to seven days in the house of

correction, fined \$500, and ordered to attend a DWI program. He also he lost his driver's license for another three years. (GEs 1, 2, 5.) Applicant turned to his Christian faith and AA step and discussion meetings for support to deal with his alcohol problem. (GE 5.) AA gave him a forum to talk about his drinking, and to confront the pain and problems he had caused himself and his family. (GE 5.) From about 1988 to 1991, Applicant also sought alcohol counseling with a therapist, who prescribed him Lithium. Applicant learned that he turned to alcohol when he was lonely. (GEs 2, 3, 5.)

Applicant continued to consume alcohol once or twice a week (GE 3.), even after he and his spouse had a daughter in February 1989. (GE 1; AE B.) While on travel for his employer in October 1988, Applicant consumed several alcohol drinks on the plane. Around May 1990, he bought a six-pack and was on his third beer at home when he realized what he stood to lose. He threw out the rest of the beer. In January 1992, Applicant consumed a coffee with some liqueur while on travel before he realized his "mistake." (GE 5.)

In February 1992, Applicant was interviewed by a Defense Investigative Service Special Agent for a clearance needed on a special access program. Applicant detailed his history of excessive consumption and three DWIs. He indicated that after his April 1988 DWI, he committed himself to rely on his personal relationship with God for the strength needed to maintain his sobriety, and to lean on others for help or understanding. Applicant indicated that while he could not guarantee that he would never drink alcohol again, he knew alcohol was a problem for him, and he would continue to deal with his sobriety. (GE 5.) In September 1992, Applicant and his spouse had a son. (GE 1.)

While flying on business for his employer in July 1993, Applicant consumed alcohol and took some Dramamine for air sickness. The combination led him to become intoxicated, and he was arrested en route to his hotel for driving under the influence (DUI) and DUI with blood alcohol content at or above .08 %. His blood alcohol level tested at .25% and .23%. (GEs 1-3, 6.) Applicant pleaded not guilty to both charges. On December 22, 1993, the charges were dismissed in the furtherance of justice, although his blood alcohol level exceeded the legal limit. (GE 7.)

Applicant abstained from alcohol from July 1993 until 2007, when his daughter went off to college. He resumed drinking once every three to four months while on travel, usually one to two drinks but sometimes as many as four or five beers or hard lemonades. (GE 3; Tr. 72.) On September 8, 2010, Applicant executed an Electronic Questionnaire for Investigations Processing (e-QIP) for a top secret security clearance. (Tr. 64.) Applicant disclosed his two 1980 public intoxication offenses, his DWI convictions in 1983, 1984, and 1988, and the 1993 DWI charge that was dismissed. (GE 1.)

Around August 2010, Applicant obtained a sponsor in AA. He worked with him on his recovery for a couple of months, but they were unable to connect as much as Applicant needed because of their work schedules. Applicant attended open book meetings and "Big Book" meetings in AA. (Tr. 86-87.) He went to AA to show people that he was doing

something about his drinking, “as opposed to really doing the work and the soul searching that’s necessary.” (Tr. 97.)

On November 10, 2010, Applicant was interviewed by an Office of Personnel Management (OPM) investigator. He reported continued consumption of alcohol, about one beer with dinner once yearly, even though his spouse did not want him to drink because of his drinking history. Applicant denied any consumption of alcohol since July 2010, although he expressed his intent to drink one beer occasionally in the future, maybe once a year with dinner. (GE 2.)

While on travel for business in July 2011, Applicant tried to purchase a bottle of vodka when he was already highly intoxicated. Applicant fell several times in the store’s parking lot, and the police were called. Applicant’s speech was slurred, and he could not maintain his balance. He was cited for disorderly conduct by intoxication and brought to a hospital for evaluation. (GEs 1, 8, 9.)

At the hospital, Applicant informed medical personnel that he consumed a six-pack of beer in his hotel.<sup>2</sup> His blood alcohol level was .323% on intake. He indicated that he had been drinking about twice a week for the past two years, with heavier consumption in the past. Applicant was treated for alcohol intoxication. He was discharged from the emergency room to his hotel about eight hours later, to continue taking his home medications, including Paxil and Tramadol. Final diagnostic impression was alcohol intoxication, chronic depression, and history of alcoholism. (GE 13.) On July 22, 2011, he was assessed a \$100 fine and \$100 in court costs for the disorderly conduct offense. (GEs 1, 9.)

On August 14, 2011, Applicant responded to DOHA inquiries concerning his alcohol use and alcohol-related offenses. Applicant admitted that he was still drinking alcohol. Since 2008, he had consumed Mike’s Hard Lemonade and sometimes Samuel Adams [beer] at dinner or while working in his hotel room while on travel, “usually 1 to 2 drinks, sometimes up to 4 to 5 drinks,” once every three to four months. He related his most recent intoxication was on July 15, 2011, and before then, in August 2010. Applicant provided details about his alcohol offenses. About his July 15, 2011, disorderly conduct incident, Applicant explained that he had several beers to drink starting around 3:00 p.m. that afternoon, had more drinks with dinner, and then “errantly” took his pain medication after having had too much to drink. He indicated that while out for a walk, he began to stumble due to the combination of alcohol and his pain medication, and the police were called. He investigated his prescribed Tramadol after the incident and discovered it was contraindicated because of his history of drinking. He decided not to take it any longer and asked for alternative medication. He reported no counseling since 1991, although he indicated that he was attending two AA meetings per week (“Big Book” and open meeting). He was meeting weekly with his sponsor. Applicant also cited his active participation in his church and his faith commitment as sources of “strength and understanding in relation to

---

<sup>2</sup> When asked why he told the police that he drank only six beers when his blood alcohol level would indicate higher consumption, Applicant responded, “That’s just the alcoholic lying.” (Tr. 91.)

[his] past drinking days.” He was in the process of pursuing counseling for further insight about his occasional drinking. (GE 3.)

In August 2011, Applicant’s son left home for college. While on business travel in late August 2011, Applicant drank to severe intoxication in his hotel room. (Tr. 74.) On August 30, 2011, he accidentally called 911. Paramedics noticed over 100 empty beer bottles in his hotel room. Applicant was taken to a nearby medical center, where he displayed signs of acute alcohol withdrawal, and his blood alcohol level registered .235%. He told medical personnel that he had been drinking for the past seven days. He was diagnosed, in part, with alcohol intoxication-acute with alcoholism, and was admitted to the hospital on a detoxification protocol. Physician notes reflect Applicant admitted he had a drinking problem, but he was not yet ready to stop drinking. On September 2, 2011, he was discharged to follow up with his primary care physician. (GE 14; AE C.)

While on medical leave from work and considering residential rehabilitation, Applicant began counseling with a licensed marital and family therapist (LMFT) on September 15, 2011. Applicant reported a history of binge drinking while on business travel, legal and family problems because of drinking, and his recent discharge from a hospital “after alcohol poisoning and his liver shutting down.” In the opinion of the LMFT, Applicant needed more support than weekly outpatient therapy could provide. (GE 11; AE J.)

On September 28, 2011, Applicant voluntarily admitted himself for inpatient alcohol detoxification to an out-of-state, licensed substance abuse treatment facility that supported his Christian beliefs. (Tr. 83.) He was diagnosed with opioid/alcohol dependence on intake. Applicant was motivated for treatment and to make lifestyle changes, although some challenges (poor judgment, history of multiple relapses, and history of noncompliance with follow-up after discharge) were noted on intake. Medication management included an initial course of Subutex for opiate withdrawal due to discontinuation of Applicant’s Tramadol medication for sciatic back pain. On October 9, 2011, Applicant was discharged, having successfully completed his treatment. (GE 10; AE A.)

On October 17, 2011, Applicant resumed counseling with the LMFT. Applicant spoke positively about his recent rehabilitation experience. He was able to embrace the 12-step model of recovery and discuss a relapse prevention plan. In counseling, Applicant was given strategies to deal with his pattern of binge drinking in his hotel room. Underlying anxieties, loneliness while on travel, and the “empty-nest effect” (his son left for college in August 2011 and his daughter had been overseas since May 2011), contributed to or triggered his drinking. As of November 28, 2011, Applicant reported working on step four of the AA program with his sponsor. After 12 counseling sessions, including two couples’ sessions, Applicant was discharged on January 20, 2012, “in an agreed attainment of goals and planned final meeting.” The LMFT’s progress note of their final session, indicated in part: “He’s still doing well, discussed his recovery and 12 steps process. He continues to follow his program and remain sober. Denies even having cravings or urges to drink.” (GE 11; AE J.)

On November 4, 2011, Applicant began treatment with a psychiatrist for medication management. The psychiatrist diagnosed Applicant with alcohol dependence and depressive disorder not otherwise specified. Applicant reported he had been sober since August 30, 2011, although he had high anxiety about upcoming business travel. He was active in AA, attending meetings twice weekly. Applicant was prescribed an antidepressant, an antihistamine-based drug for anxiety, and Campral for his alcoholism. As of February 21, 2012, he was still taking the drugs with good effect, reported no cravings for alcohol, and was given a good prognosis. (GE 12; AE K.) He stopped seeing the psychiatrist in June 2012 because he was not experiencing the seasonal depression of the past few years. (AE N; Tr. 73, 86, 103.)

After he returned from his rehabilitation program, Applicant obtained a sponsor in an eight step recovery program with a Christian component to assist him in his recovery. (Tr. 75, 89.) While the AA "Big Book" was important to him, Applicant found AA did not give him all he needed to maintain his sobriety. (Tr. 75.) Applicant's sponsor in the Christian-based recovery program has seven years of sobriety, exposure to AA, and attends the same church as Applicant. Applicant shared with this sponsor his struggles with alcohol. In the opinion of this sponsor, Applicant was willing to take the steps necessary to maintain his sobriety, and he has a high likelihood of maintaining his sobriety in that he continues to take the actions necessary to maintain sobriety and accepts responsibility for his actions. (AE L.) While they continue to see each other at Sunday services and together attend a dinner meeting concerning the "12 step program imbued with the values of [their] Christian faith," Applicant has not worked formally with this sponsor since the spring of 2012. They now walk through the steps on a friend-to-friend basis. (Tr. 103.) Since the spring of 2012, Applicant's recovery has been highly focused on personal prayer and Bible study. He continues to attend AA and "Celebrate Recovery" meetings, but only occasionally. (AE P; Tr. 75-76, 81-82, 106-07.) Applicant understands that he cannot be complacent in his recovery, and that loneliness was the key trigger in his binge drinking. (AE N; Tr. 71-72.) He has learned to recognize that feelings of loneliness are not necessarily negative and do not need to be hidden or dealt with by drinking. (Tr. 93.) A runner even when he was drinking, Applicant now exercises rather than stays in his hotel room when he feels lonely. (Tr. 93.)

For the last 12 years, Applicant has been actively involved in his church. As chairman of the church finance committee, Applicant has prepared church budgets and served as an interim bookkeeper. (AE M; Tr. 88.) The church's senior pastor confirms that Applicant has not violated his fiduciary responsibilities. He considers Applicant to be a person of "complete integrity," willing to be accountable to others for his actions. Applicant was reportedly committed to AA as of November 29, 2012. (AE M.)

Applicant has abstained from alcohol since August 29, 2011. He believes he has been an alcoholic since the early 1980s. He does not subscribe to alcoholism being a disease. He considers drinking to be a choice, which in his case was a "purely selfish self-serving endeavor." (AEs A, P; Tr. 77.) As of December 20, 2012, he had traveled on business about ten times, and he had no desire to consume alcohol. (AE O; Tr. 92.) Applicant does not intend to consume alcohol in the future. (AE A.) While he does not

believe that he will ever drink alcohol again, “[he is] not bold enough to say no, it will never happen again because [he thinks] anybody that says that with a problem with alcoholism is probably fooling themselves.” (Tr. 99.)

Applicant has the support of his spouse and children. His spouse attested to the pain his alcohol abuse caused them in the past. She has observed Applicant to be more open about his struggles with alcohol, more accountable for his actions, and more resolute in dealing with this alcohol problem since he returned from the alcohol rehabilitation. (AE N; Tr. 50, 59.) She is no longer concerned that he may drink alcohol while on travel for business. Applicant’s spouse believes that he is committed to sobriety and his devotional life. His compromised health situation after drinking excessively in August 2011 led him to realize that he had to come to terms with his drinking. (Tr. 50-53.) Applicant’s spouse is not a drinker by choice so alcohol is not part of their home environment. (Tr. 56.)

Annual performance reviews and employer-issued awards confirm Applicant has been a valuable contributor since at least 1989. (AE G.) As a principal electronic engineer in avionics, Applicant received a technical excellence award in 1991. He was given a rating of excellent in all categories for his outstanding performance from May 1992 through April 1993. In mid-February 1994, Applicant was promoted to senior principal electrical engineer. During the April 1996 to April 1997 rating period, Applicant successfully led the design development effort on two difficult programs. He provided technical leadership and his expert knowledge in digital design to a new product area, producing a recovery of a then-failing program in five months. His work performance from July 2000 through June 30, 2001, earned him an overall rating of outstanding. While his overall performance was rated somewhat lower (fully successful) the following year, he was still considered by his managers to be very capable and dedicated to his work. (AE F.) By 2003, Applicant had developed valuable expertise and credibility in analog and processor design. He was nominated for, and earned honorable mention, for an innovation and technology award from his employer in 2003. (AE G.) He continued to meet, and in some cases exceed, his performance objectives and employer’s expectations. In 2011, he had a “solid year” as a subject matter expert in technology protection and processor architecture across several key programs. (AEs E, F; Tr. 68-69.) His current supervisor supports Applicant in his efforts to maintain his security clearance. Applicant has been a valued employee for his technical leadership, his teamwork, and his support of their customers. (AE D.) Co-workers and engineering managers, who have observed Applicant’s work for the last ten years, have no concerns about Applicant’s commitment to security or his compliance with regulations to safeguard company proprietary, ITAR data, or classified information, to include special access program information.<sup>3</sup> (AE E.)

---

<sup>3</sup> None of Applicant’s work references mention Applicant’s alcohol problem or his medical leave from September 2011 to mid-October 2011. Applicant testified that he told his co-workers and supervisor that he went on leave for an alcohol problem (“I took September, and being at the treatment center, through the middle of October off, family medical leave, and when you do this type of thing, you have people that ask you why you were gone, so I was honest with the predominance of people that asked me and other people I said it was just personal.”). (Tr. 95.)



## Policies

The U.S. Supreme Court has recognized the substantial discretion the Executive Branch has in regulating access to information pertaining to national security, emphasizing that “no one has a ‘right’ to a security clearance.” *Department of the Navy v. Egan*, 484 U.S. 518, 528 (1988). When evaluating an applicant’s suitability for a security clearance, the administrative judge must consider the adjudicative guidelines. In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which are required to be considered in evaluating an applicant’s eligibility for access to classified information. These guidelines are not inflexible rules of law. Instead, recognizing the complexities of human behavior, these guidelines are applied in conjunction with the factors listed in the adjudicative process. The administrative judge’s overall adjudicative goal is a fair, impartial, and commonsense decision. According to AG ¶ 2(c), the entire process is a conscientious scrutiny of a number of variables known as the “whole-person concept.” The administrative judge must consider all available, reliable information about the person, past and present, favorable and unfavorable, in making a decision.

The protection of the national security is the paramount consideration. AG ¶ 2(b) requires that “[a]ny doubt concerning personnel being considered for access to classified information will be resolved in favor of national security.” In reaching this decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Under Directive ¶ E3.1.14, the Government must present evidence to establish controverted facts alleged in the SOR. Under Directive ¶ E3.1.15, the applicant is responsible for presenting “witnesses and other evidence to rebut, explain, extenuate, or mitigate facts admitted by applicant or proven by Department Counsel. . . .” The applicant has the ultimate burden of persuasion to obtain a favorable security decision.

A person who seeks access to classified information enters into a fiduciary relationship with the Government predicated upon trust and confidence. This relationship transcends normal duty hours and endures throughout off-duty hours. The Government reposes a high degree of trust and confidence in individuals to whom it grants access to classified information. Decisions include, by necessity, consideration of the possible risk that 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. Section 7 of Executive Order 10865 provides that decisions shall be “in terms of the national interest and shall in no sense be a determination as to the loyalty of the applicant concerned.” See *also* EO 12968, Section 3.1(b) (listing multiple prerequisites for access to classified or sensitive information).

## Analysis

### Guideline G—Alcohol Consumption

The security concern 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.” Applicant abused alcohol to the point of negative impact on his judgment, as evidenced by his repeated public intoxication and drunk-driving offenses committed between 1973 and 1993, and his excessive drinking while on business travel in July 2011 and August 2011. Applicant’s blood alcohol level was .323% in July 2011, when he was cited for disorderly conduct, and .235% after he drank as many as 100 beers in his hotel room over the course of a week in August 2011. Disqualifying conditions 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,” and AG ¶ 22(c), “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,” apply.

AG ¶ 22(d), “diagnosis by a duly qualified medical professional (e.g., physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence,” is clearly established. Applicant was diagnosed with acute alcohol intoxication with alcoholism on his hospitalization in July 2011. He was diagnosed with alcohol dependence on his admission for inpatient alcohol detoxification in September 2011, and by the psychiatrist, who treated him from November 2011 to June 2012. The diagnosis of alcohol dependence at the alcohol rehabilitation facility also implicates AG ¶ 22(e), “evaluation of alcohol abuse or dependence by a licensed clinical social worker who is a staff member of a recognized alcohol treatment program,” in that the facility’s clinical director, a licensed mental health counselor, concurred in the treatment plan and diagnosis. A LMFT counseled Applicant after his discharge from the alcohol treatment facility, from October 17, 2011 to January 20, 2012, for his “pattern of alcohol bingeing while traveling,” but this clinician’s treatment summary reflects no clear diagnosis of alcohol abuse or dependence.

AG ¶ 22(f), “relapse after diagnosis of alcohol abuse or dependence and completion of an alcohol rehabilitation program,” is not applicable. While Applicant’s binge drinking in late August 2011 in his hotel room was serious, it occurred before Applicant received alcohol rehabilitation treatment. Applicant had attended AA previously, and in July 2011, he was evaluated at a hospital following an episode of acute alcohol intoxication, but neither qualifies as alcohol rehabilitation.

Applicant’s binge drinking to potentially health compromising levels in July 2011 and August 2011 makes it difficult to mitigate the alcohol consumption concerns under AG ¶ 23(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 good judgment.”

AG ¶ 23(b), “the individual acknowledges his or her alcoholism or issues of alcohol abuse, provides evidence of actions taken to overcome the problem, and has established a pattern of abstinence (if alcohol dependent) or responsible use (if an alcohol abuser),” applies in that Applicant admits he is an alcoholic, and he has taken credible steps to address his problem. He voluntarily admitted himself for detoxification and counseling to an out-of-state alcohol treatment facility. He was successfully discharged after a two-week stay. He followed up with counseling with the LMFT from October 15, 2011 to January 20, 2012, and with medication management with a psychiatrist from November 2011 to June 2012. Applicant’s alcohol treatment also satisfies the first component of AG ¶ 23(d):

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 licensed clinical social worker who is a staff member of a recognized alcohol treatment program.

Both AG ¶¶ 23(b) and 23(d) also require the alcohol dependent applicant to establish a pattern of abstinence. Applicant has not consumed alcohol since August 29, 2011, and he denies any desires to drink or intent to drink alcohol in the future. At the same time, he recognizes that because of his alcoholism, he cannot completely guarantee that he will never drink alcohol again. In the context of AG ¶¶ 23(b) and 23(d), the abstinence must be for a sufficient period of time to establish that Applicant’s trustworthiness and reliability are not subject to question. Applicant’s 15.5 months of abstinence as of December 20, 2012, is not in and of itself compelling in reform in light of his past history. Applicant did not drink from July 1993 to 2007. He told an OPM investigator in November 2010 that he was drinking one beer a year. In August 2011, he told DOHA that since 2008, he had been drinking once every three to four months while on travel, usually one to two drinks but sometimes as many as four or five drinks. His blood alcohol content of .323% shows a significant degree of impairment.

Applicant submits with substantial credibility that his present abstinence is different in that it follows successful alcohol treatment with insight into the root causes (e.g., loneliness) of his binge drinking. Applicant’s spouse, his senior pastor, and his sponsor in the Christian-based “Celebrate Recovery” program, have observed an openness and accountability from Applicant about his alcohol problem since his alcohol treatment. Also, Applicant has apparently traveled on business around ten times since August 2011 with no relapse, which shows some success in dealing with his alcohol problem. Albeit after only three sessions, Applicant’s psychiatrist gave him a good prognosis as of February 21, 2012. As of January 20, 2012, Applicant had attained the goals of his counseling with the LMFT.

On the other hand, Applicant is not now engaged in meetings of AA or similar organization designed to support his recovery. Since the spring of 2012, Applicant has

focused largely on personal devotion to maintain his sobriety. Although he continues to see his sponsor at their “Celebrate Recovery” dinner meeting, Applicant attends the meeting only occasionally, where he catches up briefly with him on a friend-to-friend rather than sponsor basis. They haven’t worked together on the steps involved in Applicant’s recovery since last spring. Similarly, while Applicant’s senior pastor believes that Applicant is consistent in his AA attendance, Applicant admitted at his hearing that while he went to an AA meeting during the week of December 9, 2012, he attends only occasionally (“every several months now”). He does not regard AA as his primary source of recovery. Applicant stopped seeing his psychiatrist in June 2012 because he does not feel he needs medication. As of December 2012, he was not taking any prescribed medication for any mental health issue. Applicant has the support of his spouse (and also his children, although they are away from home). At the same time, there is a risk of him becoming complacent in his recovery when he is primarily on his own, and there is “still more to figure out” about his recovery. (AE O.) In February 1992, Applicant told a DSS agent that after his April 1988 DWI, he committed himself to rely on his personal relationship with God for the strength needed to maintain his sobriety, and to lean on others for help or understanding. It did not prevent him drinking to impairment on the plane in 1993. The alcohol consumption concerns are not yet fully 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 his conduct and all relevant circumstances in light of the nine adjudicative process factors listed at AG ¶ 2(a).<sup>4</sup> Despite four public intoxication incidents, three DWI convictions, and a fourth arrest for drunk driving, Applicant did not acknowledge the seriousness of his alcohol problem until September 2011, when his drinking threatened his health, and he had to ask for medical leave from work to deal with his problem. Although his alcohol abuse never affected the quality of his work, Applicant’s drinking to excess on business travel was inconsistent with the good judgment expected of him by his employer. While he was compliant with voluntary treatment and counseling to address his diagnosed dependency, and he appears to be committed to maintaining his sobriety, it is well settled that once a concern arises regarding an applicant’s security clearance eligibility, there is a strong presumption against the grant or renewal of a security clearance. *See Dorfmont v. Brown*, 913 F. 2d 1399, 1401 (9th Cir. 1990.). Based on the facts before me and the adjudicative guidelines that I am bound to consider, for the aforesaid reasons, I am unable to conclude that it is clearly consistent with the national interest to continue Applicant’s eligibility for a security clearance at this time.

---

<sup>4</sup>The factors under AG ¶ 2(a) are as follows:

- (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.

## 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 <sup>5</sup>
Subparagraph 1.b:	Against Applicant
Subparagraph 1.c:	Against Applicant
Subparagraph 1.d:	Against Applicant
Subparagraph 1.e:	Against Applicant
Subparagraph 1.f:	Against Applicant
Subparagraph 1.g:	Against Applicant
Subparagraph 1.h:	Against Applicant
Subparagraph 1.i:	Against Applicant
Subparagraph 1.j:	Against Applicant
Subparagraph 1.k:	Against Applicant <sup>6</sup>
Subparagraph 1.l:	For Applicant
Subparagraph 1.m:	For Applicant
Subparagraph 1.n:	For Applicant

## Conclusion

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

---

Elizabeth M. Matchinski  
Administrative Judge

---

<sup>5</sup> Applicant was alleged to have consumed alcohol in varying amounts, including to intoxication from about 1971 to present, which is presumed to be August 24, 2012, the date the SOR was issued. While there is no evidence that Applicant consumed alcohol after August 29, 2011, the allegation is found against him because of evidence of abusive drinking until August 29, 2011.

<sup>6</sup> Treatment is viewed favorably provided Applicant achieves compliance and successful completion. SOR 1.j is resolved against Applicant because of the abusive drinking that led to his hospitalization.