DEPARTMENT OF DEFENSE
DEFENSE OFFICE OF HEARINGS AND APPEALS

In the matter of:	)	
	)	
	)	ISCR Case No. 12-00567
	)	
	)	
Applicant for Security Clearance	)	

Appearances

For Government: Kathryn Mackinnon Esquire, Deputy Chief Department Counsel
For Applicant: *Pro se*

01/09/2013

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Decision

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CREAN, Thomas M., Administrative Judge:

Based on a review of the pleadings, exhibits, and testimony, eligibility for access to classified information is denied.

Statement of the Case

On June 22, 2010, Applicant submitted an Electronic Questionnaire for Investigations Processing (e-QIP) to obtain a security clearance required for his position with a defense contractor. After an investigation conducted by the Office of Personnel Management (OPM), the Department of Defense (DOD) issued interrogatories to Applicant to clarify or augment potentially disqualifying information in his background. After reviewing the results of the background investigation and Applicant's responses to the interrogatories, DOD adjudicators could not make the preliminary affirmative findings required to issue a security clearance. On July 6, 2012, DOD issued a Statement of Reasons (SOR) to Applicant detailing security concerns for alcohol consumption under Guideline G and psychological conditions under Guideline I. These actions were taken under Executive Order 10865, *Safeguarding Classified Information within Industry* (February 20, 1960), as amended; DOD Directive 5220.6, *Defense*

Industrial Personnel Security Clearance Review Program (January 2, 1992), as amended (Directive); and the adjudicative guidelines (AG) effective in DOD on September 1, 2006.

Applicant answered the SOR on August 7, 2012. He denied nine of the ten allegations under Guideline G with an explanation. He admitted allegation 1.f with an explanation. He admitted allegations 2.a, 2.b, 2.c, and 2.e under Guideline I with explanation. He denied allegations 2.d and 2.f with an explanation. Applicant requested a hearing before an administrative judge. Department Counsel was prepared to proceed on October 4, 2012, and the case was assigned to me on October 15, 2012. DOHA issued a Notice of Hearing on October 24, 2012, for a hearing on November 14, 2012. I convened the hearing as scheduled. The Government offered 16 exhibits which I marked and admitted into the record without objections as Government exhibits (Gov. Ex.) 1 through 16. Applicant and one witness testified. I received the transcript of the hearing (Tr.) on November 26, 2012.

SOR Amendments

Department Counsel moved to amend two SOR allegations to conform to the evidence. Applicant had no objection to the amendments. SOR 1.b was amended to read 1983 rather than 2008. (Tr. 28-30) SOR 2.a was amended to read mood disorder/depression syndrome rather than Bipolar Disorder. (Tr. 76-78)

Findings of Fact

After a thorough review of the pleadings, transcript, and exhibits, I make the following essential findings of fact. Applicant's admissions are included in my findings of fact.

Applicant is a 55-year-old high school graduate. He served ten years on active duty in the Navy and received an honorable discharge. He has worked for the same defense contractor for over 27 years. He has been married four times. He married for the first time in April 1976, and the marriage ended in divorce in September 1984. He married the second time in September 1986, and that marriage ended in divorce in May 1999. He again married in February 2001, and that marriage ended in divorce in September 2007. He married for the fourth time in May 2009. He has four adult step-children. (Tr. 24-25; Gov. Ex 1, e-QIP, dated June 21, 2010)

The SOR alleges that Applicant has a greater than 40-year history of alcohol dependence (SOR 1.a); that he abused alcohol while in the Navy resulting in alcohol-related discipline and several months of treatment in 1983 (SOR 1.b); that he was referred to a psychiatrist in August 2008 and received a diagnosis of alcohol dependence (SOR 1.c); that from September 2008 until April 2009 his excessive alcohol consumption required additional alcohol rehabilitation treatment and counseling (SOR 1.d); that in February 2009, he was referred to an alcohol treatment center because coworkers smelled alcohol on his person and he received inpatient medication and

treatment and Antabuse medication on discharge (SOR 1.e); that in mid-2009, he stopped taking the Antabuse without consulting mental health providers (SOR 1.f); that from April 2009 until June 2011, he received mental health counseling due in part to excessive alcohol consumption (SOR 1.g); that despite counseling and inpatient treatment, his excessive alcohol consumption required a new inpatient treatment and a diagnosis of alcohol dependence in August-September 2011 (SOR 1.h); that in October 2011 excessive alcohol consumption required additional hospitalizations where he was again diagnosed as alcohol dependent (SOR 1.i); and he received treatment for excessive alcohol consumption in November 2011 (SOR 1.j).

The psychological conditions security concerns are concomitant with the alcohol consumption security concerns. The SOR alleges that in August 2008, Applicant was diagnosed with mood disorder/depression syndrome as noted in SOR 1.c (SOR 2.a); that from February to March 2009, he was treated at an inpatient facility and diagnosed with severe depression and mood disorder as noted in SOR 1.e (SOR 2.b); that from April 2009 until June 2011, he received mental health counseling with an intake diagnosis of generalized anxiety disorder in addition to the diagnosis in SOR 1.g and the treatment ended when he failed to keep appointments with the treating doctor (SOR 2.c); that he received inpatient treatment in August and September 2011 and received various mental health medications as noted in SOR 1.h (SOR 2.d); that in October 2011 Applicant's mental health required treatment with various medications and his prognosis was dependent on continued treatment which he did not continue (SOR 2.e); and he was treated in November 2011 for depression and diagnosed with major depressive disorder (SOR 2.f). The Government also presented information on the causes and risk factors for alcoholism (Gov. Ex. 15, Medical Information, dated March 20, 2011), and the link between alcohol dependence and depression. (Gov. Ex. 16, Depression, dated March 25, 2012)

Applicant admitted that he is an alcoholic. (Tr. 24) He received non-judicial punishment of restriction and extra duty for misconduct after consuming alcohol in 1979 while on active duty in the Navy. In 1983, he again received non-judicial punishment of restriction for fighting and driving after drinking alcohol. He spent approximately 30 days in a Navy inpatient alcohol rehabilitation program. (Tr. 29-30; Gov. Ex. 12. Response to Interrogatories, July 7, 2010 – August 8, 2010, dated January 7, 2012 at 3-4)

In August 2008, Applicant was referred to a psychiatrist for a medical evaluation because of severe anxiety and depression-like syndromes. He was reported to be consuming 9 to 30 beers daily. He was diagnosed with general anxiety disorder and alcohol dependence. He was prescribed multiple medications. (Tr. 30-31; Gov. Ex. 8, Medical Records, dated Jun 7, 2012)

Applicant was admitted to a hospital through the emergency room on May 28, 2008, and discharged on June 2, 2008. The admission diagnosis was major depression, suicidal ideation, and alcohol dependence. (Gov. Ex. 2, Medical Records, dated May 29. 2008, at 62-81) He was admitted to the same hospital in September 2008 with suicidal thoughts and alcohol dependence. He admitted consuming 18 to 30 beers daily,

and his blood alcohol level at admission was .25. (Gov. Ex. 2, Medical Records, dated September 25, 2008, at 40-62) He was admitted to a residential treatment program.

Applicant continued to consume alcohol after being diagnosed as alcohol dependent. In February 2009, Applicant was referred for alcohol treatment after coworkers smelled alcohol on him. He went through detoxification and spent two weeks in an inpatient counseling and treatment program. He was diagnosed with alcohol dependence and depressive disorder not otherwise specified. He was discharged on February 16, 2009, and was to continue with intensive outpatient counseling to include attending Alcoholic Anonymous (AA) meetings. He was prescribed various medications for his alcohol abuse and depression. (Tr. 31-34; Gov. Ex. 5, Medical Records, dated May 22, 2012)

He was admitted into residential treatment programs for alcohol dependence in September 2008, February 2009, and April 2009. On these occasions, he told the admission staffs that he was consuming significant amounts of beer a day. He admits to drinking at least five beers just prior to the admission in February 2009. His coworkers smelled alcohol on his breath, and he drank the beer to gain admission to the treatment facility. He was diagnosed with alcohol dependence and severe depression. He received multiple medications for his depression and was advised to have intensive outpatient counseling. Applicant also admits that he drank beer during a snowstorm in March 2010. He also admits to drinking alcohol in April and August 2010. (Tr. 34-42; Gov. Ex. 5, Medical Records, dated February 4, 2009; Gov. Ex. 6, Medical Records, April 2009 at 20-25)

On August 17, 2011, Applicant was again admitted to a residential treatment facility. He admits he drank at least three beers that morning to gain admission to the facility. He said he sought admission to the facility because he was having problems caused by a reaction to the medicines he was prescribed. He admits telling the admission staff that he was drinking 8 to 20 beers daily. He told them his beer intake to gain admission to the facility, and the amount of beer consumed referred to what he consumed in 2008. He told the medical staff “I realized yesterday morning that I was drinking beer before I was going to work.” The admission diagnosis was alcohol dependence with major depression disorder, and he was admitted to the rehabilitation facility. This was his second admission to that facility, and his fourth rehabilitation admission. He was discharged on September 2, 2011 with recommendations for continued medication and aftercare programs. (Tr. 42-48; Gov. Ex. 4, Medial Records, dated September 2, 2011)

Applicant was taken to the local hospital in October 2011 by police after making threatening statements. Applicant attended an AA meeting and argued with and threatened another attendee. Applicant left the meeting, purchased beer, and went home to drink. He voluntarily drank alcohol on this occasion. He did not drink the beer just to gain admission to the residential treatment program. He admitted he was intoxicated at the time after consuming nine beers that day and at least 30 beers on the prior weekend. His blood alcohol level was .22. An alcohol level chart indicated that it

takes more than a few beers to reach a blood alcohol level of .22. He was diagnosed again with alcohol dependence and depressive disorder. Applicant voluntarily entered another treatment program in October 2011 for alcohol dependence and depression. He again admitted to still drinking a significant amount of beer a day. (Tr. 48-58, 70-72; Gov. Ex. 2, Medical Records, dated May 7, 2012, at 1-39; Gov. Ex. 14, College Research Alcohol level chart, dated November 13, 2012)

Applicant initially stated that he has not been intoxicated since March 2009, even though he has consumed alcohol after that date. However, he noted that he did not drink to the point of inebriation during these times. Later, he admitted that he was last intoxicated in October 2011. (Tr. 66-72)

Applicant was admitted to a residential treatment facility about ten days after being released from the hospital in October 2011. He consumed alcohol just prior to admission to the facility as a prerequisite for admission. He was positive for alcohol metabolites at admission. He admits to drinking alcohol just prior to the inpatient treatment admissions. (Tr. 58-65, 70-79; Gov. Ex. 7, Medical Records, dated May 14, 2012)

Applicant admits he has been alcohol dependent for over 40 years. Applicant testified that he uses rehabilitation facilities as preventive medicine for his alcohol dependence and depression. He notes that you have to be drunk or admit to being drunk to be admitted to the rehabilitation programs. Rehabilitation beds are not made available to sober people. He admits to telling medical personnel that he drank 9 to 30 beers a day as a means of getting admitted into the facility. He never drank that much beer, but only made the statements to be admitted for treatment. He notes that he attends AA meetings, works with jail inmates on AA programs, and talks to others at work about the dangers of alcohol abuse. He does breathing and meditation exercises to control his stress and anxiety. A lot of the stress in his life is no longer present. He will continue to seek treatment for his mood disorders and alcoholism. He notes that he has not had a drink of alcohol since he was discharged from the residential rehabilitation program in November 2011. (Tr. 24-29, 66-69)

The psychiatrist who treated Applicant in August 2008 did not see Applicant again until May 2012. The psychiatrist noted that Applicant has suffered from mood disorders and alcohol-related issues. Applicant informed the psychiatrist that he is not suffering any mood disorder, attends AA meetings a few times a week, has no inclination to drink alcohol, and takes medication to control any mood disorders. The psychiatrist noted that Applicant received security clearances in the past, performs his duties without impairment, and receives regular medical assistance for his problems. Based on these factors, it is the psychiatrist's opinion that Applicant is not a security threat and should be granted access to classified information. (Gov. Ex. 9, Letter, dated August 8, 2012)

Applicant's present supervisor testified that he has known Applicant for over 30 years. Applicant worked for him until about 2003 on certain projects that he was the

technical lead. In 2003, he requested that Applicant join his team. Applicant's contribution to the work has always been valuable. He is valued for his technical efficiency and his ability to get along with his fellow employees. Applicant's area of expertise is information technology engineering. (Tr. 81-89; Gov. Ex. 10, Letter, dated August 13, 2012)

Policies

When evaluating an applicant's suitability for a security clearance, the administrative judge must consider the adjudicative guidelines (AG). In addition to brief introductory explanations for each guideline, the adjudicative guidelines list potentially disqualifying conditions and mitigating conditions, which must 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, the guidelines 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. 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 for obtaining a favorable security decision.

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

Analysis

Alcohol Consumption

Excessive alcohol consumption is a security concern because it 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 ¶ 21)

Applicant admitted that he is alcohol dependent and has consumed alcohol after receiving a diagnosis of alcohol dependence. Applicant's admissions and the information in medical records concerning Applicant's alcohol consumption are sufficient to raise Alcohol Consumption 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); AG ¶ 22(b) (alcohol-related incidents at work, such as reporting to 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); 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); AG ¶ 22(d) (diagnosis by a duly qualified medical profession (e.g. physician, clinical psychologist, or psychiatrist) of alcohol abuse or alcohol dependence); AG ¶ 22(e) (evaluation of alcohol abuse or alcohol dependence by a licensed clinical social worker who is a staff member of a recognized alcohol treatment program); and AG ¶ 22(f) (relapse after diagnosis of alcohol abuse or dependence and completion of an alcohol rehabilitation program).

Applicant was admitted into residential treatment facilities for alcohol use after threatening a person and because coworkers smelled alcohol on him. He was admitted to at least four residential treatment facilities for alcohol use, and was diagnosed each time as alcohol dependent by either a medical professional or clinical social worker. He relapsed into alcohol abuse after being diagnosed at the resident treatment facilities as alcohol dependent which required him to be readmitted. Applicant's excessive alcohol consumption may lead to questionable judgment or failure to control impulses and raises questions about his reliability and judgment. However, the fact that the excessive alcohol consumption led to rehabilitation treatment and counseling does not in itself indicate questionable judgment or failure to control impulses and does not question Applicant's reliability and trustworthiness. I find for Applicant as to SOR allegations 1.d, 1.f, 1.g, and 1.j which allege rehabilitation and counseling.

I considered Alcohol Consumption Mitigating Conditions 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 action taken to overcome this problem, and has established a pattern of abstinence (if

alcohol dependent) or responsible use (if an alcohol abuser)); AG ¶ 23(c) (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); and 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 social worker who is a staff member of a recognized alcohol treatment program).

While there is no "bright line" rule for determining when conduct is recent or sufficient time has passed since the incidents, a determination whether past conduct affects an individual's present reliability and trustworthiness must be based on a careful evaluation of the totality of the evidence. If the evidence shows a significant period of time has passed without evidence of an alcohol issue, there must be an evaluation whether that period of time demonstrates changed circumstances or conduct sufficient to indicate a finding of reform or rehabilitation.

Applicant admits to being alcohol dependent for over 40 years, consuming alcohol on various occasions after the diagnosis, and last consuming alcohol and being intoxicated in October 2011. He entered at least four inpatient treatment programs for alcoholism, had a relapse of his alcohol consumption, and had to be readmitted into the same or a different program. He states his last consumption of alcohol was about 15 months ago in October 2011. He states he participates in AA programs, and assists others in the program. He acknowledges that he is alcoholic dependent. In spite of his alcohol dependence, his work performance is excellent.

Applicant has not established a pattern of abstinence or shown sufficient evidence of action taken to overcome his alcohol consumption problems. Considering Applicant's over 40 forty years of alcohol dependent and continued consumption of alcohol, his 15 months of reported abstinence is not sufficient to show a change of circumstance. His abstinence from alcohol consumption does not indicate that he can now control his alcohol consumption impulses. His 15 months of abstinence does not establish a favorable opinion of his reliability and trustworthiness. The evidence does not show that Applicant has been reformed or rehabilitated. Applicant's history shows that he continues to consume alcohol after diagnosis and treatment, so it is likely that his alcohol consumption will resume. I find that Applicant has not mitigated security concern for alcohol consumption and that he still presents a security concern based on his alcohol consumption.

Guideline I, Psychological Conditions

A security concern is raised because 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 or mitigating information under this guideline. (AG ¶ 27)

The Government presented medical records to show that Applicant was treated by at least two psychiatrists and at four medical treatment facilities with diagnoses of major depression or mood disorder. He was prescribed various medications for his condition. However, there is no indication or finding in the medical files that the diagnosis and treatment for major depression and mood disorder cast doubt on Applicant's judgment, reliability or trustworthiness. The medical information does not raise Psychological Conditions Disqualifying Conditions AG ¶ 28(a) (behavior that casts doubt on an individual's judgment, reliability, or trustworthiness that is not covered under any other guideline, including but not limited to emotionally unstable, irresponsible, violent, paranoid, or bizarre behavior); or AG ¶ 28(b) (an opinion by a duly qualified mental health professional that the individual has a condition not covered under any other guideline but may impair judgment, reliability, or trustworthiness). I find for Applicant as to SOR allegations 2.a, 2.b, 2.d, and 2.f, which allege mental health treatment and counseling. However, Applicant's failure to follow treatment plans after alcohol consumption and the diagnosis of major depression and mood disorder does raise AG ¶ 28(c) (the individual has failed to follow treatment advice related to a diagnosed emotional, mental, or personality condition, e.g., failure to take prescribed medication).

I considered Psychological Conditions Mitigating Conditions AG ¶ 29(a) (the identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan); AG ¶ 29(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); AG ¶ 29(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): AG ¶ 29(d) (the past emotional instability was a temporary condition (e.g. one caused by death, illness, or marital breakup), the situation has been resolved, and the individual no longer has indications of emotional instability); and AG ¶ 29 (e) (there is no indication of a current problem). None of these mitigating conditions apply.

The Government presented medical information to show that there is a connection between alcohol dependence and mood disorders. As noted in the discussion of alcohol consumption, Applicant's psychological condition is caused by his alcohol consumption and not due to a temporary condition. Applicant has not shown an ongoing and consistent compliance with a treatment program. He voluntarily entered treatment programs but consistently relapsed into alcohol use. The opinion of the psychiatrist that he should be granted a security clearance does not indicate that Applicant's condition is under control and that there is a low potential for recurrence or exacerbation. It is merely the psychiatrist's opinion that Applicant should be granted

access to classified information. Applicant has not mitigated security concerns based on psychological conditions. I find against Applicant as to SOR allegations 2.c and 2.f which allege a failure to follow through or comply with treatment plans.

Whole-Person Analysis

Under the whole-person concept, the administrative judge must evaluate an applicant's security eligibility by considering the totality of the applicant's conduct and the relevant circumstances. An 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 a security clearance must be an overall commonsense judgment based upon careful consideration of the guidelines and the whole-person concept.

I considered the potentially disqualifying and mitigating conditions in light of all the facts and circumstances surrounding this case. I considered Applicant's ten years of honorable service on active duty in the Navy, over 27 years of service with the same defense contractor, and that he successfully held a security clearance most of his career. I considered that Applicant is a good employee and his job performance is excellent. Applicant's admits to being alcohol dependent for over 40 years. Even with this diagnosis, he continued to drink alcohol. He attended inpatient rehabilitation programs and continued to drink alcohol. His last drink of alcohol was only a little over 15 months ago. His failure to follow treatment plans to control his excessive alcohol consumption raises a psychological condition security concern. This history shows that Applicant is unreliable and untrustworthy and does not have the ability to protect classified information. The record evidence leaves me with questions and doubts about Applicant's eligibility and suitability for a security clearance. For all these reasons, I conclude Applicant has not mitigated alcohol consumption and psychological condition security concerns.

Formal Findings

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

Paragraph 1, Guideline G: AGAINST APPLICANT

Subparagraphs 1.a - 1.c:	Against Applicant
Subparagraph 1.d:	For Applicant
Subparagraph 1.e:	Against Applicant
Subparagraphs 1.f and 1g:	For Applicant
Subparagraphs 1.h and 1.i:	Against Applicant
Subparagraph 1.j:	For Applicant
Paragraph 2, Guideline I:	AGAINST APPLICANT
Subparagraphs 2.a and 2.b:	For Applicant
Subparagraphs 2.c:	Against Applicant
Subparagraph 2.d:	For Applicant
Subparagraph 2.e:	Against Applicant
Subparagraph 2.f:	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.

THOMAS M. CREAN
Administrative Judge