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**United States Department of Energy
Office of Hearings and Appeals**

In the Matter of: Personnel Security Hearing)
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Filing Date: April 11, 2023) Case No.: PSH-23-0070
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Issued: June 28, 2023

Administrative Judge Decision

Kristin L. Martin, Administrative Judge:

This Decision concerns the eligibility of XXXXXXXXXXXXXXXX (hereinafter referred to as “the Individual”) for access authorization under the Department of Energy’s (DOE) regulations set forth at 10 C.F.R. Part 710, entitled, “Procedures for Determining Eligibility for Access to Classified Matter and Special Nuclear Material.”¹ For the reasons set forth below, I conclude that the Individual’s access authorization should not be granted.

I. BACKGROUND

The Individual is an applicant for employment with a DOE Contractor, for a position which requires that he hold a security clearance. Derogatory information was discovered regarding the Individual’s alcohol use and psychological condition. The Local Security Office (LSO) began the present administrative review proceeding by issuing a Notification Letter to the Individual informing him that he was entitled to a hearing before an Administrative Judge in order to resolve the substantial doubt regarding his eligibility to hold a security clearance. *See* 10 C.F.R. § 710.21.

The Individual requested a hearing, and the LSO forwarded the Individual’s request to the Office of Hearings and Appeals (OHA). The OHA Director appointed me as the Administrative Judge in this matter. At the hearing I convened pursuant to 10 C.F.R. § 710.25(d), (e) and (g), the Individual presented testimony of one witness and testified on his own behalf. The LSO presented the testimony of a DOE-Contractor Psychologist (the Psychologist) who evaluated the Individual. *See* Transcript of Hearing (hereinafter cited as “Tr.”). The LSO submitted 12 exhibits, marked as Exhibits 1 through 12 (hereinafter cited as “Ex.”). The Individual submitted ten exhibits, marked as Exhibits A through J.

II. THE NOTIFICATION LETTER AND THE ASSOCIATED SECURITY CONCERNS

¹ Under the regulations, “[a]ccess authorization’ means an administrative determination that an individual is eligible for access to classified matter or is eligible for access to, or control over, special nuclear material.” 10 C.F.R. § 710.5(a). Such authorization will also be referred to in this Decision as a security clearance.

The Notification Letter informed the Individual that information in the possession of the DOE created a substantial doubt concerning his eligibility for a security clearance. That information pertains to Guideline G (Alcohol Consumption) and Guideline I (Psychological Conditions) of the *National Security Adjudicative Guidelines for Determining Eligibility for Access to Classified Information or Eligibility to Hold a Sensitive Position*, effective June 8, 2017 (Adjudicative Guidelines). 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. 10 C.F.R. § 710.7.

Guideline G states that “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.” Adjudicative Guidelines at ¶ 21. Conditions that could raise a security concern under this guideline include:

- (a) Alcohol-related incidents away from work, such as driving while under the influence, fighting, child or spouse abuse, disturbing the peace, or other incidents of concern, regardless of the frequency of the individual's alcohol use or whether the individual has been diagnosed with alcohol use disorder;
- (b) Alcohol-related incidents at work, such as reporting for work or duty in an intoxicated or impaired condition, drinking on the job, or jeopardizing the welfare and safety of others, regardless of whether the individual is diagnosed with alcohol use disorder;
- (c) Habitual or binge consumption of alcohol to the point of impaired judgment, regardless of whether the individual is diagnosed with alcohol use disorder;
- (d) Diagnosis by a duly qualified medical or mental health professional (e.g., physician, clinical psychologist, psychiatrist, or licensed clinical social worker) of alcohol use disorder;
- (e) The failure to follow treatment advice once diagnosed;
- (f) Alcohol consumption, which is not in accordance with treatment recommendations, after a diagnosis of alcohol use disorder; and
- (g) Failure to follow any court order regarding alcohol education, evaluation, treatment, or abstinence.

Id. at ¶ 22.

In its Summary of Security Concerns, the LSO cited the following information:

- A. On June 12, 2019, [the Individual] was approved for Administrative Review (AR) based upon concerns about his use of alcohol. The AR process was ended on June 15, 2019, with unresolved security concerns, upon notification from his employer that [the Individual] was no longer employed nor would need an access authorization;

- B. In the Report of Investigation (ROI) Questionnaire for National Security Positions, [the Individual] listed having been ordered by DOE to be evaluated by a DOE Consultant Psychologist in 2018 for his alcohol use; and
- C. [The Individual] was evaluated by a DOE consultant psychologist, [sic], on August 8, 2022. In the report, [the Psychologist] diagnosed [the Individual] with DSM 5 Alcohol Use Disorder. [The Psychologist] opined [the Individual] has been and continues to be a user of alcohol to excess and alcohol misuse habits remain a significant concern and risk for unreliability. There is a lack of evidence to indicate adequate rehabilitation or self-reformation of habitual alcohol misuse, and there is a high probability of an unresolved alcohol use disorder that could impair judgement, trustworthiness, and reliability.

Ex. 3 at 4. Accordingly, the LSO's security concerns under Guideline G are justified.

Guideline I states that certain "emotional, mental, and personality conditions" can impair one's judgment, reliability, or trustworthiness. Adjudicative Guidelines ¶ 27. However, a formal diagnosis of a disorder is not required to raise a concern under this guideline. *Id.* Conditions that could raise a security concern under this guideline include:

- (a) Behavior that casts doubt on an individual's judgment, stability, reliability, or trustworthiness, not covered under any other guideline and that may indicate an emotional, mental, or personality condition, including, but not limited to, irresponsible, violent, self-harm, suicidal, paranoid, manipulative, impulsive, chronic lying, deceitful, exploitative, or bizarre behaviors;
- (b) An opinion by a duly qualified mental health professional that the individual has a condition that may impair judgment, stability, reliability, or trustworthiness;
- (c) Voluntary or involuntary inpatient hospitalization;
- (d) Failure to follow a prescribed treatment plan related to a diagnosed psychological/psychiatric condition that may impair judgment, stability, reliability, or trustworthiness, including, but not limited to, failure to take prescribed medication or failure to attend required counseling sessions; and
- (e) Pathological gambling, the associated behaviors of which may include unsuccessful attempts to stop gambling; gambling for increasingly higher stakes, usually in an attempt to cover losses; concealing gambling losses; borrowing or stealing money to fund gambling or pay gambling debts; and family conflict resulting from gambling.

Id. at ¶ 28.

In its Summary of Security Concerns, the LSO invoked Guideline I and cited information also relied upon to invoke Guideline G: the Individual's unresolved security concerns during the AR process in June 2019, and the Individual's diagnosis, by the Psychologist, of Alcohol Use Disorder (AUD), Mild. Ex. 3 at 4. Accordingly, the LSO's security concerns under Guideline I are justified. *Id.*

III. REGULATORY STANDARDS

A DOE administrative review proceeding under Part 710 requires me, as the Administrative Judge, to issue a Decision that reflects my comprehensive, common-sense judgment, made after consideration of all the relevant evidence, favorable and unfavorable, as to whether the granting or continuation of a person's access authorization will not endanger the common defense and security and is clearly consistent with the national interest. 10 C.F.R. § 710.7(a). The entire process is a conscientious scrutiny of a number of variables known as the "whole person concept." Adjudicative Guidelines ¶ 2(a). The protection of national security is the paramount consideration. The regulatory standard implies that there is a presumption against granting or restoring a security clearance. *See Department of Navy v. Egan*, 484 U.S. 518, 531 (1988) ("clearly consistent with the national interest" standard for granting security clearances indicates "that security determinations should err, if they must, on the side of denials"); *Dorfmont v. Brown*, 913 F.2d 1399, 1403 (9th Cir. 1990) (strong presumption against the issuance of a security clearance).

The Individual must come forward at the hearing with evidence to convince the DOE that granting or restoring access authorization "will not endanger the common defense and security and will be clearly consistent with the national interest." 10 C.F.R. § 710.27(d). The Individual is afforded a full opportunity to present evidence supporting his eligibility for an access authorization. The Part 710 regulations are drafted so as to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. 10 C.F.R. § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

The discussion below reflects my application of these factors to the testimony and exhibits presented by both sides in this case.

IV. FINDINGS OF FACT

In October 2015, the Individual sought employment with a company that was, at the time, a DOE contractor and began the processes to obtain a security clearance in 2017. Ex. 11 at 64, 74–75. In 2018, the Individual was referred for a psychological evaluation (the 2018 Evaluation) because of questions that arose during his background investigation. Ex. 12 at 3. During the 2018 Evaluation, a DOE Contractor psychologist (different than the one who evaluated the Individual in 2022) told the Individual that his use of alcohol was "excessive" and "did not conform to recommended guidelines" *Id.* The report of the 2018 Evaluation showed the psychologist diagnosed the Individual with "Alcohol Use Disorder that is not yet sufficiently rehabilitated or reformed." *Id.* The psychologist recommended the Individual "sustain a minimum of six (6) months of abstinence, participate in weekly outpatient counseling with a substance abuse specialist to support an adequate recovery, and discuss with the counselor what level of alcohol use was advisable, if any, to maintain a stable recovery." *Id.* at 8. The psychologist also recommended the Individual undergo random alcohol testing to provide evidence of alcohol recovery. *Id.* Shortly after the 2018 Evaluation, the Individual accepted a position with a different employer, one that did not require a security clearance, and his background investigation was discontinued, and the Individual did not receive the psychologist's report from the evaluation. Tr. at 64, 83.

In April 2021, the Individual began employment with a new DOE contractor who initiated a new investigation to determine the Individual's eligibility for a security clearance. Ex. 11 at 23; Ex. 12 at 3. In August 2022, the Individual was evaluated (the 2022 Evaluation) by the Psychologist who issued a report of his findings (the Report) a few weeks later. Ex. 12. The Psychologist also noted in his Report that the Individual had a history of alcohol misuse. Ex. 12 at 3, 6. The Report indicates the Individual's excessive consumption of alcohol began while in high school and escalated during college. *Id.* at 6. The Individual reported to the Psychologist that between 2015 and 2017, he experienced multiple "alcohol blackout[s]" and drove a car while intoxicated at least twice during that time. *Id.* The Psychologist noted that the Individual tried to limit his use of alcohol to "(4) drinks on a single occasion and/or not more than four (4) drinks on a weekend, [but] he was unable and/or unwilling to adhere to that limit when he participated in certain social events," with his friends and family. *Id.* at 7.

In the Report, the Psychologist opined that the Individual did not follow the treatment recommendations that were made during the 2018 Evaluation and the Individual's previously diagnosed AUD was not resolved. *Id.* at 8, 10. The Psychologist diagnosed the Individual with AUD, Mild. *Id.* at 17. The Psychologist opined that the Individual should abstain from alcohol for not less than six months, participate in weekly outpatient counseling with a substance abuse specialist, and undergo random alcohol testing, "preferably a [PEth]² or similar test" to provide evidence of successful abstinence and alcohol recovery. *Id.* at 18.

At the hearing, the Individual's co-worker testified that he met the Individual in March 2019. Tr. at 18. Since that time, they had consumed alcohol together four times at dinners and receptions during business travel, once during an observance of the co-worker's religion, and three or four more times socially. *Id.* at 19–20. During work trips, the Individual would consume one or two drinks; during social occasions, he would consume one to three drinks. *Id.* at 20, 22. During a recent work trip, the co-worker did not observe the Individual consuming any alcohol. *Id.* at 20. The co-worker recalled that the Individual's behavior was appropriate, professional, and controlled when he consumed alcohol. *Id.* at 21, 23–24.

The co-worker further testified that he and the Individual have discussed the Individual's drinking, but "he never really ever called it alcohol abuse." Tr. at 35. The Individual told the co-worker that his administrative review process was taking longer than usual and that he met with the Psychologist in August 2022 to talk about his alcohol consumption. *Id.* at 35, 42–43. As the hearing approached, the Individual told the co-worker that there was a concern about his alcohol consumption and asked the co-worker to serve as a witness for this hearing. *Id.* at 35–36, 43. He said the Individual told him there was going to be a report and that the report indicates he has a drinking problem. *Id.* at 44. He stated the Individual never told him what came out of the meeting in August 2022, and he did not ask. *Id.* He also stated he understood that when the Individual switched contractors, the Individual's clearance process had to restart, and he did not know the Individual was diagnosed with AUD in 2018. *Id.* at 46. He also stated that if he were told that the

² A Phosphatidylethanol (PEth) test measures a blood sample for levels of an alcohol byproduct. *Direct Ethanol Biomarker Testing: PETH*, Mayo Clinic Laboratories, (last visited June 28, 2023) <https://news.mayocliniclabs.com/2022/09/13/direct-ethanol-biomarker-testing-peth-test-in-focus/>. The test can detect alcohol consumption in the three to four weeks preceding the test. *Id.*

Individual went through an administrative review process in 2018 and was diagnosed with AUD, this information would not have had any effect on his opinion of the Individual. *Id.* at 45.

The Individual submitted several exhibits estimating a person's blood alcohol concentration (BAC) under a variety of scenarios which the Individual believed reflected his BAC during occasions in which he had typically consumed alcohol. Exs. B–H. The Individual explained that while consuming alcohol during these various scenarios, he does not display erratic, impaired, or otherwise risky behavior. Tr. at 68–74. However, the Psychologist testified that the estimates were not reliable because they did not consider information such as the pace at which the Individual consumed alcohol and his level of dehydration. *Id.* at 166.

The Individual also submitted an exhibit containing the National Institute on Alcohol Abuse and Alcoholism (NIAA) definition of binge drinking. Ex. A. The Individual explained that after reading the Summary of Security Concerns, which alleged he “continues to be a user of alcohol to excess,” he thought he was diagnosed as a binge drinker. Tr. at 80–81, 109–110. However, he admitted that the Summary of Security Concerns raised his AUD diagnosis without mention of binge drinking; he also admitted that the amount of alcohol consumed was not one of the factors that led to his diagnosis. *Id.* at 109–11.

The Individual submitted results of a liver enzyme test, but no explanation of the results was included. Ex. I. The Individual testified that his physician told him a liver enzyme test would screen for signs of alcohol abuse and liver damage associated with heavy drinking. Tr. at 101. He understood the test was a medical test, but his doctor told him it could screen for alcohol abuse. *Id.* He stated that he chose not to follow the Psychologist's recommendation to take a PEth test because he thought a blood test “would have included the same information.” *Id.* at 102. After the hearing, he submitted the results of a PEth test, which was negative for alcohol consumed in the three to four weeks prior to the hearing.³ Ex. J.

The Individual testified that from 2015 to 2019, he was employed by a DOE contractor and began the process to receive a security clearance in 2017. Tr. at 64. He remembered undergoing the 2018 Evaluation, but he stated he never saw the report or any of the recommendations or determinations made because he took a new job before receiving it. *Id.* He understood that the 2018 Evaluation concerned his alcohol use and testified that, after the evaluation, he began to “reduce [his] alcohol consumption to what would be acceptable limits in [his] life.” *Id.* at 86. He stated he did not adhere to the advice he was given in 2018 because of “the social aspect of [his] family and friends.” *Id.* at 91. When family would visit him, he would drink with them during dinner or while tailgating. *Id.* at 104. The Individual stated that during 2023, he “fully abstained from alcohol consumption since April 1st with additional abstinence during the month of January to demonstrate that [he is] in full control of [his] tendencies related to alcohol consumption.” *Id.* at 67

The Individual testified that after the 2022 Evaluation, he did not think his level of alcohol consumption “was that severe of a problem” and he did not think it would reach administrative review. Tr. at 85, 93–94. He thought the 2022 Evaluation was conducted “to gather more information more for awareness.” *Id.* at 93. After the 2022 Evaluation, the Individual believed he could “refine” his alcohol consumption and “get it better under control.” *Id.* at 85. He testified that,

³ Because the Individual testified that he was confused about the difference between the use of blood testing and PEth testing to measure alcohol consumption, the Individual was provided an opportunity to undergo a PEth test. Tr. At 103. In May 2023, the Individual underwent PEth testing and submitted the results before the administrative record was closed. Ex. J.

prior to April 2022, he only drank at social events with family and friends and was more aware of the amount of alcohol he was consuming. *Id.* He testified that he never drinks alcohol on nights before going to the gym. *Id.* at 118.

The Individual further testified that he did not think he needed professional rehabilitation to reduce his alcohol consumption. Tr. at 98. After he read the Report, he became “more inclined to consider” the Psychologist’s treatment recommendations as an option. *Id.* at 98–99. When asked why he took action based on his own opinion of his recovery needs instead of the Psychologist’s, the Individual responded it was due, in part, to stubbornness and ignorance. *Id.* at 107. When asked if his spouse was aware that he was involved in an administrative review process concerning his security clearance, the Individual stated his spouse was aware that he had a meeting, and she was not to disturb him. *Id.* at 99. He testified that he understood his spouse was the only individual who could attest to his recent abstinence, but he stated he did not want his family involved in this process. *Id.*

The Individual further testified that since April 2023, he had gone out to dinner with friends without consuming any alcohol. Tr. at 104. He explained that he had not abstained after the 2018 Evaluation because he did not know that his alcohol consumption was problematic. *Id.* at 128. He testified that he had been abstaining since April because his level of alcohol consumption had been deemed unacceptable by the DOE. *Id.* He also stated he had felt positive health effects from abstinence, such as more energy and better sleep; he testified that he could continue to abstain for an extended period of time. *Id.* at 129.

The Psychologist opined that during the 2022 Evaluation, the Individual did not yet understand the seriousness of his alcohol issues and did not appear to understand the serious standard required to hold a security clearance. Tr. at 145. He contrasted the Individual’s stated personal, absolute ban on drinking the night before a workout with the Individual’s unwillingness to abstain from alcohol when abstinence was recommended to get a security clearance. *Id.* at 145–46. He noted that the Individual would sometimes choose to exceed his self-imposed limits on the amount of alcohol he would consume on a single occasion, which indicated to him that the Individual had difficulty controlling his alcohol use. *Id.* at 149–49. The Psychologist opined that the Individual still had an active AUD, which he testified was the psychological condition referred to in his report, that was not rehabilitated or resolved. *Id.* at 156, 162, 163–64. He stated that the Individual’s prognosis would be very good if he had maintained a longer period of abstinence and completed a treatment program. *Id.* at 163. However, he testified that he did not believe the Individual had established a pattern of abstinence or modified consumption. *Id.* at 167. He stated that rehabilitation of the AUD would resolve the psychological condition that he referred to in his report. *Id.* at 164.

V. ANALYSIS

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 places a high degree of trust and confidence in individuals to whom it grants access authorization. Decisions include, by necessity, consideration of the possible risk that the applicant may deliberately or inadvertently fail to protect

or 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.

The issue before me is whether the Individual, at the time of the hearing, presents an unacceptable risk to national security and the common defense. I must consider all the evidence, both favorable and unfavorable, in a commonsense manner. "Any doubt concerning personnel being considered for access for national security eligibility will be resolved in favor of the national security." Adjudicative Guidelines ¶ 2(b). In reaching my decision, I have drawn only those conclusions that are reasonable, logical, and based on the evidence contained in the record. Because of the strong presumption against granting or restoring security clearances, I must deny access authorization if I am not convinced that the LSO's security concerns have been mitigated such that restoring the Individual's clearance is not an unacceptable risk to national security.

A. Guideline G

Under Guideline G, conditions that could mitigate security concerns include:

- (a) So much time has passed, or the behavior was so infrequent, or it happened under such unusual circumstances that it is unlikely to recur or does not cast doubt on the individual's current reliability, trustworthiness, or judgment;
- (b) The individual acknowledges his or her pattern of maladaptive alcohol use, provides evidence of actions taken to overcome this problem, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations;
- (c) The individual is participating in counseling or a treatment program, has no previous history of treatment and relapse, and is making satisfactory progress in a treatment program; or
- (d) The individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

Regarding mitigating condition (a), the Individual has a history of problematic alcohol consumption extending over more than a decade. The Individual's alcohol consumption was frequent and did not occur under unique or unusual circumstances; the Individual admitted to consuming multiple alcoholic beverages during social outings with friends, during business trips, and at home. He also admitted that common social occasions were a cause of his difficulty maintaining abstinence. During the hearing, the Individual admitted that he had not been able to maintain a consistent period of abstinence from alcohol, had been unable to adhere to his own self-prescribed limits of alcohol consumption, had not followed the recommendations of the Psychologist, and had not resolved or sought treatment for his AUD diagnosis. The Individual further testified that he had been unable to maintain his abstinence for more than about two months at a time. Therefore, I find that the Individual's history of alcohol use continues to cast doubt on his reliability, trustworthiness, and good judgment. Furthermore, I am unable to conclude that the

Individual's concerning level of alcohol consumption is unlikely to recur. Accordingly, mitigating factor (a) is not applicable.

Regarding mitigating condition (b), I am not convinced that the Individual acknowledges his maladaptive pattern of alcohol use. Because he did not believe that his alcohol consumption was actually severe, the Individual relied on staying within generic guidelines to ensure that he did not consume too much alcohol. Even so, he admitted that he would consciously choose to exceed those limits at times. He also did not abstain from alcohol until January 2023, despite being informed by the Psychologist in August 2022 that his drinking was problematic and chose to return to alcohol shortly thereafter during February and March 2023. Prior to the hearing, the Individual has been abstinent since April 2023. Additionally, the Individual did not believe he required professional treatment for his AUD, despite having such treatment recommended by a mental health professional, the Psychologist. At the hearing, the Psychologist did not believe that the Individual had clearly established a modified pattern of abstinence or modified consumption. I agree, particularly given the Individual's history of being unable to sustain abstinence for more than about two months and his history of exceeding his self-imposed limits on alcohol consumption. For these reasons, I cannot find that mitigating condition (b) is applicable.

Regarding mitigating factors (c) and (d), the Individual has not submitted sufficient evidence of treatment or modified alcohol consumption or abstinence to resolve his AUD. The Individual testified he abstained from alcohol for one month, in January, and for a second month, in April 2023, after having received the LSO's Notification letter in March 2023. This pattern echoes his previous attempts at abstinence, which typically lasted two months or less. Furthermore, the Individual has not enrolled in, much less completed, any treatment program to address his AUD. After the 2018 Evaluation, the Individual understood that his level of alcohol consumption was concerning to DOE, but, because he was no longer seeking a security clearance and was not personally concerned about his alcohol consumption, he did not enroll in an alcohol treatment program. The Individual testified that he felt more inclined to seek treatment after reading the Report from the 2022 Evaluation but again declined to enroll in a treatment program. Accordingly, I cannot find that mitigating factor (c) or (d) is applicable.

For the foregoing reasons, I cannot find that the Guideline G security concerns are mitigated.

B. Guideline I

Under Guideline I, conditions that could mitigate security concerns include:

- (a) The identified condition is readily controllable with treatment, and the individual has demonstrated ongoing and consistent compliance with the treatment plan;
- (b) The individual has voluntarily entered a counseling or treatment program for a condition that is amenable to treatment, and the individual is currently receiving counseling or treatment with a favorable prognosis by a duly qualified mental health professional;

- (c) Recent opinion by a duly qualified mental health professional employed by, or acceptable to and approved by, the U.S. Government that an individual's previous condition is under control or in remission, and has a low probability of recurrence or exacerbation;
- (d) The past psychological/psychiatric condition was temporary, the situation has been resolved, and the individual no longer shows indications of emotional instability;
- (e) There is no indication of a current problem.

Adjudicative Guidelines at ¶ 29.

The Psychologist testified, and the Summary of Security Concerns stated, that the Individual's AUD was a psychological condition that could impair his judgment, trustworthiness, and reliability. The Individual did not comply with the Psychologist's treatment recommendations and did not enroll in a treatment program; mitigating conditions (a) and (b) do not, therefore, apply. The Psychologist testified that the Individual still suffers from AUD that is not in remission. Until the Individual receives treatment for his AUD, it continues to actively afflict him; mitigating conditions (c), (d), and (e) do not, therefore, apply.

Until the Individual is rehabilitated from AUD, I cannot find that the Guideline I concerns are mitigated.

VI. CONCLUSION

Upon consideration of the entire record in this case, I find that there was evidence that raised concerns regarding the Individual's eligibility for access authorization under Guidelines G and I of the Adjudicative Guidelines. I further find that the Individual has not succeeded in fully resolving those concerns. Therefore, I cannot conclude that granting DOE access authorization to the Individual "will not endanger the common defense and security and is clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I find that the DOE should not grant access authorization to the Individual.

This Decision may be appealed in accordance with the procedures set forth at 10 C.F.R. § 710.28.

Kristin L. Martin
Administrative Judge
Office of Hearings and Appeals