

that the derogatory information raised security concerns under Guideline G (Alcohol Consumption) of the Adjudicative Guidelines. Ex. 1.

The Individual exercised his right to request an administrative review hearing pursuant to 10 C.F.R. Part 710. Ex. 2. The Director of the Office of Hearings and Appeals (OHA) appointed me as the Administrative Judge in this matter, and I subsequently conducted an administrative review hearing. At the hearing, the DOE Counsel submitted ten numbered exhibits (Ex. 1–10) into the record and presented the testimony of the DOE Psychologist. The Individual submitted eight lettered exhibits (Exs. A–H) into the record and testified on his own behalf. *See* Transcript of Hearing, Case No. PSH-24-0006 (hereinafter cited as “Tr.”).

II. Notification Letter and Associated Security Concerns

The LSO cited Guideline G (Alcohol Consumption) as the basis for its concerns regarding the Individual’s eligibility for access authorization. Ex. 1 at 1–2. “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. Among those conditions set forth in the Adjudicative Guidelines that could raise a disqualifying security concern are “alcohol-related incidents away from work, such as driving while under the influence, . . . regardless of the frequency of the individual’s alcohol use”; and “diagnosis by a duly qualified medical or mental health professional . . . of alcohol use disorder.” *Id.* at ¶ 22(a), (d). The SSC cited: the DOE Psychologist’s June 2023 determination that the Individual met the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* criteria for Substance Use Disorder (SUD) without adequate evidence of rehabilitation or reformation; and the conclusion by the physician who interpreted the Individual’s Phosphatidylethanol (PEth) laboratory test, from his DOE psychological evaluation, indicating his PEth result showed “significant consumption” and was inconsistent with the Individual’s reported alcohol consumption. Ex. 1 at 1. Additionally, the LSO cited the Individual’s arrest and charge for DWI in August 2022; and his DUI charges in March 2012, and January 2011. *Id.* at 1–2. The LSO’s assertions in the SSC justify its invocation of Guideline G.

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 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 to permit the introduction of a very broad range of evidence at personnel security hearings. Even appropriate hearsay evidence may be admitted. *Id.* § 710.26(h). Hence, an individual is afforded the utmost latitude in the presentation of evidence to mitigate the security concerns at issue.

IV. Findings of Fact

On January 22, 2011, the Individual was arrested and charged with DUI and transporting an open container. Ex. 10 at 131. He admitted to consuming five or six beers prior to his arrest. *Id.* at 203. He was convicted of DUI, and ultimately his case was closed after he paid court ordered fines and completed community service. *Id.* at 230.

On March 16, 2012, the Individual was again arrested and charged with DUI. *Id.* at 231. An Office of Personnel Management investigative report reflected that the Individual was convicted of DUI, was ordered to pay a fine of \$1250, was placed on house arrest, and was ultimately put on probation which he completed on August 18, 2014. *Id.* at 137–38, 231.

On August 28, 2022, the Individual was arrested and charged with DWI. *Id.* at 113. In his LOI response, the Individual stated that on the date of his arrest, he had been celebrating his friend’s job promotion and had consumed four or five alcoholic drinks. Ex. 6 at 24. He stated that when stopped by law enforcement, he refused to take the breathalyzer test because he believed he had passed all of the police officer’s tests and was being treated unfairly. *Id.* He was then arrested and released after a blood draw. *Id.* The Individual further stated that after a telephone hearing, the blood draw was deemed to be illegal and was “thrown out” because it was not taken correctly. *Id.* at 25. He stated that there were no fines and he was not prosecuted for the incident. *Id.*

On June 7, 2023, the Individual underwent a psychological evaluation with the DOE Psychologist, which included a clinical interview (CI). Ex. 7. He reported that as part of his requirements for his 2012 DUI charge, he had to complete educational classes, and have an interlock device installed in his vehicle for twelve months. *Id.* at 36. He stated that since his 2012 DUI arrest and charge, he consumed alcohol twice a month. *Id.* He told the DOE Psychologist that when he consumes alcohol at home, he drinks three or four mixed drinks over two hours, and usually drinks tequila or vodka. *Id.* He stated that when drinking alcohol outside the home, he will have a maximum of three drinks over three hours. *Id.* As part of the evaluation, the Individual underwent a PEth test, the result of which was positive at 106 ng/mL. *Id.* at 38, 42. The medical doctor who interpreted the Individual’s PEth result stated that his PEth “corresponds to ‘significant consumption’ of alcohol (averaging 2-4 drinks [per] day for several days a week).” *Id.* at 38. The medical doctor further concluded that, “[b]y [the Individual’s] self-report, the quantity of 6-8 drinks per month would not generate a positive PEth unless he had binge drunk in the few days before the test.” *Id.*

The DOE Psychologist concluded in his report (Report) that the Individual met sufficient diagnostic criteria for a “substance use disorder” (SUD).² *Id.* The DOE Psychologist recommended that the Individual should abstain from alcohol and should participate for a minimum of 16 weeks in weekly substance abuse group treatment by a licensed therapist skilled in the area of substance abuse and addiction. *Id.* at 39. He further recommended that the Individual should then participate in outpatient follow up substance maintenance or relapse prevention sessions at least monthly for one year since the time he starts treatment, and he should attend weekly support group meetings such as Alcoholics Anonymous (AA), Rational Recovery, or Smart Recovery. *Id.*

At the hearing, the Individual testified that for the six months leading up to his August 2022, DUI arrest, he typically consumed alcohol on Fridays and Saturdays on social occasions with friends or at events. *Tr.* at 15. He testified that when he drank alcohol, he usually consumed no more than a pint of mixed alcoholic drinks in one sitting. *Id.* at 15–16. However, he admitted that because he was “in a dark place,” emotionally, it affected his alcohol use. *Id.* at 17. He explained that in 2020, his father passed away from COVID after contracting the virus from the Individual. *Id.* He testified that although he was unaware that he had COVID when he transmitted it to his father, it caused him a “deep depression” such that although he had not had any alcohol-related arrests in the ten years prior to his most recent arrest, his subsequent alcohol use periodically increased “a little bit.” *Id.* at 17–18. The Individual testified that after his August 2022, DUI arrest, he generally started consuming less alcohol. *Id.*

The Individual testified that during his CI, he told the DOE Psychologist the amount and frequency of what he “normally drink[s] during [the] course of a month,” which is on weekends. *Id.* at 24. However, he testified that after he saw the Report, he realized that he had not accounted for the fact that he had consumed a lot more alcohol on Memorial Day than the amount he usually consumes in a month. *Id.* The Individual testified that Memorial Day was “a very tough holiday” for him due to his emotional difficulties with his father’s death. *Id.* at 22. He testified that during the CI, he had not recalled that he had drank more than his usual amount on the holiday because it was outside of his typical volume of monthly alcohol consumption, and he had focused instead on how much alcohol he consumes in an average month. *Id.* at 25. The Individual stated that because he had not taken into account his Memorial Day consumption, he had underreported his alcohol consumption which is why his PEth result was inconsistent with his reported alcohol use. *Id.* at 23.

The Individual testified that he attended his first outpatient treatment appointment with his treating therapist on January 12, 2024, and he would return for a second appointment on January 26, 2024. *Id.* at 31, 55. He provided a copy of his appointment receipt from his therapist verifying his attendance at his first appointment and written confirmation of his next scheduled appointment. Ex. D. The Individual testified that he first contacted his therapist three weeks prior to his first appointment, but he had to wait until an appointment was available and his health insurance became effective. *Id.* at 32. He stated that he meets with his therapist for individual sessions and currently has a standing weekly appointment with her for the next two months. *Id.* at 34. He stated

² At the hearing, the DOE Psychologist testified that in applying the *DSM-5* criteria, it is not a requirement to specify the severity of an SUD in the diagnosis, and he therefore, did not include a severity in his Report. *Id.* at 88–89. He stated that if he had chosen to include a severity in his Report, he would have concluded that the Individual has an SUD, “Mild.” *Id.* at 89.

that during their first session, his therapist did an initial psychological assessment where she focused on determining what led up to his developing an alcohol problem, and how she could formulate a treatment plan for him. *Id.* at 33. He testified that he told his therapist about the struggles he has with his father's death which leads him to become depressed and consume alcohol. *Id.* at 33–34. The Individual stated that his therapist gave him homework assignments, including studying from a book about alcoholism, and finding and joining activities to replace his social outings that involve alcohol. *Id.* at 33–35. He asserted that he has followed through on this assignment in that he recently joined a gym and has lost 12 pounds, and he has recently joined a church where he actively participates in a men's group and seeks support to help him deal with the loss of his father. *Id.* at 19–20, 35. Additionally, he stated he has returned to his hobby of playing the saxophone which he does for his new church. *Id.* at 35.

When asked by the DOE Psychologist why he had not provided the Report to his therapist “so that she would have all of that information on [the Individual] and could use that in following that treatment plan,” the Individual stated he “honestly did not even think about that” because at the time, because he “figured she would just analyze [him] herself.” *Id.* at 54. He testified that although he had not shown his therapist the Report itself, he told her that he attended a psychological evaluation and had failed the PEth test that was part of his evaluation. *Id.* at 35. However, he stated he now realizes that he should have provided the Report to his therapist, and asserted he would provide it to her before his next appointment on January 26, 2024. *Id.* at 55. The Individual stated that he does not know the length of his treatment plan with his therapist. *Id.* at 57. He testified that his understanding is that he will meet weekly with his therapist for two months, after which she will determine what their next steps are regarding his treatment. *Id.*

The Individual testified that he has been attending AA since approximately the beginning of December 2023. *Id.* at 36, 59. He acknowledged that although he had received the DOE Psychologist's Report in August 2023, he did not attend AA until four months later due to his embarrassment of having to realize that he has an alcohol problem, and because he needed to accept that he needed help for it. *Id.* at 36, 59. The Individual admitted that when he first received the Report, which stated the DOE Psychologist's conclusion that he had a diagnosis of SUD, he did not think he had an alcohol problem at that time. *Id.* at 26. However, he asserted that now that he has gained information and clarity through his alcohol treatment and AA, he recognizes that he has an alcohol problem and that the DOE Psychologist's conclusion in the Report was correct. *Id.* at 27–28. He testified that he has completed Step 1 of AA, admitting that he has an alcohol problem, and asserted that is why he continues to attend AA. *Id.* at 42. He stated that he has accepted that whether he is embarrassed or not, he needs to attend AA so he can stop drinking alcohol, in order to better himself and for the sake of his job. *Id.* at 37. He testified that he introduces himself as an “alcoholic” in AA meetings. *Id.* at 41. The Individual stated that he has not yet chosen an AA sponsor because he is still getting to know the other AA participants and wants to find an AA sponsor that he feels comfortable with. *Id.* at 38. He explained that he takes his AA participation seriously and knows that he will have to let the sponsor “into his personal life” which he plans to do. *Id.* at 38. The Individual stated that he finds AA helpful because he sees how AA has helped some other long-term AA participants, which motivates him to continue attending AA. *Id.* at 40. He testified that because the AA group he attends emphasizes being “one hundred percent private,” they do not have attendance sheets. *Id.* at 39. He provided a photo of his one-month coin in recognition of one month of sobriety while attending AA meetings for the first

month, and he submitted a copy of his AA welcome packet which he received at his first meeting. *Id.* at 38; Ex. A; Ex. B.

The Individual testified that he last consumed alcohol in mid to late November 2023, prior to Thanksgiving. *Tr.* at 20–21, 44. He stated that after receiving the Report, he did not think he had an alcohol problem, so he did not stop consuming alcohol right away. *Id.* at 26–27, 29. He stated that he initially believed he would be “fine” if he decreased his use, until he later realized that he should abstain from alcohol. *Id.* at 26–27, 29. The Individual testified that he chose to take a PEth test on January 3, 2024, because he knew that New Year’s Eve was “the biggest drinking holiday of the year” and he wanted to show he had decreased his alcohol consumption since his first PEth test. *Id.* at 43. He submitted his PEth test result from January 3, 2024, which was positive at a level of 49 ng/mL. Ex. C. Despite the positive PEth result, the Individual asserted, “[A]s God is my witness, I haven’t had anything to drink since before Thanksgiving.” *Tr.* at 45. The PEth result he submitted stated, “The above test was performed; [h]owever, analysis of this sample indicates a drug/chemical interference with the assay.” Ex. C; *Tr.* at 46. The Individual stated he had contacted his physician because he did not understand what that information meant, however, his physician told him that is not a test which he normally performs. *Tr.* at 46. The Individual stated he then spoke to the laboratory that completed the diagnostics of his PEth sample, however, they told him that they do not do consultations over the phone, so the Individual was unable to get an explanation regarding the drug or chemical interference stated in his PEth result. *Id.* at 46–47. Regarding his future plans with alcohol, the Individual testified that he had a long talk with his family and has decided to permanently abstain from alcohol. *Id.* at 21. He stated, “Sometimes people don’t change unless staying the same is worse than changing, and in my case, that’s obviously the case.” *Id.* at 48. He asserted that being abstinent has not been difficult for him because he has replaced his alcohol consumption with other activities, including placing a focus on his religious faith, spending time doing hobbies, and continuing to attend alcohol treatment. *Id.* at 47–48.

At the hearing, the DOE Psychologist stated that his diagnosis of SUD from his Report remains the same as of the hearing. *Id.* at 78. He stated that although it is not a requirement in the *DSM-5* to specify the severity of an SUD in the diagnosis, if he had chosen to include a severity in his Report and as of the hearing, he would have concluded that the Individual has an SUD, “Mild” and this severity remains the same as of the hearing. *Id.* at 89. The DOE Psychologist opined that had the Individual’s January 3, 2024, PEth result been negative and had no mention of any drug or chemical interference, then he would “perhaps” have concluded that the Individual has an updated diagnosis of SUD, in recent remission. *Id.* at 81. Upon questioning by the DOE Counsel, the DOE Psychologist testified as to whether a new PEth test would potentially affect his opinion regarding the Individual’s diagnosis. *Id.* at 84. He testified that if the Individual were to submit a new PEth test after the hearing with a negative result, and if he also provided an explanation by a physician or the medical certification officer from the laboratory regarding the Individual’s January 2024, positive PEth result, the DOE Psychologist would find an updated diagnosis of SUD, in recent remission. *Id.* at 83–84. He implied that his potential updated diagnosis would depend on the results of the explanation for the positive January 2024 PEth result. *Id.* at 84. However, he opined that even if the Individual’s January 2024, PEth test had yielded a negative result with no drug interference issues, he would still opine that the Individual has not shown adequate evidence of rehabilitation or reformation. *Id.* at 94. The DOE Psychologist explained the reasons for his opinion are that the Individual continued to consume alcohol after receiving the

Report in August, and he has only had one treatment session total with his therapist. *Id.* at 94. Moreover, the DOE Psychologist added his concern that the Individual had not provided his treating therapist with a copy of his Report and the results of his most recent positive PEth test. *Id.* at 93–94. He explained that without this information, his therapist would form her own opinion as to the “status” of his alcohol problem, and this information would have allowed her to assist him in maintaining sobriety. *Id.* at 79, 94. Regarding the Individual’s participation in individual therapy sessions for his substance abuse treatment, the DOE Psychologist opined that while the preferred modality is group therapy, it is acceptable for the Individual to do individual therapy with his therapist in lieu of group therapy. *Id.* at 92. He testified that he has been familiar with the Individual’s treating therapist for more than twenty-five years and he opined that she is skilled in the area of substance abuse. *Id.* at 90.

The DOE Psychologist testified that he is “hesitant to find that [the Individual is] a person who has totally bought into the need for treatment and focused on treatment as a result of that.” *Id.* at 79. Regarding the Individual’s prognosis, he opined that it is “somewhat guarded” because while the Individual stated he wants to continue abstaining and plans to continue attending AA, there was a “long stretch of time where he continued to drink after received the [R]eport.” *Id.* at 82–83. He stated he is also concerned that the Individual has not been open and honest with his therapist by not providing her with the Report, and he might be still continuing to consume alcohol. *Id.* at 82–83. Moreover, the DOE Psychologist stated that the Individual’s multiple DUIs impacts his opinion. *Id.* at 83. He explained that the Individual has a history of alcohol-related events, and although there was a time period where he did not have any negative life events attributed to alcohol in the previous ten years, he has recently experienced a negative alcohol-related incident. *Id.* The DOE Psychologist indicated that he had “hope[d] that there would be some impact of experience from the past combined with the present to motivate him further to stop drinking.” *Id.* He also testified regarding his recommendations for abstinence, including the recommendations made in his Report, he recommends that the Individual “should not consume alcohol ever in the future” as the research is “not very good” for people who have a substance abuse problem that choose to resume drinking. *Id.* at 90.

After the hearing, the Individual submitted post-hearing evidence to further support his mitigation efforts. In support of his testimony that he planned to provide the Report to his therapist, the Individual submitted a written confirmation from his therapist dated January 18, 2024, confirming that she received a copy of the Report which he had sent to her via an online file sharing hyperlink. Ex. F. He also submitted a payment receipt dated the day after the hearing for an additional PEth test. Ex. E. Additionally, he submitted the test result for a PEth test he took on January 23, 2024, which was negative for alcohol use. Ex. H. In addition, the Individual submitted an email from a “Neurophysiology Technician” providing information regarding interferences which she stated could affect the results of PEth tests.³ Ex. G.

³ The email message contains no information that indicates that the Neurophysiology Technician is a physician or that she is the medical certification officer of the laboratory where the Individual had taken his prior positive PEth test in January 2024. Ex. G; *see* Tr. at 84 (testimony by DOE Psychologist stating that the medical certification officer at the laboratory or another physician could provide an explanation for the drug or chemical interference stated in the Individual’s PEth result). Moreover, the email contains opinions without any support for its conclusions, e.g., “someone [taking] certain over the counter or prescription medication that contain alcohol such as Benadryl, . . .

V. Analysis

Guideline G

Conditions that could mitigate security concerns under Guideline G 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; and
- (d) the individual has successfully completed a treatment program along with any required aftercare, and has demonstrated a clear and established pattern of modified consumption or abstinence in accordance with treatment recommendations.

Adjudicative Guidelines at ¶ 23.

In this case, the DOE Psychologist diagnosed the Individual with an SUD and the Individual has a history of three DWI offenses, including one that occurred relatively recently in 2022. The Individual asserts that he has been abstinent from alcohol since November 2023, however, he had a positive PEth test on January 3, 2024. Although he provided an email from a Neurophysiology Technician in an effort to explain what may have caused the positive PEth result, as discussed above (*see* n.2), there is no indication from the email that it was written by either the medical certification officer of the laboratory that provided the diagnostics for the Individual's PEth result or another physician. Moreover, the opinions put forth in the email contain no references upon which to establish their validity. Therefore, I am unable to give more than minimal weight to this letter and do not find that it resolves the issue of the Individual's positive January 3, 2024 PEth test. I note that the Individual's post-hearing January 23, 2024, PEth test yielded a negative result that provides evidence of recent abstinence.⁴ However, even assuming the Individual had two months of abstinence as he asserted at the hearing, an insufficient period of time has elapsed for me to conclude that the Individual's problematic alcohol consumption is sufficiently in the past that it is unlikely to recur. Moreover, as pointed out by the DOE Psychologist, the Individual has

Tylenol" can have a positive PEth result. Ex. G at 1. Another such statement in the email states that a "phlebotomist who has mistakenly using alcohol to sterilize the injection site" or "us[es] 'hand sanitizer' on their hands or gloves" can cause "discrepant test results." *Id.*

⁴ As part of the DOE Psychologist's Report, the consultant physician who interpreted the Individual's first PEth test taken as part of his evaluation stated that "PEth reflects the average amount of alcohol consumed over the previous 28–30 days as red blood cells degrade and enzymatic action removes PEth." Ex. 7 at 43.

a history of alcohol-related incidents, including a recent DUI in 2022, yet he continued to consume alcohol for approximately four months after he received the Report, thereby showing that this behavior is not so infrequent or occurred under unusual circumstances. Therefore, I find that the first mitigating condition under Guideline G is inapplicable. *Id.* at ¶ 23(a).

While the Individual has acknowledged his maladaptive alcohol use and taken steps to overcome his problems with alcohol, he has not established a pattern of modified consumption or abstinence from alcohol in accordance with treatment recommendations. *Id.* at ¶ 23(b). In his Report, the DOE Psychologist recommended that the Individual should not consume alcohol, and at the hearing, he clarified that his recommendation is for permanent abstinence. Although the DOE Psychologist did not specify what time period of abstinence is required to demonstrate rehabilitation or reformation, his Report recommends that the Individual should abstain from alcohol while undergoing treatment. In this case, the Individual has only attended one treatment session although the Report recommended that he attend a minimum of sixteen weeks of treatment, so he has not demonstrated abstinence in accordance with the DOE Psychologist's treatment recommendations. Moreover, he has only been abstinent from alcohol for a period of one to two months at most, which was insufficient for the DOE Psychologist to find that he has put forth adequate evidence of rehabilitation or reformation. Therefore, I find that the second mitigating condition under Guideline G is inapplicable. *Id.* at ¶ 23(b).

I credit the Individual for initiating alcohol treatment with his therapist and for his ongoing participation in AA. However, the Individual had only attended one session with his treating therapist at the time of the hearing, and had only been attending AA for a period of less than two months. This is concerning because the DOE Psychologist recommended that the Individual participate in alcohol treatment for a minimum of sixteen weeks, and although the Individual had received his Report in August 2023, he waited approximately four months before he started attending treatment. In addition, the DOE Psychologist opined that the Individual has a "somewhat guarded" prognosis because of his delay in seeking treatment as well as not providing his therapist with his Report. I credit the Individual in that although he did not initially show his therapist the Report, he told her that he had a DOE psychological evaluation and disclosed to her that he had "failed" the PEth test that was part of the evaluation. Moreover, he recently provided his therapist with a copy of the Report after the hearing, which supported his assertions that he would show her the Report before his next appointment. Nevertheless, based on the fact that the Individual is still at the very beginning stage of treatment and given the guarded prognosis provided by the DOE Psychologist, I cannot find that he is making satisfactory progress in a treatment program. As such, I find that the third mitigating condition is inapplicable. *Id.* at ¶ 23(c). I also find that the fourth mitigating condition does not apply because the Individual has not successfully completed a treatment program. *Id.* at ¶ 23(d).

For the reasons stated above, I cannot find that the Individual has mitigated the Guideline G security concerns under Guideline G.

VI. Conclusion

In the above analysis, I found that there was sufficient derogatory information in the possession of the DOE that raised security concerns under Guideline G of the Adjudicative Guidelines. After

considering all of the relevant information, favorable and unfavorable, in a comprehensive, common-sense manner, including weighing all the testimony and other evidence presented at the hearing, I find that the Individual has not brought forth sufficient evidence to resolve the security concerns set forth in the Summary of Security Concerns. Accordingly, I have determined that the Individual's access authorization should not be restored.

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

Brenda B. Balzon
Administrative Judge
Office of Hearings and Appeals