**U.S. Department of Labor**

Benefits Review Board
200 Constitution Ave. NW
Washington, DC 20210-0001

BRB No. 24-0032

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| COLLINS NGABIRANO | ) | |
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| Claimant-Petitioner | ) | |
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| v. | ) | **NOT-PUBLISHED** |
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| SOC, LLC | ) | |
| | ) | |
| and | ) | DATE ISSUED: 07/08/2025 |
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| CONTINENTAL CASUALTY COMPANY | ) | |
| | ) | |
| Employer/Carrier-Respondents | ) | |
| | ) | DECISION and ORDER |

Appeal of the Decision and Order on the Record Denying Benefits of Christopher Larsen, Administrative Law Judge, United States Department of Labor.

Andrew Nyombi (KNA Pearl), Silver Spring, Maryland, for Claimant.

Krystal L. Layher and Rebecca R. Sonne (Brown Sims), Houston, Texas, for Employer and its Carrier.

Before: GRESH, Chief Administrative Appeals Judge, ROLFE and JONES, Administrative Appeals Judges.

PER CURIAM:

Claimant appeals Administrative Law Judge (ALJ) Christopher Larsen's Decision and Order on the Record Denying Benefits (2021-LDA-02087) rendered on a claim filed pursuant to the Longshore and Harbor Workers' Compensation Act, as amended, 33 U.S.C.

§§901-950 (Act), as extended by the Defense Base Act, 42 U.S.C. §§1651-1655 (DBA).[1] We must affirm the ALJ's findings of fact and conclusions of law if they are rational, supported by substantial evidence, and in accordance with law. 33 U.S.C. §921(b)(3); *O'Keeffe v. Smith, Hinchman & Grylls Associates, Inc.*, 380 U.S. 359 (1965).

Claimant alleges he sustained a work-related psychological injury due to his work for Employer as a security guard in Iraq. Claimant's Exhibit (CX) 7 at 8, 21, 23. He testified that during his employment, approximately three times a week, he was exposed to rocket attacks, mortar attacks, and/or improvised explosive device (IED) explosions. CX 7 at 36-39. When the mortar attacks instigated an "incoming" alarm, he would run to a bunker for safety until the base camp provided an "all clear" signal. *Id.* He also detailed fearing for his life and taking cover from an incident on February 13, 2011, during which a rocket hit a wall near the tower he was guarding, shook it, and caused fragments to fall inside it. *Id.* at 38, 41-43. In June 2011, a bomb struck about five meters from the dining facility where Claimant had taken cover after hearing an alarm. *Id.* at 39.

Claimant's last day of work for Employer in Iraq was November 26, 2011.[2] CX 7 at 28. He testified he felt sick due to wearing heavy body armor and ammunition magazines and went to the army base clinic. While there, he informed the physicians he was experiencing ear and head pain, lack of concentration, forgetfulness, nightmares, low reasoning, back pain, chest pain, and inability to sit or stand for long. *Id.* at 7, 29, 33. Claimant testified the physicians gave him some pain medication but did not perform a psychological evaluation – they "did not take it like a big issue" because they were in a war zone. *Id.* at 28-29, 43. Further, he reported the incidents he experienced made him contemplate quitting his job and committing suicide. *Id.* at 40. Ultimately, he stopped working and returned home; he has been unemployed since terminating his employment with Employer. *Id.* at 7, 44-45.

[1] This case arises within the jurisdiction of the United States Court of Appeals for the Second Circuit because the office of the district director who filed the ALJ's decision is located in New York. 33 U.S.C. §921(c); *Global Linguist Solutions, L.L.C. v. Abdelmeged*, 913 F.3d 921 (9th Cir. 2019); *McDonald v. Aecom Tech. Corp.*, 45 BRBS 45 (2011).

[2] Claimant's first claim for compensation (Form LS-203) indicated the date of his injury was October 21, 2011, and his pay stopped on October 27, 2011. CX 1 at 1-2; *see* CX 4. His second claim for compensation stated the date of his injury was October 27, 2011. CX 1 at 3.

From 2012 to 2018, Claimant sought treatment for his alleged symptoms with traditional healers and pastors, but there was no change in his condition. CX 7 at 30-32. On September 3, 2019, at Butabika Hospital, Claimant visited Dr. Alezuyo Florence, a psychiatric clinical officer and/or Dr. Apio Irene Wengi, a psychiatrist. CXs 9, 10. Claimant's treatment notes contain a diagnosis of "major depression" and "PTSD [post-traumatic stress disorder with] depression" due to Claimant's exposure to warzone conditions and indicate he is unable to return to his work for Employer. CX 9 at 2-4 (unpaginated). The treatment notes also recommended physical restrictions and further psychiatric treatment and prescribed medication. *Id.* at 1-4 (unpaginated). On February 26, 2021, Claimant saw Dr. Mubiru Everest, a general practitioner, and Dr. Mukiibi Cabrine, a reviewing clinical psychologist, at St. Francis Hospital Nsambya. CXs 7 at 48-51, 13. Those doctors diagnosed him with PTSD based on his reported symptoms and his work in a warzone. CX 13 at 3-4 (unpaginated).

On August 11, 2021, Claimant sought treatment with Dr. Patrick Okori, a community psychologist in Uganda. CXs 7 at 52, 11 at 2-4 (unpaginated), 12. Dr. Okori diagnosed Claimant with mild to moderate depression and PTSD, recommended further treatment with a mental health professional, and prescribed medications. CXs 7 at 52-54, 11 at 3-4 (unpaginated). At the time of Claimant's March 11, 2022 deposition, Claimant testified he had seen Dr. Okori approximately four times. CX 7 at 54. Claimant testified he also saw a "Dr. Hilary," a psychiatrist at Kampala Medical Chambers, in February 2022, who told him to continue with psychotherapy and medication and that in time he will be healed.[3] *Id.* at 57.

At Employer's request, Dr. Rose Dunn, a clinical neuropsychologist, examined Claimant on March 24, 2022, and administered various tests. Employer's Exhibits (EXs) 13, 14. Based on Claimant's reported symptoms and experiences, his test results, and Dr. Dunn's review of his medical records, she opined there is no reliable evidence that Claimant has a psychological injury related to his work with Employer, or that he needs medical restrictions and requires mental health treatment. EX 13 at 1-2, 9-18.

Claimant filed a claim under the Act on March 27, 2020, and on September 29, 2021, seeking benefits for his psychological condition. CX 1 at 1-3. Employer, who first received notice of the claim through an Office of Workers' Compensation Programs (OWCP) letter dated October 25, 2021, controverted the claim on November 9, 2021. CX

[3] Claimant did not produce records from Kampala Medical Chambers despite Employer's multiple requests for these documents. *See* Emp. and Carrier Obj. to Cl.'s Exs. and Mot. to Exclude at 2.

2, 3. The case was transferred to the Office of Administrative Law Judges (OALJ) for a video hearing, which was held on September 13, 2022.

On August 29, 2023, the ALJ issued his Decision and Order, finding Claimant did not establish a psychological condition and/or PTSD caused by his work for Employer. The ALJ found Claimant established a prima facie case of compensable injury based on his testimony and documentation of a PTSD or stress disorder diagnosis from Dr. Okori and the Butabika Hospital records, and Claimant thereby invoked the Section 20(a) presumption, 33 U.S.C. §920(a). Decision and Order (D&O) at 16; *see* CXs 9, 11. However, the ALJ determined Employer rebutted the presumption with Dr. Dunn's medical opinion that Claimant does not have any psychological condition causally related to his work. D&O at 17. Considering the evidence as a whole, the ALJ credited Claimant's testimony about his traumatic experiences during his work for Employer in Iraq but determined, despite any cultural and language differences, his testimony is "contradictory" and "confusing" in other respects. D&O at 18-19. The ALJ was persuaded by Dr. Dunn's qualifications and found her opinion more reasoned and documented than those of Claimant's treating physicians. *Id.* Therefore, he assigned her report greater weight than Claimant's testimony and his treatment records, concluded Claimant did not establish he suffered a work-related psychological condition, and denied his claim. *Id.* at 19.

Claimant appeals the ALJ's denial of benefits for his psychological condition. Specifically, he argues the ALJ erred in finding Dr. Dunn's opinion rebutted the Section 20(a) presumption and in giving it greater weight. He further asserts the ALJ erred in assigning diminished weight to his testimony and the opinions of his treating physicians. Employer responds, urging the Board to reject Claimant's arguments.

As the parties do not challenge the ALJ's findings on invocation of the Section 20(a) presumption for Claimant's alleged PTSD or psychological condition, we affirm them. *Scalio v. Ceres Marine Terminals, Inc*., 41 BRBS 57, 58 (2007); D&O at 16.

**Section 20(a) Rebuttal**

When, as in this case, the Section 20(a) presumption is invoked, *Rose v. Vectrus Systems Corp.*, 56 BRBS 27 (2022) (en banc), *appeal dismissed* (M.D. Fla. Aug. 24, 2023); *see also Rainey v. Director, OWCP*, 517 F.3d 632, 634 (2d Cir. 2008), the burden shifts to the employer to produce substantial evidence that is "specific and comprehensive enough" to sever the connection between the claimant's condition and his employment. *American Stevedoring Ltd. v. Marinelli*, 248 F.3d 54, 65 (2d Cir. 2001); *Port Cooper/T. Smith Stevedoring Co. Inc. v. Hunter*, 227 F.3d 285, 288 (5th Cir. 2000); *see Noble Drilling Co. v. Drake*, 795 F.2d 478, 481 (5th Cir. 1986) (substantial evidence is that which a reasonable mind could accept to support a conclusion). A physician's unequivocal opinion that no relationship exists between the alleged injury and a claimant's employment is sufficient to

rebut the presumption. *Suarez v. Serv. Employees Int'l, Inc.*, 50 BRBS 33, 36 (2016); *Cline v. Huntington Ingalls, Inc.*, 48 BRBS 5, 6-7 (2013); *O'Kelly v. Dep't of the Army/NAF*, 34 BRBS 39, 41-42 (2000); *Duhagon v. Metropolitan Stevedore Co.*, 31 BRBS 98, 100 (1997), *aff'd*, 169 F.3d 615 (9th Cir. 1999); *Holmes v. Universal Maritime Serv. Corp.*, 29 BRBS 18, 20 (1995).

Claimant contends the ALJ erred in finding Dr. Dunn's opinion sufficient to rebut the Section 20(a) presumption because he disregarded substantial evidence from Claimant that establishes his psychological injury arose out of his work for Employer within a zone of special danger.[4] Cl.'s Brief at 32-35. We disagree, as Claimant conflates the standards for rebutting the Section 20(a) presumption and proving there is a work-related injury.

The inquiry at rebuttal concerns "whether the employer submitted evidence that could satisfy a reasonable fact finder that [Claimant's injury] is not work-related." *Hawaii Stevedores, Inc. v. Ogawa*, 608 F.3d 642, 651 (9th Cir. 2010). Consequently, the employer's burden on rebuttal is one of production only. *Rainey*, 517 F.3d at 637 ("As the Seventh Circuit has helpfully explained, the employer's burden in rebutting the Section 20(a) presumption is a burden of production, not a burden of persuasion."); *Truczinskas v. Director, OWCP*, 699 F.3d 672, 678 (1st Cir. 2012); *Rose*, 56 BRBS at 35. The weighing of conflicting evidence or of the credibility of evidence "has no proper place in determining whether [employer] met its burden of production." *Ogawa*, 608 F.3d at 651. The weight given to Claimant's supporting evidence does not affect Employer's burden of production on rebuttal – as the credibility of the evidence is not a consideration at the presumption's

[4] We reject Claimant's suggestion that the ALJ erred in failing to apply "the zone of special danger" doctrine in this case. Cl.'s Brief at 32-34. Under the Act, an injury generally occurs in the course of employment if it occurs within the time and space boundaries of the employment and during an activity whose purpose is related to the employment. *See Battelle Mem'l Inst. v. DiCecca*, 792 F.3d 214 (1st Cir. 2015); *Palumbo v. Port Houston Terminal, Inc.*, 18 BRBS 33 (1986); *Mulvaney v. Bethlehem Steel Corp*., 14 BRBS 593 (1981). However, in cases arising under the DBA, the Supreme Court of the United States has held that the injury may be determined to have occurred within the course of employment even if it did not occur within the time and space boundaries of work, so long as the employment creates a "zone of special danger" out of which the injury arises. *O'Leary v. Brown-Pacific-Maxon, Inc.*, 340 U.S. 504, 507 (1951). In this case, the issue does not concern the time and space boundaries but whether Claimant's injuries were caused by or resulted from his employment. *See* 33 U.S.C. §902(2). The "zone of special danger" doctrine does not aid Claimant in this inquiry, although the Section 20(a) presumption, which the ALJ properly applied to link Claimant's alleged psychological injury to his employment, does assist him.

invocation or rebuttal stages of the causation analysis. *Ogawa*, 608 F.3d at 651; *Rose*, 56 BRBS at 35. If the employer successfully rebuts the presumption, then the ALJ may resolve the issue of causation based on the evidence as a whole. *Rainey*, 517 F.3d at 634; *Marinelli*, 248 F.3d at 65; *Universal Maritime Corp. v. Moore*, 126 F.3d 256, 262 (4th Cir. 1997); *Santoro v. Maher Terminals, Inc.*, 30 BRBS 171, 175 (1996).

Employer relied on Dr. Dunn's medical opinion, which unambiguously concluded "there is no reliable evidence from this evaluation to support a psychological diagnosis [or] condition with a reasonable degree of professional certainty" based on her testing[5] and data points. EX 13 at 11. The doctor also observed inconsistencies in Claimant's behavior and self-reporting of symptoms, along with "converging evidence from the validity testing indicating a non-credible presentation."[6] *Id.* at 12, 16. The ALJ determined Dr. Dunn is qualified to render an opinion and her conclusion is well-reasoned and well-documented with support from objective testing. D&O at 17. As Dr. Dunn's opinion directly contradicts the Section 20(a) presumption that Claimant has a psychological injury and is the kind of evidence "a reasonable mind might accept as adequate" to support that conclusion, it constitutes substantial evidence that is legally sufficient to rebut the presumption. *Rainey*, 517 F.3d at 637; *Cline*, 48 BRBS at 6-7; *Suarez*, 50 BRBS at 36; *O'Kelley*, 34 BRBS at 41-42; *Duhagon*, 31 BRBS at 100; *Holmes*, 29 BRBS at 20. Consequently, we affirm the ALJ's determination that Employer rebutted the Section 20(a) presumption with Dr. Dunn's opinion. D&O at 17.

[5] Dr. Dunn administered the Beck Anxiety Inventory (BAI), the Beck Depression Inventory (BDI-II), the Clinician-Administered PTSD Scale-5 (CAPS-5), the Minnesota Multiphasic Personality Inventory- 2 Restructured Form (MMPI-2-RF); the Neurobehavioral Symptom Inventory (NSI); the PTSD Checklist for DSM-5 (PCL-5); the Structured Inventory of Malingered Symptomatology (SIMS); the Test of Memory and Malingering (TOMM); the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0); and a "standalone test of performance validity." EX 13 at 9.

[6] For example, Dr. Dunn found Claimant's validity testing scores were significantly low; Claimant expressed extreme symptoms, including new and atypical ones years after his employment with Employer ended; his situation-appropriate behavior during the evaluation was incongruent with his reported distress and difficulties; he was inconsistent about when his symptoms commenced; he reported minimal symptom improvement; and he complained of "extreme" symptoms despite his medication treatment and counseling. EX 13 at 12-13.

**Weighing the Evidence**

Having affirmed the findings on invocation and rebuttal of the Section 20(a) presumption, the issue of causation must be resolved based on the evidence in the record as a whole with Claimant bearing the burden of persuasion by a preponderance of the evidence. *Director, OWCP v. Greenwich Collieries*, 512 U.S. 267, 271 (1994); *Rainey*, 517 F.3d at 634; *Rose*, 56 BRBS at 39; *Bolden v. G.A.T.X. Terminals Corp*., 30 BRBS 71 (1996); *Santoro*, 30 BRBS at 174. Preponderance of the evidence is not a quantitative standard; rather, it is a standard which denotes a superiority of weight, requiring that the party having the burden of persuasion prove his position by more convincing evidence than the opposing party's evidence. *Santoro*, 30 BRBS at 174-175; *see* Black's Law Dictionary (12th ed. 2024); *see also* Barron's Law Dictionary (1984).

Claimant next argues the ALJ erred in weighing the evidence as a whole because his discrediting of Claimant's testimony and his weighing of the treating physicians' opinions are not supported by substantial evidence. Cl. Brief at 24-27, 35-36. He also asserts the ALJ erred in assigning Dr. Dunn's "run of the mill report" greater weight, as it contained multiple deficiencies. *Id.* at 28-31. We are not persuaded by Claimant's assertions.

As a preliminary matter, questions of witness credibility are for the ALJ as the trier-of-fact. *Pietrunti v. Director, OWCP*, 119 F.3d 1035, 1042 (2d Cir. 1997); *Sealand Terminals v. Gasparic*, 7 F.3d 321, 323 (2d Cir. 1993); *Volpe v. Northeast Marine Terminals*, 671 F.2d 697, 700 (2d Cir. 1982); *John W. McGrath Corp. v. Hughes*, 289 F.2d 403, 405 (2d Cir. 1961); *Calbeck v. Strachan Shipping Co*., 306 F.2d 693 (5th Cir. 1962), *cert. denied*, 372 U.S. 954 (1963). He may accept parts of a witness's testimony and reject others, *Banks v. Chicago Grain Trimmers Ass'n*, 390 U.S. 459, 467 (1968); *Pimpinella v. Universal Mar. Serv. Inc.*, 27 BRBS 154, 157 (1993), and he may draw his own inferences and conclusions from the evidence, *Compton v. Avondale Indus., Inc.*, 33 BRBS 174, 176-177 (1999). If the ALJ's conclusion upon weighing the evidence is rational and supported by substantial evidence, it must be affirmed. *Carswell v. E. Pihl & Sons*, 999 F.3d 18, 27 (1st Cir. 2021), *cert. denied*, 142 S. Ct. 1110 (2022); *Mendoza v. Marine Pers. Co., Inc.,* 46 F.3d 498, 500-501 (5th Cir. 1995).

Contrary to Claimant's first contention, the ALJ acted within his discretion when assessing Claimant's credibility. While the ALJ initially credited Claimant's testimony regarding his work for Employer and the traumatic events he experienced,[7] he permissibly

[7] The ALJ credited Claimant's testimony regarding his traumatic experiences in Iraq, including "hazards of combat" and "coming under hostile fire." D&O at 16, 18.

found Claimant's testimony "contradictory or confusing in other respects." D&O at 18; *see Banks*, 390 U.S. at 467 (ALJ has discretion to credit part of witness's testimony without accepting it all). The ALJ also was "unsure" about when Claimant's symptoms began,[8] and he determined Claimant's testimony regarding his symptoms was "vague" and "unspecific."[9] D&O at 18.

As for the medical evidence of record, the ALJ found Dr. Dunn demonstrated greater documented experience and training in diagnosing and treating mental illness than Claimant's physicians. D&O at 18; EX 14. The ALJ observed that Claimant's Butabika Hospital records are unclear as to who authored them,[10] D&O at 18; CXs 9, 10, and he

[8] Claimant testified he started experiencing symptoms towards the end of 2010 which became worse in 2011. CX 7 at 25-26. He also believed his psychological condition was preventing him from seeking additional employment in 2011. *Id.* at 45-46. Further, he indicated he realized his condition was "not good" and prevented him from working when he returned to Uganda. *Id.* However, as the ALJ noted, during his evaluation with Dr. Dunn, Claimant reported his symptoms of nightmares, sleep disturbance, hallucinations, flashbacks, and memory loss commenced in 2019. EX 13 at 3; *see* D&O at 10. He then stated those symptoms had been present since 2011, but he had initially denied his psychological symptoms were present while he was in Iraq and later stated they were in fact present. *Id.* When Dr. Dunn attempted to resolve these "conflicting responses," Claimant stated his psychological symptom onset began two years after he returned from Iraq in 2013. *Id.*

[9] The ALJ noted Claimant referred to "sleep issues" and "stomach issues," and also mentioned "forgetfulness," "lack of concentration," "low reasoning," and nightmares. D&O at 3, 18; CX 7 at 29. Further, the ALJ observed Claimant discussed being "not well," "not in the right mood," or feeling "not fine." D&O at 3-4, 18; CX 7 at 30, 33. However, the ALJ found Claimant failed to adequately explain his symptoms and "struggle[d] to understand what he might mean." D&O at 18. The ALJ also determined Claimant failed to elaborate on how those symptoms prevent him from working because Claimant testified he would fail "[e]very time [he] would try to do something" but did not give examples other than noting his inability to perform chores at home or "simple errands." D&O at 18-19; CX 7 at 45-46.

[10] Claimant's treatment notes and the medical questionnaire from Butabika Hospital are mostly illegible, list Claimant's own self-reports, and contain only handwritten signatures that do not clearly identify the providers' names, so it is unknown who authored them. *See* CX 9. Initially, Claimant testified he saw a "female medical practitioner" at Butabika Hospital, but he could not remember her name. CX 7 at 60. He then testified he treated with Dr. Florence at Butabika Hospital but discussed his treatment with Dr. Wengi

explained that even if he were to "generously assume" these records were authored by the people identified in CX 10, he found Dr. Dunn is better qualified. *Id.* The ALJ also found Dr. Dunn's report[11] is better reasoned and documented as compared to the "perfunctory" and "conclusory" opinions contained in Claimant's Butabika Hospital records. D&O at 18; *see* CX 9; EX 13. While the ALJ observed Dr. Okori's report is more detailed than Claimant's other treatment records, he concluded Dr. Okori did not discuss Claimant's ability to work or explain the basis for his diagnoses and conclusions as thoroughly as Dr. Dunn.[12] D&O at 19; *see* CX 11. Moreover, the ALJ observed Claimant's St. Francis Hospital records cast doubt on his treatment there.[13] *Id.*; *see* EX 18. He further determined

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and admitted to confusing the doctors' names. *Id.* at 62-63. However, he later indicated he also treated with Dr. Wengi. *Id.* at 63-64. The record contains Dr. Florence's resume and the business cards of Drs. Florence and Wengi. CX 10.

[11] Dr. Dunn reported Mr. Ngabirano's performance on the standalone test of performance validity, the MMPI-2-RF, and the NSI each "fell within the invalid range." EX 10 at 9-10. Further, Dr. Dunn stated Claimant's SIMS score of 51 "significantly exceeded a conservative cut-off score," and his BAI and BDI-II scores of 50 were each more than two standard deviations higher than the average in the same group. *Id.* at 10-11. The doctor concluded Claimant does not have PTSD or any "psychological diagnosis/condition" based on the following: 1) performance validity and symptom validity tests; 2) Claimant's endorsement of "symptoms at an extreme level and…highly atypical symptoms;" 3) his behavioral presentation during the evaluation; 4) his inconsistent reports about the onset of his symptoms; and 5) his "minimal symptom improvement" despite pharmacological treatment and counseling. *Id.* at 11-13.

[12] Dr. Okori's report noted Claimant's complaints, mild moderate depression and PTSD diagnoses, and treatment and referral recommendations. CX 11 at 1-4 (unpaginated). Specifically, Dr. Okori opined Claimant experiences "intrusive symptoms that distinctly impair social/occupational function or cause intrusive levels of distress." *Id*. at 2. However, his report offered no opinion about Claimant's ability to work or any information regarding his condition reaching maximum medical improvement.

[13] A June 20, 2022 letter from Dr. Andrew Ssekitooleko, Chief Executive Officer of St. Francis Hospital Nsambya, stated that Claimant is not registered in the hospital medical records, and the hospital records that were signed by Dr. Cabrine and sent for verification are "not true records." EX 18; *see* CX 13. Further, Raymond Sexton's July 14, 2022 investigation of Claimant's Ugandan medical records indicates Claimant was not treated at St. Francis Hospital Nsambya. EX 19 at 13.

there is reason to question whether Dr. Carbrine was qualified to treat Claimant.[14] D&O at 19; EXs 18, 19.

For these reasons, the ALJ concluded Dr. Dunn's opinions carry slightly greater evidentiary weight than Claimant's testimony and treatment records.[15] D&O at 19. Because the ALJ's weighing of the evidence is rational and supported by substantial evidence in the record, *Pietrunti*, 119 F.3d at 1042; *Gasparic*, 7 F.3d at 323; *Hughes*, 289 F.2d at 405; *Pisaturo*, 49 BRBS at 81, we affirm the ALJ's finding that Claimant has not established he has a work-related injury by a preponderance of the evidence and his denial of benefits. *Sistrunk v. Ingalls Shipbuilding, Inc.*, 35 BRBS 171, 174 (2001); *Coffey v. Marine Terminals Corp.*, 34 BRBS 85, 87 (2000); D&O at 19.

Accordingly, we affirm the ALJ's Decision and Order on the Record Denying Benefits.

SO ORDERED.

DANIEL T. GRESH, Chief
Administrative Appeals Judge

JONATHAN ROLFE
Administrative Appeals Judge

MELISSA LIN JONES
Administrative Appeals Judge

[14] Dr. Ssekitooleko's letter from St. Francis Hospital noted that Dr. Cabrine was not authorized to manage patients with conditions indicated in the reports. EX 18.

[15] We reject Claimant's assertions that the ALJ gave "outright automatic deference" to Dr. Dunn's opinion and should have given his treating doctors' opinions deference. Cl. Brief at 9, 31. The ALJ fully explained his rationale and, pursuant to *Kkunsa v. Constellis Group/Triple Canopy, Inc*., 59 BRBS 1, 4-5 (2025), an ALJ is not required to give "special weight" or automatic deference to a treating physician's opinion when there are contradictory medical opinions. Rather, as the ALJ did in this case, he must consider all relevant evidence, assess the weight and credibility of each opinion, and explain his rationale in reaching a decision on the evidence. *Id*.