

**United States Department of Labor  
Employees' Compensation Appeals Board**

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**K.H., Appellant**

**and**

**DEPARTMENT OF VETERANS AFFAIRS,  
C.W. BILL YOUNG VA MEDICAL CENTER,  
Bay Pines, FL, Employer**

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) **Docket No. 25-0896**  
) **Issued: December 29, 2025**  
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*Appearances:*

*Capp P. Taylor, Esq., for the appellant<sup>1</sup>*

*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

ALEC J. KOROMILAS, Chief Judge

JANICE B. ASKIN, Judge

VALERIE D. EVANS-HARRELL, Alternate Judge

**JURISDICTION**

On September 19, 2025 appellant, through counsel, filed a timely appeal from a September 5, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

**ISSUE**

The issue is whether appellant has met his burden of proof to establish an emotional/stress-related condition causally related to the accepted compensable factor of his federal employment.

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<sup>1</sup> In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

## **FACTUAL HISTORY**

This case has previously been before the Board.<sup>3</sup> The facts and circumstances as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On August 8, 2017 appellant, then a 54-year-old former police dispatcher, filed an occupational disease claim (Form CA-2) alleging that he developed post-traumatic stress disorder (PTSD), anxiety, panic attacks, depressive disorder, and Type 2 diabetes after a former supervisor informed him in August 2014 that he "had been targeted by management and human resources (HR) for harassment and removal from Federal Service." He noted that he first became aware of his condition and realized its relation to his federal employment on August 8, 2014. On the reverse side of the claim form, an employing establishment supervisor indicated that appellant stopped work on August 8, 2012, and resigned from employment on September 4, 2012.

In an accompanying undated statement, appellant explained that he was hired as a police dispatcher by the employing establishment in March 2009, and that he initially received outstanding evaluations. Appellant's immediate supervisor was Sargent M.C., and his evaluations were reviewed by Chief R.S. and Assistant Chief L.B. He related that he applied for a police officer position in 2010, was selected and accepted the position, was then asked by Assistant Chief M.M., a supervisor, to spy on certain police officers and their attorneys, and, when he refused to do so, he was subjected to harassment and retaliation. Appellant indicated that he filed an Equal Employment Opportunity (EEO) complaint, after which the harassment increased. He agreed to withdraw his EEO complaint in exchange for ending the harassment. Appellant further alleged incidents which he claimed created a hostile work environment.

In reports dated July 18 and July 21, 2017, Dr. Jennifer R. Chambers, a Board-certified osteopath, noted appellant's current conditions including generalized anxiety, benign essential hypertension, gastro-esophageal reflux, insomnia, migraines, mild major depression, night terrors, and post-traumatic stress disorder.

In a development letter dated October 16, 2017, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 30 days to submit the necessary evidence. No additional evidence was submitted.

After initial development, OWCP denied the claim by decision dated January 25, 2018 as it was untimely filed.

Appellant requested reconsideration and by merit decisions dated March 6, 2019, August 20, 2019, June 16, 2020, and July 30, 2021 OWCP modified the denial and found that appellant had not established a compensable factor of employment.

Appellant again requested reconsideration and submitted additional evidence. Progress reports dated from July 13, 2017 by Jamie Russell, Ph.D., a licensed mental health counselor, were received. In a narrative report dated June 27, 2022, Dr. Russell recounted that she had been

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<sup>3</sup> Docket No. 23-0002 (issued February 4, 2025), *petition for recon. denied*, Docket No. 23-0002 (issued June 3, 2025).

treating appellant for the past 11 years, appellant had initially sought treatment in 2011 from his primary care physician for complaints of anxiety, depression, and insomnia, and had been referred to her for mental health counseling. In his initial session, appellant explained that his Assistant Service Chief had instructed him to do unethical things outside of his duties and job descriptions. She indicated that he related that he was instructed to spy on several individuals who were involved in a lawsuit against the Assistant Chief. Retaliatory actions were then taken against appellant. Dr. Russell related that the fact that appellant refused to carry out an unethical and prohibited order was the catalyst for the destruction of his career, his family life, financial survival, and the destruction of his mental health. She recounted that “this is a recurring hot point with [appellant] even after 11 years of therapy.” Dr. Russell noted a number of other stressful incidents at the employing establishment and concluded that appellant was diagnosed with post-traumatic stress disorder (PTSD), major depressive disorder, and anxiety disorder with panic attacks, which were the direct result of the unethical demands.

In a July 12, 2022 psychological evaluation report, Robert M. Coleman, Psy.D., a licensed clinical psychologist, evaluated appellant to specifically address whether the employing establishment’s requirement of working in a dual capacity as a police dispatcher and a telephone operator as a result of staff shortages caused, exacerbated or contributed to a preexisting mental health condition/disorder that had previously been under control. He noted that the records described appellant as enduring harassment and retaliation by supervisors for not submitting to work requirements outside his assigned duties and responsibilities and having a mental breakdown in September 2012, which resulted in him ending his employment with the employing establishment. Dr. Coleman noted appellant’s mental health history, provided testing results and diagnosed other specified trauma-and-stressor-related disorder, major depressive disorder, recurrent episode, severe; generalized anxiety disorder and other specified neurodevelopmental disorder. He opined that appellant’s mental and emotional breakdown in 2012 was caused, aggravated and/or worsened by the excessive work demands placed on him at the employing establishment from 2009 to 2012, primarily due to the requirement of working as a telephone operator while also performing his primary job as a police dispatcher. Dr. Coleman explained that these excessive demands and unreasonable pressures, that were further amplified by reported harassment and mental abuse from supervisors for not conforming to their demands and expectations, contributed to a worsening of his comorbid medical conditions, including diabetes, gastrointestinal problems, and other medical conditions due to psychosomatic stress reactions as it is very likely that the employing establishment’s environment replicated aspects of appellant’s childhood trauma and abuse history in addition to destabilizing a preexisting mood and anxiety disorder, which until that time, had remained relatively stable. He also explained that it seemed likely that his breakdown resulted from an already fragile psyche from earlier life experiences into adulthood that were enflamed or otherwise aggravated by his employment experiences.

By decision dated August 30, 2022, OWCP denied modification.

On September 26, 2022 appellant appealed to the Board. By decision dated February 4, 2025, the Board set aside in part the August 30, 2022 decision, finding that appellant had established that the employing establishment had retaliated against him by withdrawing the promotion to a police officer position after he advised his supervisor of his refusal to spy on his fellow coworkers regarding pending lawsuits against it. The Board concluded that the clandestine assignment was a compensable factor of employment. The Board remanded the case to OWCP

for an evaluation of the medical evidence with regard to the issue of causal relationship, to be followed by a *de novo* decision in the case.

On remand, OWCP referred appellant, together with a March 10, 2025 statement of accepted facts (SOAF), medical record, and series of questions, for a second opinion evaluation with Dr. Krishan Batra, a Board-certified psychiatrist, to address appellant's current condition and whether it was related to the accepted compensable employment factor as outlined in the SOAF.

In a May 7, 2025 report, Dr. Batra recounted appellant's family and non-employment-related stress factors. He reviewed the medical record and SOAF. Dr. Batra noted that appellant began therapy with Dr. Russell in 2011, however, the clinical notes from 2011 were not made available to him. He diagnosed residual PTSD precipitated with emotional onslaught from police department in 2009. Dr. Batra opined that the emotional "hostile work environment, unethical demands, and aggravated accusations" were the work factors which triggered and precipitated the diagnosed PTSD with relatively long-sustaining symptomology and in all likelihood "permanent" emotional incapacitation caused by the police injury and emotional breakdown. He also opined that appellant had definite ongoing residuals, a bit lesser severity, of PTSD-like psychopathology and that he was not medically capable of performing his date-of-injury job.

On June 12, 2025 OWCP requested that Dr. Batra clarify his report to determine whether the PTSD was caused by the accepted factor of employment. It noted that the emotional "hostile work environment, unethical demands, and aggravated accusations" which Dr. Batra had opined caused appellant's PTSD were not accepted events in the performance of duty.

In a June 21, 2025 addendum, Dr. Batra explained that while the 2009 incidence of "withdrawal from promotion of a police officer" was important in appellant's life, he had not applied for this position as it was offered to him while he was in a very stable and happy position as a supervisor for the dispatch department and was successful and emotionally stable. He further explained that the acute psychophysiologic upset occurred on August 8, 2014, almost two years after appellant's resignation, when a colleague at dinner shared with him that the whole department had acted/conspired to pull appellant down. Dr. Batra indicated that the entire origin of appellant's claimed emotional breakdown was triggered by that dinner and conversation/revelation of the "hostile environment" which was not an accepted factor under SOAF. He thus opined that the promotion withdrawal incident had a minor role of significance in the causation in the current psychiatric conditions claimed as there was no clinical relevance to the withdrawal of his promotion because he had never applied for that position and it was not a traumatic incident given his response to the situation. Rather, Dr. Batra opined that appellant's conditions were preexisting and related to childhood trauma and his military experience. Upon further review of the records, he concluded that there was insufficient objective evidence to support the presence of the diagnosis of PTSD.

By *de novo* decision dated August 8, 2025, OWCP denied appellant's claim. It found that the weight of the medical evidence, as represented by the second opinion of Dr. Batra, failed to support that appellant's medical condition was causally related to the accepted factor of employment.

On August 21, 2025 appellant, through counsel, requested reconsideration. He argued that OWCP did not consider nor discuss appellant's reaction to his assigned work factors as being a factor of employment.

By decision dated September 5, 2025, OWCP denied modification.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>4</sup> has the burden of proof to establish the essential elements of his or her claim<sup>5</sup>, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was filed within the applicable time limitation of FECA<sup>6</sup>, that an injury was sustained in the performance of duty as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.<sup>7</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>8</sup>

To establish an emotional condition in the performance of duty, a claimant must submit: (1) factual evidence identifying an employment factor or incident alleged to have caused or contributed to his or her claimed emotional condition; (2) medical evidence establishing that he or she has a diagnosed emotional or psychiatric disorder; and (3) rationalized medical opinion evidence establishing that the accepted compensable employment factors are causally related to the diagnosed emotional condition.<sup>9</sup>

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical evidence.<sup>10</sup> Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>11</sup>

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<sup>4</sup> *Supra* note 2.

<sup>5</sup> *T.B.*, Docket No. 25-0552 (issued August 27, 2025); *H.S.*, Docket No. 24-0926 (issued January 10, 2025); *B.K.*, Docket No. 23-0902 (issued November 29, 2023); *L.G.*, Docket No. 21-0690 (issued December 9, 2021); *S.S.*, Docket No. 19-1021 (issued April 21, 2021); *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

<sup>6</sup> *T.B.*, Docket No. 25-0018 (issued November 4, 2024); *S.S.*, Docket No. 19-1021 (issued April 21, 2021); *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued December 13, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>7</sup> *B.K.*, *supra* note 5; *L.G.*, *supra* note 5; *S.S.*, *id.*; *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>8</sup> 20 C.F.R. § 10.115(e); *B.K.*, *id.*; *M.K.*, Docket No. 18-1623 (issued April 10, 2019); *T.O.*, Docket No. 18-1012 (issued October 29, 2018); *Michael E. Smith*, 50 ECAB 313 (1999).

<sup>9</sup> *See T.B.*, *supra* note 6; *P.B.*, Docket No. 20-0124 (issued March 10, 2021); *S.K.*, Docket No. 18-1648 (issued March 14, 2019); *M.C.*, Docket No. 14-1456 (issued December 24, 2014); *Debbie J. Hobbs*, 43 ECAB 135 (1991); *Donna Faye Cardwell*, 41 ECAB 730 (1990).

<sup>10</sup> *P.B.*, *id.*; *L.D.*, Docket No. 17-1581 (issued January 23, 2018); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

<sup>11</sup> *R.R.*, Docket No. 19-0743 (issued September 20, 2019).

## ANALYSIS

The Board finds that the case is not in posture for decision.

In its prior decision the Board found that appellant had established a compensable work factor that the employing establishment had retaliated against him by withdrawing the promotion to a police officer position after he advised his supervisor of his refusal to spy on his fellow coworkers regarding pending lawsuits against it. The Board concluded that the clandestine assignment to spy on his coworkers and attorneys was a compensable factor of employment.

OWCP attributed the weight of the medical opinion evidence to the reports of Dr. Batra, who opined that appellant's emotional conditions were not causally related to the withdrawal of the police officer position.

The Board finds however that in his May 7, 2025 report, Dr. Batra initially indicated that while appellant's PTSD was caused by a "hostile work environment, unethical demands and aggravated accusations." To the extent that "unethical demands" may support causal relationship, OWCP requested that Dr. Batra provide a clarification report to determine if any diagnoses were caused by the accepted employment factor. In his June 21, 2025 addendum report, Dr. Batra opined that the 2011 promotion withdrawal incident had a minor role of significance in the causation in the current psychiatric conditions as appellant had never applied for that position nor was it a traumatic incident given his response to the situation. The Board has previously explained that there is no apportionment under FECA.<sup>12</sup> Any contribution to appellant's condition by the accepted factors would render his condition compensable.<sup>13</sup> The evidence need not demonstrate that the accepted occupational exposure was the sole or primary cause of the diagnosed condition.<sup>14</sup> The Board notes that while Dr. Batra attempted to address the significance of the withdrawal of the offered promotion, he did not specifically address in his addendum report the significance of the demand by appellant's superior that he spy on others, involved in a legal controversy, which allegedly led to the withdrawal of the offered position.

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden of proof to establish entitlement to compensation, OWCP shares the responsibility in the development of the evidence to see that justice is done.<sup>15</sup> Once it undertakes development of the record, it must do a complete job in procuring medical evidence that will resolve the relevant issues in the case.<sup>16</sup>

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<sup>12</sup> *M.M.*, Docket No. 20-1524 (issued April 20, 2021); *J.B.*, Docket No. 17-2021 (issued August 8, 2018); *G.G.*, Docket No. 17-0504 (issued August 8, 2017); *Beth C. Chaput*, 37 ECAB 158 (1985) (it is not necessary to show a significant contribution of employment factors to a diagnosed condition to establish causal relationship).

<sup>13</sup> *Id.*

<sup>14</sup> *See R.H.*, Docket No. 13-2039 (issued March 5, 2014).

<sup>15</sup> *See V.H.*, Docket No. 23-1013 (issued July 24, 2025); *M.S.*, Docket No. 23-1125 (issued June 10, 2024); *E.B.*, Docket No. 22-1384 (issued January 24, 2024); *J.R.*, Docket No. 19-1321 (issued February 7, 2020); *S.S.*, Docket No. 18-0397 (issued January 15, 2019).

<sup>16</sup> *Id.*; *see also R.M.*, Docket No. 16-0147 (issued June 17, 2016).

On remand, OWCP shall refer the case record to a new OWCP physician in the appropriate field of medicine for a second opinion regarding causal relationship.<sup>17</sup> Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

### **CONCLUSION**

The Board finds that this case is not in posture for decision.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the September 5, 2025 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: December 29, 2025  
Washington, DC

Alec J. Koromilas, Chief Judge  
Employees' Compensation Appeals Board

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board

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<sup>17</sup> See *K.P. (J.P.)*, Docket No. 23-0936 (issued May 12, 2025); *G.L.*, Docket No. 23-0584 (issued April 1, 2024); *S.F.*, Docket No. 23-0509 (issued January 24, 2024); *D.W.*, Docket No. 20-0674 (issued September 29, 2020).