

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

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**S.B., Appellant**

**and**

**DEPARTMENT OF VETERANS AFFAIRS,  
JOHN J. PERSHING MEDICAL CENTER,  
Poplar Bluff, MO, Employer**

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) **Docket No. 25-0839**  
) **Issued: January 21, 2026**  
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*Appearances:*  
*Scotty L. White, for the appellant*<sup>1</sup>  
*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

PATRICIA H. FITZGERALD, Deputy Chief Judge

JANICE B. ASKIN, Judge

VALERIE D. EVANS-HARRELL, Alternate Judge

**JURISDICTION**

On August 30, 2025 appellant, through her representative, filed a timely appeal from a July 23, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP).<sup>2</sup>

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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> Appellant, through her representative, timely requested oral argument before the Board. 20 C.F.R. § 501.5(b). Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). In support of her request for oral argument appellant contended that OWCP selectively omitted or misinterpreted critical evidence, leading to erroneous conclusions. The Board in exercising its discretion, denies appellant's request for oral argument because the arguments on appeal can adequately be addressed in a decision based on a review of the case record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. As such, the oral argument request is denied, and this decision is based on the case record as submitted to the Board.

Pursuant to the Federal Employees' Compensation Act<sup>3</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 her burden of proof to establish Epstein Barre Virus (EBV) causally related to the accepted employment exposure.

### **FACTUAL HISTORY**

This case has previously been before the Board.<sup>4</sup> The facts and circumstances of the case as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On September 10, 2021, appellant, then a 47-year-old social worker, filed an occupational disease claim (Form CA-2) alleging that she developed severe chronic sinus and upper respiratory problems due to factors of her federal employment including exposure to mold and asbestos. She noted that she first became aware of her condition on July 5, 2019, and realized its relationship to her federal employment on September 9, 2021. Appellant did not stop work.

By decision dated October 19, 2021, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish that the claimed exposure occurred as alleged. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On August 24, 2022, appellant, through her representative, requested reconsideration, arguing that she was exposed to poor air quality in the building where she worked. Appellant's representative related that he was submitting results from the employing establishment's industrial hygienist who performed air quality testing and found elevated levels of aspergillus, carbon dioxide, and surface samples of mold spores which revealed high cladosporium, which were known to be toxic. He also noted that the claim was not controverted. OWCP received an industrial hygiene summary report dated September 30, 2021, and a September 13, 2021 microbiology chain of custody/riverfront safety and health report.

By decision dated September 26, 2022, OWCP modified the October 19, 2021 decision to find that appellant had established that the exposure to mold occurred, as alleged; however, the claim remained denied as the medical evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted employment exposure.

On September 25, 2023, appellant, through her representative, requested reconsideration.

In an August 9, 2023 report, Dr. Carrie L. Carda, Board-certified in obstetrics and gynecology, noted that appellant was seen on October 10, 2022 for treatment of chronic allergy symptoms, myalgia, and chronic fatigue, which had been persistent for 16 months. She opined that exposure to mold at the workplace aggravated appellant's underlying allergies and myalgia.

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<sup>3</sup> 5 U.S.C. § 8101 *et seq.*

<sup>4</sup> Docket No. 25-0176 (issued March 12, 2025).

Dr. Carda recounted appellant's statements that she had been exposed to mold at the employing establishment. She explained that appellant's laboratory tests were positive for EBV and her human leukocyte antigen (HLA) typing revealed chronic fatigue and susceptibility to molds and other agents. Dr. Carda concluded that ongoing exposure to mold could be a health hazard that significantly aggravated appellant's symptoms and underlying conditions, that appellant reported improvement in symptoms with removal from the environment, and that the best way to manage the allergy was to avoid triggers.

By decision dated October 10, 2023, OWCP denied modification of the September 26, 2022 decision. It again found that there was no medically diagnosed condition.

On March 1, 2024, appellant, through her representative, requested reconsideration.

By decision dated March 5, 2024, OWCP denied appellant's request for reconsideration of the merits of the claim, pursuant to 5 U.S.C. § 8128(a).

On November 20, 2024, appellant, through her representative, again requested reconsideration. She argued that the medical evidence from Dr. Carda included a diagnosis.

In support of reconsideration, appellant submitted a February 15, 2024 report, wherein Dr. Carda reiterated the findings in her August 9, 2023 report regarding appellant's October 10, 2022 office visit for treatment of chronic allergy symptoms, myalgia, and chronic fatigue secondary to increased inflammatory response from environmental irritants. Regarding diagnosis of appellant's condition, she related that appellant's diagnostic testing on January 23, 2023 was positive for EBV, chronic fatigue, and susceptibility to molds and other agents, and since then had also experienced exacerbation of fibromyalgia, and allergic rhinitis. Dr. Carda opined that the environmental irritants at the employing establishment contributed to appellant's declining health. She again explained that ongoing exposure to mold could be a health hazard that significantly aggravated appellant's symptoms and underlying conditions. Dr. Carda opined that the best way to manage an allergy was to avoid exposure to triggers, and that action was needed to remediate the mold at the employing establishment to reduce flare up of her condition.

By decision dated November 26, 2024, OWCP denied appellant's request for reconsideration of the merits of the claim, finding that it was untimely and failed to demonstrate clear evidence of error.

On December 11, 2024 appellant appealed to the Board. By decision dated March 12, 2025, the Board reversed OWCP's November 26, 2024 decision, finding that OWCP improperly denied appellant's request for reconsideration of the merits of her claim.<sup>5</sup> The Board remanded the case to OWCP to issue an appropriate decision on the merits of appellant's claim.

By decision dated July 23, 2025, OWCP modified its October 10, 2023 merit decision to find that, appellant had established a diagnosis of EBV in connection with the accepted employment exposure. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between the diagnosed condition and the accepted employment exposure.

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<sup>5</sup> *Id.*

## **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>6</sup> has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,<sup>7</sup> that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>8</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>9</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>10</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>11</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.<sup>12</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).<sup>13</sup>

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<sup>6</sup> *Id.*

<sup>7</sup> *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>8</sup> *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>9</sup> *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

<sup>10</sup> *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>11</sup> *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>12</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

<sup>13</sup> *See A.P.*, Docket No. 25-0866 (issued November 26, 2025); *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, *supra* note 10.

### **ANALYSIS**

The Board finds that appellant has not met her burden of proof to establish EBV causally related to the accepted employment exposure.

In her August 9, 2023 and February 15, 2024 reports, Dr. Carda indicated that appellant's symptoms and exacerbation of pain were secondary to increased inflammatory response from environmental irritants. Dr. Carda, however, did not provide a rationalized medical explanation as to how appellant's diagnosed EBV condition was physiologically caused or aggravated by her accepted employment exposure. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how employment factors physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.<sup>14</sup> Therefore, this evidence is insufficient to establish the claim.

As the medical evidence of record is insufficient to establish that appellant's EBV condition was causally related to the accepted employment exposure, the Board finds that appellant has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128 and 20 C.F.R. §§ 10.605 through 10.607.

### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish EBV causally related to the accepted employment exposure.

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<sup>14</sup> *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *T.L.*, Docket No. 23-0073 (issued January 9, 2023); *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

**ORDER**

**IT IS HEREBY ORDERED THAT** the July 23, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 21, 2026  
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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