



World Bank Administrative Tribunal

2025

Decision No. 720

**IC,
Applicant**

v.

**International Bank for Reconstruction and Development,
Respondent**

**World Bank Administrative Tribunal
Office of the Executive Secretary**

**IC,
Applicant**

v.

**International Bank for Reconstruction and Development,
Respondent**

1. This judgment is rendered by the Tribunal in plenary session, with the participation of Judges Janice Bellace (President), Seward Cooper (Vice-President), Lynne Charbonneau (Vice-President), Martha Halfeld Furtado de Mendonça Schmidt, Thomas Laker, Raul C. Pangalangan, and Joëlle Adda.

2. The amended Application was received on 31 January 2025. The Applicant represented herself. The Bank was represented by David Sullivan, Deputy General Counsel (Institutional Administration), Legal Vice Presidency. The Applicant's request for anonymity was granted on 3 November 2025.

3. The Applicant challenges the 20 August 2024 decision of the Workers' Compensation Administrative Review Panel (ARP) denying her claim for workers' compensation benefits.

FACTUAL BACKGROUND

4. The Applicant joined the Bank in December 2016 as a Short-Term Consultant (STC) in the Human Resources Vice Presidency (HR). The Applicant's appointment was converted to an Extended-Term Consultant (ETC) appointment in June 2020.

5. On 1 September 2021, the Applicant commenced virtual psychotherapy sessions with a private practice in the Washington, D.C., area. In the "Psychotherapy Progress Note" for this session, under diagnosis, the Clinician wrote, "Adjustment Disorder, With anxiety."

6. According to the Applicant, on 3 June 2022, while the Applicant was on mission, her Supervisor yelled at her in a restaurant after the Applicant disagreed with her suspicion about the

source of an anonymous negative performance review. The Applicant states that, during the exchange, the Supervisor “grabbed my phone from my side of the table [...] to mock these colleagues as she tried to convince me” of the source of the performance review. The Applicant states that she contemporaneously shared her concerns about this behavior with two colleagues.

7. According to the Applicant, on 30 June 2022, while the Applicant was still on mission, her Supervisor made “repeated personal attacks” against her while at lunch. The Applicant states that the Supervisor told her, “People thought you were dry after the retreat,” and also stated that “maybe it’s because of your age” and “your culture.” The Applicant also states that the Supervisor made “racial remarks,” such as “people only scream for the people who look like them,” in response to the Applicant sharing a 25% recruitment goal for African staff with the Supervisor. The Applicant states that she contemporaneously reported this behavior to her then Line Manager.

8. The Applicant states that on 12 July 2022, following the mission, the Supervisor called her into a meeting to chastise her in front of the team and falsely accused her of disconnecting the team’s access to a shared email account. According to the Applicant, she later emailed the Supervisor explaining that the accusation was untrue and attached proof that she did not disconnect the team’s access to the email account, while also expressing that the incident had been uncomfortable.

9. According to the Applicant, on 11 April 2023, she reviewed a recorded meeting that she had missed due to being on sick leave in which two colleagues described other colleagues as “a nightmare” and “lazy.” The Applicant states that she reasonably concluded that she was one of the colleagues being disparaged because the staff members referred to one of the colleagues by the initial of the Applicant’s first name, which, according to the Applicant, no other colleague in the unit shared.

10. On 9 May 2023, the Applicant received an email from a colleague stating, “I am not going to copy [the Applicant’s new Line Manager] because this is not Kindergarten but you need to stop lying on me or it will not stop here.”

11. The Applicant states that on 31 May 2023 her Line Manager asked her to attend a meeting to “address unacceptable behaviors,” despite the Applicant raising concerns about the impact on her health. The Applicant further states that during the meeting her colleagues harshly criticized her, spoke only to the Line Manager without acknowledging her, and made defamatory comments about her. The Applicant states that she began experiencing heart palpitations and had difficulty breathing, which led her to disconnect from the meeting and text her Line Manager to apologize, citing stress-related health issues. The Applicant states that she was unable to call her Line Manager later that day for a scheduled meeting due to hyperventilation.

12. On 2 June 2023, the Applicant’s Clinician wrote a letter verifying that the Applicant had been receiving care from her practice. The Clinician added, “Because she has been experiencing acute work environment related stress, I recommend that she takes time off work to stabilize.”

13. The Applicant states that on 29 June 2023 she was asked to attend a meeting with “harassing colleagues” and informed her Line Manager beforehand that she was concerned that the interaction would exacerbate her health issues. The Applicant states that after the meeting she hyperventilated while walking home and later emailed her physician to report her condition.

14. On 30 June 2023, the Applicant’s primary care physician, Dr. A, issued a letter stating:

To Whom It May Concern:

[The Applicant] receives medical care at [a medical facility]. Due to her medical condition [it is] recommended that she take 30 days off from work for home respite and recovery. Upon return to work, it is recommended that [the Applicant] work a part-time schedule remotely (8 hours per day/3 days per week) for a period of three months.

15. Also on 30 June 2023, the Applicant filed a workers’ compensation claim with the Bank’s Claims Administrator seeking workers’ compensation benefits for a “work related psychological injury.”

16. On 3 July 2023, the Claims Administrator wrote to the Applicant requesting additional information. Specifically, the Claims Administrator asked the Applicant to complete a form that

provided “more details” and to “submit any/all medical documentation related to [the Applicant’s] claim for [the Claims Administrator’s] review.”

17. On 11 July 2023, the Applicant requested a phone call with the Claims Administrator.

18. On 12 July 2023, the Applicant provided the Claims Administrator with (i) the World Bank Group (WBG) claim reporting form, (ii) the Clinician’s letter of 2 June 2023 noting that the Applicant had been “experiencing acute work environment related stress,” and (iii) Dr. A’s letter of 30 June 2023 recommending that the Applicant take 30 days off from work for home respite and recovery.

19. On 17 July 2023, the Claims Administrator wrote to the Applicant requesting that they schedule a phone call to discuss the Applicant’s claim.

20. On 18 July 2023, the Claims Administrator followed up for more information, requesting the Applicant’s hire date, salary, and social security number. The Applicant responded that same day, providing her hire date and salary, and offering to share her social security number by telephone.

21. On 19 July 2023, the Claims Administrator again requested further medical information, noting that it “would like to obtain a recorded interview with [the Applicant] to discuss the claim in more detail,” and sought to schedule a corresponding date and time.

22. On 23 July 2023, the Applicant replied to the Claims Administrator inquiring about the scope of the Claims Administrator’s requests, information sharing with the Bank, the purpose of the requests, and whether a recording was mandatory.

23. The next day, on 24 July 2023, the Claims Administrator provided responses to all of the Applicant’s questions. The Applicant replied the same day, expressing satisfaction with the responses and providing some signed forms. She further noted that she was available to talk during business hours but would “prefer not recording/a more comfortable conversation.”

24. On 25 July 2023, the Claims Administrator noted that, once the Applicant signed the requisite form, the “[Claims Administrator] will send to your [primary care physician] as you stated you have discussed your work environment issues with them as well and they are the provider that has taken you out of work as well.” The Claims Administrator also requested “other witness contact information.”

25. On 27 July 2023, the Claims Administrator followed up with the Applicant again, asking, “You did discuss/talk with your [primary care physician] about the work situation? So there are medicals on that as well from your [primary care physician’s] office?” Later that day, the Applicant responded “I spoke to Dr. [A] specifically about fainting last year (March/April). I had never fainted before and had a lot of work stress at the time. She recommended stress reduction techniques at that appointment” and “I scheduled another appointment (June 5) to get a medical opinion on the acute stress responses I was experiencing (as shared with my therapist).”

26. On 11 August 2023, the Applicant’s Clinician provided a second letter stating, “I have been treating [the Applicant] for acute work environment related stress. After evaluation of her medical leave status and progress, I am recommending a tentative return to work date of September 5.”

27. On 21 August 2023, the Claims Administrator denied the Applicant’s workers’ compensation claim. The denial letter stated in part:

A thorough review and investigation of this claim for Workers’ Compensation benefits has been completed. We regret to inform you that we are unable to approve your claim as it does not fall within the Workers’ Compensation guidelines. Based upon our review, we found that your illness/injury did not arise as a direct result of your employment.

Our investigation included a review of the following information:

- WB Claim Reporting Form
- [Psychotherapy practice] Counseling Care Letter
- [Medical facility] Out of work/Return to work Letter
- Your detailed report of claim ([W]ord document)
- [Psychotherapy practice] Counseling Medical records

- [Psychotherapy practice] Counseling Out of Work Note 08.11.2023

Mental Health claims related to anxiety, depression, etc. as a result of work are not compensable.

28. Thereafter, the Applicant submitted a request to the Claims Administrator for reconsideration of its denial of her claim.
29. On 6 September 2023, following a review of the Applicant's reconsideration request and case file, the Claims Administrator wrote to the Applicant reaffirming its denial of her workers' compensation claim.
30. In October 2023 the Applicant was hired as an STC at the International Finance Corporation.
31. On 5 December 2023, the Applicant filed an appeal to the ARP challenging the Claims Administrator's denial of her workers' compensation claim.
32. On 20 August 2024, the ARP affirmed the Claims Administrator's decision to deny the Applicant's claim for workers' compensation benefits. In reaching this decision, the ARP stated:

Here, the Claimant has failed to meet her burden to establish by a preponderance of the evidence that actual workplace conditions or events caused and/or aggravated her alleged psychological condition. The record provided to this Panel makes only vague reference to the Claimant's subjective impressions of interactions with coworkers and generalized "workplace stress." The claimant provides a timeline of interactions with her supervisor and colleagues which she alleges caused her psychological injury. She includes a few text messages without any names or dates and an excerpt of a transcript of a recorded conversation of her colleagues who appear to be commenting on another individual with the initial [...]. Further, Claimant's counselor's notes are incomplete and are insufficient to support how the diagnosis of "Adjustment Disorder, with anxiety" was made and further lack any explanation as to the causal connection of that diagnosis to specific and actual workplace events or conditions.

Based upon the record before this Panel, the Claimant has failed to provide evidence of actual workplace conditions or events that could have caused or aggravated her psychological injury and has also failed to provide sufficient

medical evidence to support the causation of her psychological condition to those actual workplace conditions or events. Without such information and supporting medical evidence, the Claimant has not met her burden to establish a psychological injury caused by her employment.

33. On 22 August 2024, the ARP notified the Applicant of its decision via email.

34. On 31 January 2025, the Applicant submitted this Application to the Tribunal contesting the denial of her workers' compensation benefits claim.

35. The Applicant requests the following compensation: (i) \$43,511.36 in workers' compensation including medical expenses and wage loss from disability leave between July 2023 and October 2023, (ii) "[a]dditional disability compensation reflecting inability to work full time from October 2023 through present due to occupational injury," and (iii) "compensation for delays, procedural irregularities and departures from due process in the amount no less than six months' salary calculated at the mid-point of the GF band, plus any additional amount the Tribunal deems fair and reasonable as remedy for this unfair treatment."

36. The Applicant claims legal fees and costs in the amount of \$5,680.00, which includes \$3,485.00 for legal expenses incurred in preparation of her ARP appeal and \$2,195.00 for legal expenses incurred in preparation of her Application before the Tribunal.

SUMMARY OF THE CONTENTIONS OF THE PARTIES

The Applicant's Contention No. 1

The Claims Administrator's rejection of the Applicant's claim was based on an error of law

37. The Applicant contends that the Claims Administrator's denial of her claim on the ground that "[m]ental [h]ealth claims related to anxiety, depression, etc. as a result of work are not compensable" is incorrect as a matter of law. The Applicant contends that Staff Rule 6.11 covers all work-related illnesses and injuries and "neither expressly excludes mental health claims nor distinguishes between physical or psychological injuries." The Applicant further submits that Staff

Rule 6.11 incorporates certain definitions from the District of Columbia Workers' Compensation Act, including (i) "injury," which makes no "distinction between physical and mental or psychological injuries," and (ii) "disability," which is defined as "physical or mental incapacity because of injury which results in the loss of wages." The Applicant notes that D.C. case law, including *Ramey v. D.C. Dep't of Emp't Serv.*, 997 A.2d 694 (D.C. 2010), confirms that psychological injuries may be compensable when supported by medical evidence. The Applicant acknowledges that the Tribunal applies a "preponderance of the evidence" standard (rather than the "statutory presumption of compensability" under *Ramey*), and she maintains that the evidence she provided to the Claims Administrator and the ARP was more than sufficient to meet this standard.

38. The Applicant contends that she was diagnosed with "anxiety specific to work dynamics amongst colleagues" that resulted in "acute work environment related stress." She contends that these conditions were sufficiently debilitating to require "30 days off from work for home respite and recovery" and subsequent part-time work. She asserts that her treating clinicians reached these diagnoses on the basis of workplace details she reported to them, which she also contends that she reported to the Claims Administrator. The Applicant avers that these reports are elaborated upon in a list of seven workplace incidents from June 2022 to June 2023 that contributed to her condition, corroborating emails and text messages, and referrals to potential witnesses. The Applicant submits that this evidence, as well as "medical and other evidence" she provided to the Claims Administrator and the ARP, demonstrates both psychological injury or illness and that her condition was work-related. Consequently, the Applicant contends that she has met the burden of proof under the "preponderance of the evidence" standard.

The Bank's Response

Work-related stress itself is not a compensable injury or illness under the Bank's Workers' Compensation Program, and, even if it was, the Applicant did not meet the burden of proof to demonstrate that her alleged injury was related to workplace conditions or events

39. The Bank contends that the threshold issue is whether work-related stress constitutes a compensable injury under the Bank's Workers' Compensation Program, which compensates staff

members for injuries that occur at the workplace or illnesses contracted at work specifically relating to their jobs. The Bank submits that, under paragraph 3.01 of the Workers' Compensation Program Staff Rule, the program is governed by its own rules rather than the entirety of the D.C. Act, and that the legal test requires proof of a psychological injury supported by competent medical evidence and linked to actual workplace events.

40. The Bank notes that the Applicant's Clinician's letter of 2 June 2023 states she was experiencing "acute work environment related stress" but provides no medical diagnosis or evidence of a psychological injury. The Bank notes the Tribunal's prior finding that the inherently "sometimes stressful" nature of the Bank's work cannot by itself justify compensation, further stating that recognizing stress alone as compensable could "open the floodgates to cases for workers' compensation simply from staff who are well-suited to visit and be counseled and supported by the HSD [Health and Safety Directorate]." (Citing *ER (No. 3) (Preliminary Objection)*, Decision No. 635 [2020], para. 52.) Accordingly, the Bank asserts that, because no psychological injury or illness has been shown, the Applicant's claim under the Workers' Compensation Program must fail.

41. The Bank submits that even if workplace stress were a compensable injury under the Workers' Compensation Program – which the Tribunal has already ruled it is not – the Applicant has not met the burden of proving that her stress was caused by workplace conditions or events. The Bank further notes that the Tribunal has rejected applying elements of D.C. law, including any presumption of compensability, to the workers' compensation scheme.

42. The Bank contends that, pursuant to established Tribunal jurisprudence, applicants bear the burden of proving the compensability of their claims by a "preponderance of the evidence." The Bank submits that the Applicant has not met this burden. The Bank notes that, in support of her case, the Applicant provided psychotherapy progress notes dated between 1 September 2021 and 2 June 2023. However, the Bank submits that these notes do not provide adequate detail of any actual workplace conditions or events.

43. The Bank notes that the Applicant alleges seven instances of workplace conduct as evidence of conditions or events that caused her injury, yet her first progress note diagnosing “Adjustment Disorder, With anxiety” is dated 1 September 2021 – nearly a year before the first alleged workplace event on 3 June 2022. The Bank contends that this earlier note indicates that the diagnosis predated the incidents she relies upon. The Bank further asserts that the evidence the Applicant provided is vague and largely narrative in nature, reflecting her perceptions of events. The Bank submits that, even where text messages are included, they are unattributed and contain no clear link to the Applicant’s workplace, colleagues, or managers.

The Applicant’s Contention No. 2

The Claims Administrator’s review of the Applicant’s claim was not in compliance with the Bank’s Workers’ Compensation Claims Procedure

44. The Applicant contends that the Claims Administrator failed to review her workers’ compensation claim in compliance with the Workers’ Compensation Claims Procedure. The Applicant contends that, while she provided all necessary information under paragraph 3.03 of the Claims Procedure, the Claims Administrator had a duty under paragraphs 4.02–4.04 of the Claims Procedure to obtain additional information necessary to fully evaluate her claim. The Applicant submits that these obligations included (i) clarifying all information relating to her diagnosis and its relation to her work; (ii) obtaining information, clarification, and testimony from other relevant sources regarding how the illness or injury occurred and how it related to her work; (iii) conducting a clinical interview; and (iv) contacting all medical providers directly to obtain and confirm medical information, review the prognosis for recovery, and clarify the relation of the condition to her work. The Applicant contends that the Claims Administrator did not complete any of the four aforementioned obligations. She contends that Tribunal jurisprudence makes clear that the Claims Administrator’s role is not passive but includes an investigatory component, which may be heightened in cases involving psychological illness or injury.

45. The Applicant further asserts that the Claims Administrator compounded its failures by not assigning both a claims adjuster and a case manager to independently review her claim, as required under paragraph 4.01 of the Claims Procedure. The Applicant notes that only a single examiner

contacted her before the claim was rejected, contrary to the Claims Procedure's mandate that determinations of claims be made only after independent reviews have been completed by the claims adjuster and case manager, per paragraph 4.05 of the Claims Procedure. The Applicant submits that the Claims Administrator's failure to follow these requirements deprived her and her clinicians of the opportunity to elaborate and clarify the causes of her condition. The Applicant contends that, by failing to seek testimony from witnesses or otherwise obtain information from other relevant sources, the Claims Administrator did not consider sources of objective evidence linking the Applicant's condition to her work. As such, the Applicant contends that the Claims Administrator cannot now rely on a supposed lack of evidence to dismiss her claim.

The Bank's Response

The Claims Administrator conducted an extensive evaluation

46. The Bank asserts that the Claims Administrator's review of the Applicant's workers' compensation claim complied with the Workers' Compensation Claims Procedure. The Bank notes that the Tribunal has emphasized that the Claims Administrator's role is an active one, requiring independent investigation and affirmative means to determine compensability, as reflected in its jurisprudence.

47. In the present case, the Bank asserts that the Claims Administrator undertook adequate investigation and employed affirmative means by repeatedly contacting the Applicant to gather and assess information, requesting all relevant medical records, attempting to schedule phone calls and a recorded interview with the Applicant, and inquiring as to the nature of the Applicant's diagnoses with the Applicant's primary care physician. Furthermore, the Bank notes that the Claims Administrator reviewed more than 150 pages of documentation provided by the Applicant, including counseling medical records and progress notes.

48. Last, the Bank submits that the Claims Administrator did not violate procedural requirements by failing to appoint a case manager. The Bank notes that, in line with industry practice, case managers are not appointed for every workers' compensation claim but only where a second reviewer is necessary based on the medical records and information provided. In this

instance, the Bank contends that the Claims Administrator conducted an exhaustive investigation into the Applicant's claim and that the decision was subsequently upheld by the ARP as correct. Accordingly, the Bank submits that the Applicant suffered no prejudice as a result of the Claims Administrator appointing only a claims adjuster and that there is no compensable injury.

The Applicant's Contention No. 3

The decision of the ARP to reject the Applicant's claim was flawed

49. The Applicant contends that the ARP wrongly rejected her claim by misapplying the legal test, dismissing specific and corroborated evidence as vague, and improperly questioning her clinicians' diagnoses. She submits that the ARP misstated the *Ramey* standard by requiring proof that workplace conditions or events "caused and/or aggravated her alleged psychological condition," instead of whether they could have caused or aggravated it, thereby raising the evidentiary bar unfairly. The Applicant further asserts that the record she provided to the ARP contained detailed evidence of seven incidents of harassment and hostility – supported by emails, text messages, reports to managers and the Ombuds, 13 identified witnesses, and contemporaneous clinicians' notes. With respect to the 13 identified witnesses, the Applicant asserts that to her knowledge the Claims Administrator did not speak with any of them. The Applicant maintains that dismissing this evidence as mere "subjective impressions" ignores its specificity and corroborative nature, and that her repeated requests for reassignment and reports to HR confirm the serious impact of her work environment on her health.

50. The Applicant also submits that the ARP's conclusion that her clinicians' diagnoses were incomplete or insufficient to establish causation was unsupported by expert testimony. The Applicant asserts that, if the Claims Administrator doubted the diagnosis, it had the option under paragraph 4.04 of the Claims Procedure to require an independent medical examination but failed to do so. Moreover, the Applicant contends that the Claims Administrator failed to seek clarification from her medical providers or HSD counselor regarding the relationship between her medical condition and her work, and that therefore the Claims Administrator or the ARP cannot now decline her claim on the basis that insufficient information is present in her clinicians' notes.

The Bank's Response*The ARP decision was reasonable*

51. The Bank contends that the Applicant's claims – that the ARP applied the wrong legal standard, failed to consider the evidence, and gave insufficient weight to her clinicians' notes – are unfounded. The Bank asserts that Tribunal jurisprudence requires only that the ARP's conclusions be reasonably sustained on the basis of the evidence before it. The Bank submits that the ARP applied the correct standard, expressly finding that the Applicant had not shown "actual workplace conditions or events that could have caused or aggravated her psychological injury" and had not provided sufficient medical evidence to establish causation. The Bank maintains that the ARP's evaluation of the evidence was reasonable, as the Applicant did not meet the required preponderance of the evidence standard.

The Applicant's Contention No. 4*The ARP did not comply with the required time frame*

52. The Applicant contends that, under paragraph 4.07 of the Workers' Compensation Appeals Procedure, the ARP was required to render its decision "[w]ithin 90 days of receiving all requested documentation," which by her calculation required a decision by 30 May 2024. The Applicant contends that the ARP instead issued its decision on 22 August 2024 – 84 days after the deadline and nearly double the permitted time frame.

The Bank's Response*The Bank acknowledges the delay but contends that it caused no compensable injury*

53. The Bank acknowledges that the ARP decision was delivered beyond the 90-day deadline but maintains that this delay was due to the (i) complexity of the claim as it involved a mental health claim that raised novel factual issues and (ii) volume of evidence – over 150 pages – submitted by the Applicant. The Bank submits that there were no adverse consequences from the delay because the decision ultimately affirmed the Claims Administrator's denial, leaving the

Applicant in the same position as if the ARP had ruled within the time limit. Accordingly, the Bank contends that the delay does not amount to a compensable injury.

The Applicant's Contention No. 5

The ARP failed to properly address a conflict of interest involving the HR representative on the panel

54. The Applicant contends that, at the time she sustained the psychological injury, she had raised concerns about her work environment and its impact on her health with her then Line Manager, her Director, and the Vice President, Human Resources (HRDVP). The Applicant submits that, under the WBG Workers' Compensation Appeals Procedure, the ARP comprises three members including the Director, WBG Employment Policy, Compensation, and Systems Department (HRDPC Director), or designee, as Chair. The Applicant states that in her case this created a conflict because the HRDPC Director had served as the Director of her unit until 2022. Although the HRDPC Director delegated the role to an HR manager, Mr. C, the Applicant contends that this did not resolve the conflict since the HRDVP herself was directly involved in her case. The Applicant maintains that proper mitigation would have required the President's Office to delegate the authority to chair the ARP to someone outside of the HRDVP's reporting line.

The Bank's Response

The potential conflict of interest regarding the HR representative on the panel was sufficiently resolved

55. The Bank asserts that the Applicant's allegation that the "ARP failed to properly address a conflict of interest involving the HR representative on the panel" is unfounded. The Bank acknowledges that the HRDPC Director had previously overseen the Applicant's unit, but it contends that the potential conflict was promptly resolved by his appointing Mr. C as his designee. The Bank submits that Mr. C had never met the Applicant and had no prior knowledge of the Applicant's claim, ensuring that he was free of any conflict of interest. The Bank further contends that Mr. C's appointment was made fully in line with the Workers' Compensation Program Appeals Procedure. Finally, the Bank contends that the Applicant's assertion that the President's Office

should have delegated the panel member is unsupported by both the Workers' Compensation Program Appeals Procedure and established practice.

The Applicant's Contention No. 6

The Bank failed in its duty to provide the Applicant with a safe and healthy working environment per Occupational Health and Safety requirements

56. The Applicant contends that under the WBG Directive, Occupational Health and Safety (OHS Directive), the Bank is obliged to operate an OHS Management System that “identifies, assesses, manages, and monitors Health and Safety risks at Workplaces,” including “psychosocial [...] Work Environment factors”; ensures risk mitigation; holds managers responsible for staff health and safety; and requires an OHS Committee that “guides, monitors, reviews and improves” the system. The Applicant submits that no meaningful steps were taken to address the health impacts arising out of what her management acknowledged to be unacceptable behavior by colleagues, causing her condition to worsen and forcing her to take significant unpaid leave. More generally, the Applicant asserts a systemic failure to implement the OHS framework, citing emails showing that the OHS Committee has not convened since 2018.

The Bank's Response

The Bank did not violate OHS requirements

57. The Bank contends that it did not violate OHS requirements. Specifically, the Bank refutes the Applicant's contention that it “failed in its duty to provide [the Applicant] with a safe and healthy working environment” in violation of its obligations under the OHS Directive. The Bank asserts that stress alone is not a compensable injury and that, even if it was, the Applicant has not provided sufficient evidence regarding the alleged incidents to establish that her stress was a result of workplace conditions or events. Finally, the Bank contends that the OHS Management System covers psychosocial hazards through programs such as Ethics and Internal Justice Services, insurance, and HSD's counseling unit, and that the Applicant has had full access to those resources.

THE TRIBUNAL'S ANALYSIS AND CONCLUSIONS

58. The Tribunal's scope of review of workers' compensation claims was aptly stated in *Chhabra (No. 2)*, Decision No. 193 [1998], para. 7:

The task of this Tribunal is limited to reviewing the decision of the [ARP], by reference to the evidence before that body, with a view to determining whether the conclusion reached by the [ARP] could be reasonably sustained on the basis of that evidence and also whether the [ARP] has acted in accordance with the relevant legal rules and procedural requirements.

See also FM (Merits), Decision No. 643 [2020], para. 133.

Whether the decision of the ARP to affirm the Claims Administrator's denial of the Applicant's workers' compensation claim can be reasonably sustained

59. Under Staff Rule 6.11, paragraph 1.01, the Bank's Workers' Compensation Program "sets forth a workers' compensation program which provides Staff Members with compensation and other benefits in the event of illness, injury or death arising out of and in the course of employment with the Bank Group." According to Staff Rule 6.11, paragraph 4.01:

If a Staff Member's injury, illness or death is believed by a claimant to arise out of and in the course of employment, a claim for applicable workers' compensation benefits may be filed with the Claims Administrator by the Staff Member, a surviving spouse or Domestic Partner, a Child, or an appointed guardian. A claim must be filed with the Claims Administrator within the timeline provided in the Procedure, "Workers' Compensation Program – Claims Procedure."

60. Pursuant to Staff Rule 6.11, paragraph 2.01(b), the Bank's Workers' Compensation Program is administered by the Claims Administrator, a third-party administrator contracted by the WBG for the purpose of administering workers' compensation claims for the Bank in accordance with the Procedure, "Workers' Compensation Program – Claims Procedure." Under Staff Rule 6.11, paragraph 3.01:

The Claims Administrator will determine whether an injury, illness or death arises out of and in the course of employment and otherwise administer the workers' compensation program in accordance with the provisions of the D.C. Act specified

in this Rule, except that where the provisions of this Rule differ from the provisions of the D.C. Act specified, the provisions of this Rule will govern. Provisions of the D.C. Act not specified in this Rule will not apply.

61. Here, the Claims Administrator denied the Applicant's claim for workers' compensation on the basis that her alleged illness/injury did not arise as a direct result of the Applicant's employment. On appeal, the ARP sustained the decision of the Claims Administrator. The Applicant has now come before the Tribunal. Under Staff Rule 6.11, paragraph 13.02, the Tribunal serves as a forum of appeal for ARP decisions:

If a claimant, after receiving the final decision of the Administrative Review Panel, who wishes to pursue his/her complaint further, the claimant may then file an appeal with the World Bank Administrative Tribunal.

62. The Tribunal notes that the parties have presented contentions regarding the "presumption of compensability," invoked in *Ramey*, as well as the appropriate standard of evidence in workers' compensation claims.

63. With respect to the presumption of compensability, the Tribunal notes the Applicant's admission that the Tribunal "has held that 'the statutory presumption of compensability' as described in *Ramey* does not apply to World Bank Group workers' compensation claims."

64. Furthermore, the Tribunal has previously addressed the inapplicability of aspects of D.C. law in the workers' compensation scheme, specifically rejecting the presumption of compensability, stating:

[T]he Staff Rules are "silent on issues such as the burden of proof to be borne by the parties in advancing claims under the program," and the D.C. "presumption of compensability" standard "has not been specifically incorporated in the Staff Rules." [...] Therefore, the Tribunal has previously declined to incorporate aspects of D.C. law on workers' compensation into its jurisprudence. Given that the "presumption of compensability" is not expressly mentioned in Staff Rule 6.11, the Tribunal is legally bound to evaluate this case on the basis of the facts and the application of Staff Rule 6.11, as well as the Tribunal's own jurisprudence.

ER (No. 3) (Merits), Decision No. 656 [2021], para. 66.

65. Therefore, based on the foregoing, the Tribunal finds that the “presumption of compensability” is not applicable to the present matter.

66. With respect to the appropriate standard of evidence in workers’ compensation cases, this issue is also well-settled by the Tribunal. Pursuant to the Tribunal’s jurisprudence, in filing claims for workers’ compensation, applicants bear the burden of proving the compensability of their claim(s) by a “preponderance of the evidence.” *ER (No. 3) (Merits)* [2021], para. 67; *FS (Preliminary Objection)*, Decision No. 640 [2020], para. 65; *DT*, Decision No. 541 [2016], para. 35; *BI (No. 2)*, Decision No. 445 [2010], para. 25.

67. As a preliminary matter, the Tribunal will address the Applicant’s claim that the Claims Administrator’s denial of the Applicant’s claim was based on an error of law. The Tribunal observes the Applicant’s contention that the Claims Administrator’s 21 August 2023 denial of her claim, which stated that “[m]ental [h]ealth claims related to anxiety, depression, etc. as a result of work are not compensable,” was based on an error of law. However, the Tribunal notes that at no stage in the workers’ compensation process did the Claims Administrator suggest that the denial was solely because the claim involved mental health issues, nor did it misstate the legal standard. To the contrary, the Tribunal observes that the Claims Administrator at all times during the process used the correct legal standard and jurisprudence to review the claim.

68. The Tribunal observes that the Claims Administrator’s 21 August 2023 letter denying the Applicant’s workers’ compensation claim indicates that it applied the correct test, explicitly stating, “Based upon our review, we found that your illness/injury did not arise as a direct result of your employment.” The Tribunal notes that this is the proper basis detailed above in Staff Rule 6.11, paragraphs 3.01 and 4.01. The Tribunal notes the Claims Administrator’s “Administrator’s Response to Claimant’s Application for Review,” which also states that it denied the Applicant’s claim because “the Claimant has failed to demonstrate that actual workplace conditions are the cause of any psychological injury.” (Emphasis in original.) Further, the Tribunal notes that the ARP, in its decision letter of 20 August 2024, confirmed that the ARP and the Claims Administrator evaluated the Applicant’s case using the “preponderance of the evidence standard.”

Based on the foregoing, the Tribunal finds that the Claims Administrator's denial of the Applicant's claim was not based on an error of law.

69. The Tribunal will next consider the substantive matter of whether the ARP's decision to affirm the Claims Administrator's denial of the Applicant's workers' compensation claim was reasonable on the basis of the evidence before it. In reaching its decision, the ARP stated:

Here, the Claimant has failed to meet her burden to establish by a preponderance of the evidence that actual workplace conditions or events caused and/or aggravated her alleged psychological condition. The record provided to this Panel makes only vague reference to the Claimant's subjective impressions of interactions with coworkers and generalized "workplace stress." The claimant provides a timeline of interactions with her supervisor and colleagues which she alleges caused her psychological injury. She includes a few text messages without any names or dates and an excerpt of a transcript of a recorded conversation of her colleagues who appear to be commenting on another individual with the initial [...]. Further, Claimant's counselor's notes are incomplete and are insufficient to support how the diagnosis of "Adjustment Disorder, with anxiety" was made and further lack any explanation as to the causal connection of that diagnosis to specific and actual workplace events or conditions.

Based upon the record before this Panel, the Claimant has failed to provide evidence of actual workplace conditions or events that could have caused or aggravated her psychological injury and has also failed to provide sufficient medical evidence to support the causation of her psychological condition to those actual workplace conditions or events. Without such information and supporting medical evidence, the Claimant has not met her burden to establish a psychological injury caused by her employment.

70. The Tribunal will now examine the record to determine if the above conclusions of the ARP were reasonable in view of the evidence before it. In assessing whether the ARP's decision can be reasonably sustained, the Tribunal considers the materials reviewed by the Claims Administrator and the ARP, which were cited in the Claims Administrator's 21 August 2023 claim denial letter, including (i) psychotherapy practice counseling medical records (progress notes), (ii) a psychotherapy counseling letter dated 2 June 2023, (iii) a medical facility out-of-work/return-to-work letter dated 30 June 2023, (iv) a psychotherapy out-of-work note dated 11 August 2023, and (v) a "detailed report of claim" outlining seven alleged hostile work environment incidents between June 2022 and June 2023. The Tribunal will address each of these items in turn.

71. The Tribunal notes that the progress notes list several diagnoses, but it is not clear from the documentation whether these conditions arose directly from the Applicant's employment. The progress notes, totaling 53 entries from 1 September 2021 to 2 June 2023, record four diagnoses: (i) "Adjustment Disorder, With anxiety" first diagnosed on 1 September 2021; (ii) "Adjustment Disorder, With mixed anxiety and depressed mood" first diagnosed on 21 September 2022; (iii) "Major Depressive Disorder, Single episode, Moderate" first diagnosed on 8 November 2022; and (iv) "Generalized Anxiety Disorder" first diagnosed on 26 April 2023. Under each diagnosis, the Clinician noted, "Client presents with anxiety specific to work dynamics amongst colleagues. She reports weight gain and eating issues as well as [... hair loss] due to stress and the pandemic."

72. The Tribunal finds that, although the diagnoses are mentioned, the notes do not establish that they arose directly from the Applicant's employment. The Tribunal observes that the first diagnosis of "Adjustment Disorder, With anxiety" on 1 September 2021 predates the first of the seven alleged workplace incidents, which purportedly occurred on 3 June 2022. The Tribunal considers that the use of phrases such as "she reports" indicates that the Clinician's notes reflect the Applicant's subjective perceptions, and that the Clinician arrived at a diagnosis and treatment plan based on those perceptions. The Tribunal finds that the notes also attribute the Applicant's distress to multiple factors, including the pandemic, her contract, future job prospects, and vague and unspecific references to work dynamics such as "anxiety specific to work dynamics amongst colleagues" and "interpersonal stressors at work."

73. The Tribunal notes two letters from the Applicant's Clinician: one dated 2 June 2023 recommending time off due to "acute work environment related stress," and another dated 11 August 2023 recommending a return to work on 5 September following treatment for the same condition. While these letters clearly reference work-related stress, the Tribunal finds that they do not diagnose injury or illness arising out of and in the course of employment. The Tribunal further observes that Dr. A's letter of 30 June 2023 recommending 30 days of leave provides no information regarding diagnosis or causation.

74. The Tribunal observes based on the record that the diagnoses are based only on the Applicant's subjective accounts of purported workplace events. The Tribunal notes that the

Applicant alleges seven instances of workplace conduct between June 2022 and June 2023 as evidence of conditions or events that caused her psychological injury. However, the Tribunal finds that the evidence submitted in support of these allegations is largely generic and lacking in specificity, consisting primarily of the Applicant's own narrative descriptions of her perception of events. The Tribunal further notes that, where documentary evidence such as text messages was provided by the Applicant, it is unattributed and does not clearly reference the Applicant's workplace, managers, colleagues, or the specific alleged incidents. The Tribunal notes that the evidence submitted to the Claims Administrator and the ARP contained no evidence of any independent investigation, findings, or corroborating statements from anyone other than the Applicant to support her allegations of workplace harassment and hostile work environment.

75. Based on the foregoing, the Tribunal concludes that the ARP's decision to affirm the Claims Administrator's denial of the Applicant's workers' compensation claim was reasonable on the basis of the evidence before it.

Whether the Claims Administrator's review of the Applicant's claim was in compliance with the Workers' Compensation Claims Procedure

76. As the Tribunal has previously emphasized, the role of the Claims Administrator is not a passive one. *See FS (Preliminary Objection)* [2020], para. 65. Rather, "[t]he Claims Administrator bears the responsibility of making the necessary 'investigations'" through "affirmative means" to assist it in arriving at determinations regarding compensability. *BI (No. 2)* [2010], para. 30.

77. The Tribunal finds that, based on the record and in the circumstances of the present case, the Claims Administrator undertook a reasonable investigation and employed affirmative means. As indicated through email correspondence between the Claims Administrator and the Applicant from 3 to 27 July 2023, the Claims Administrator made repeated inquiries to gather and assess information. In particular, the Tribunal notes that the Claims Administrator requested all relevant medical records, repeatedly attempted to schedule phone and recorded interviews, and contacted the Applicant's primary care physician regarding her diagnosis. The Tribunal observes that the Claims Administrator also reviewed over 150 pages of documentation submitted by the Applicant,

as reflected in its denial letter detailing the materials considered. The Tribunal notes in addition that the “Administrator’s Response to Claimant’s Application for Review,” submitted by the Claims Administrator to the ARP, further demonstrates a thorough evaluation of the Applicant’s progress notes, including analysis of five specific entries. The Tribunal considers that, in the circumstances of the present case, these efforts by the Claims Administrator were sufficient to satisfy its obligation to undertake a reasonable investigation and employ affirmative means.

78. Based on the foregoing, the Tribunal is satisfied that the Claims Administrator reviewed the Applicant’s claim in compliance with the Workers’ Compensation Program and acted in a reasonable manner.

Whether the ARP complied with the required time frame

79. Pursuant to paragraph 4.07 of the Workers’ Compensation Program Appeals Procedure:

Within 90 days of receiving all requested documentation, the Panel will transmit a memorandum to the claimant and the Workers’ Compensation Administrator detailing its decision and the reasons for the decision on the Appeal.

80. The Applicant contends that the ARP violated paragraph 4.07 of the Workers’ Compensation Program Appeals Procedure by issuing its decision on 22 August 2024 – 84 days after the 30 May 2024 deadline. The Bank acknowledges that the ARP decision was issued beyond the 90-day deadline but attributes the delay to the claim’s complexity and the Applicant’s extensive evidence, contending that the delay does not constitute a compensable injury.

81. The Tribunal observes that paragraph 4.07 of the Workers’ Compensation Program Appeals Procedure imposes a strict 90-day deadline for the ARP’s determination following receipt of all requested documentation. The Tribunal considers that the rule’s purpose is to ensure that staff members receive timely resolutions of their workers’ compensation appeals.

82. The Tribunal recalls that, in *Hayati (No. 2)*, Decision No. 311 [2004], para. 35, the Tribunal explained that “[t]he work of the Claims Administrator and the [Administrative] Review Panel

must of course not be hasty or perfunctory, but surely this must be accomplished with conscientious despatch.” The record shows that the ARP notified the Applicant of its decision on 22 August 2024, 174 days after receiving the complete documentation (the Applicant submitted her comments on the Claims Administrator’s position statement on 1 March 2024), thus exceeding the prescribed time frame by 84 days. This represents a delay of almost double the period allowed under the rule. The ARP has a duty to comply with the explicit procedural deadlines established by the Bank. Here, the Tribunal considers a delay of this degree to be excessive and unreasonable.

83. The Tribunal finds that the ARP failed to comply with paragraph 4.07 of the Workers’ Compensation Program Appeals Procedure. The delay was excessive, unreasonable, and procedurally improper. Accordingly, the Tribunal concludes that the Applicant is entitled to compensation for the undue delay.

Whether the ARP failed to properly address a conflict of interest involving the HR representative on the panel

84. The Workers’ Compensation Program Appeals Procedure, paragraph 3.01, states:

The Bank Group’s Administrative Review Panel (Panel) is composed of the following:

- a. The Director of the World Bank Group Employment Policy, Compensation and Systems Department (HRDPC) responsible for the Workers’ Compensation Program or his/her designee (Chair);
- b. A representative from the Bank Group’s Health and Safety Services Department; and
- c. A representative of the Staff Association appointed by the Executive Committee of the Bank Group’s Staff Association.

85. The Tribunal recalls that, in *Chhabra (No. 2)* [1998], para. 15, the Tribunal explained:

The [Administrative] Review Panel is an administrative body composed of persons whose work and experience are relevant to its function. That they may have been officials in the personnel or health services departments, or that they may have been

involved in earlier stages of the case, does not disqualify them from participating in the administrative review.

86. The Applicant contends that her workers' compensation appeal was compromised by a conflict of interest, as the ARP Chair's position fell under the HRDVP, who was directly involved in her case, and the HRDPC Director had previously been her unit's Director. The Applicant asserts that delegating the role to Mr. C did not resolve the conflict and that the authority to chair the ARP should have been assigned by the President's Office to someone outside the HRDVP's reporting line.

87. The Bank contends that the Applicant's claim of a conflict of interest within the ARP is unfounded, noting that any potential issue was resolved when the HRDPC Director delegated his role to Mr. C, an HR manager with no prior connection to the Applicant or her case. The Bank maintains that this appointment complied fully with the Workers' Compensation Program Appeals Procedure.

88. The Tribunal notes that the HRDPC Director served as the ARP Chair at the time of the Applicant's appeal. The record shows that the Applicant informed the Disability Program unit of a conflict because the HRDPC Director had been the Director of the Applicant's unit until 2022. The record further shows that the HRDPC Director appointed Mr. C as his designee to sit on the ARP in his place. The Tribunal observes that, on 12 March 2024, the Disability Program unit wrote to the Applicant, stating, "[Mr. C] is from a different department and independent from your previous employment unit. The Panel members recuse themselves only in the event of a conflict of interest directly with the claimant." The Tribunal further notes the Bank's contention that Mr. C "had never met [the] Applicant, nor did he have any prior knowledge of the claim," which was not refuted by the Applicant.

89. Based on the record, the Tribunal is satisfied that the ARP was composed in accordance with the policies and procedures in place at the time and that any conflict of interest was adequately addressed. The Tribunal does not find that the record in this case demonstrates any specific irregularities with respect to the composition of the ARP which would have affected the validity of its decision.

Whether the Bank failed to meet its obligations under the OHS Directive

90. The OHS Directive Section III(1) states that the “[OHS] Management System identifies, assesses, manages, and monitors Health and Safety risks at Workplaces deriving from personal Health, psychosocial, and Physical Work Environment factors.” Section III(6) of the OHS Directive states, “Responsibility for Occupational Health and Safety is shared by all World Bank Group Staff, including senior management, managers, and supervisors.”

91. The Applicant contends that the Bank failed to meet its obligations under the OHS Directive to manage workplace health and safety risks, including psychosocial factors. The Bank contends that it complied with the OHS Directive, provided a safe work environment, and ensured that the Applicant had full access to support programs addressing psychosocial risks.

92. The Tribunal observes that the Applicant regularly sought and received support from various Bank colleagues and units regarding her workplace concerns. The record shows correspondence from July 2022 between the Applicant, her then Line Manager, and an Ombudsman discussing her allegations of a hostile work environment. The record shows further correspondence from May 2023 indicating that the Applicant received support from her Director, her Line Manager, and a Senior HR Business Partner concerning the possibility of moving to another unit, leave options, and shifting her work program to avoid working with certain colleagues. The record shows that the Anti-Harassment Coordinator assisted the Applicant in June 2023 by contacting her Line Manager regarding the alleged hostile work environment. The record also shows that, in correspondence with an HSD Counselor in October 2024, the Applicant mentioned that they had “regular check-ins.”

93. Based on the foregoing, the Tribunal finds that the Applicant received support and full access to multiple points of contact within the broader OHS Management System, including HR, Ethics and Internal Justice Services, and HSD, and that no evidence in the record indicates that the Bank failed to meet its obligations under the OHS Directive.

DECISION

- (1) The Bank shall pay the Applicant compensation in the amount of \$5,000.00 for undue delay by the ARP; and
- (2) All other claims are dismissed.

/S/Janice Bellace

Janice Bellace

President

/S/ Zakir Hafez

Zakir Hafez

Executive Secretary

At Washington, D.C., 14 November 2025