



JOSELITO A. CARIÑO,
Appellant,

-versus-

ECC CASE No. GM-19539-1110-16

**GOVERNMENT SERVICE
INSURANCE SYSYEM (GSIS),**
Appellee.

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DECISION

This appeal seeks to review the decision of the Government Service Insurance System (GSIS), dated October 19, 2016, denying appellant's claim for disability benefits, under the Employees' Compensation Law (P.D. 626, as amended), due to Cerebrovascular Disease (CVD), Infarct; Diabetes Mellitus, type 2.

The appellant, Senior Police Officer 3 (SPO3) Joselito A. Cariño, 52 years old at the time of the filing of the claim and a resident of Pasig City, was found physically fit when he entered the police service. He was assigned at the Eastern Police District (EPD)-Pasig City Police Station.

Between September 27, 2008 and October 11, 2011, the appellant underwent NCRPO-Physical Fitness Test (PFT) which revealed the following blood pressure (BP) examination results:

Date of PFT	BP readings
Sept. 27, 2008	160/120 mmHg
Nov. 25, 2010	100/80 mmHg
May 25, 2010	130/80 mmHg
June 8, 2011	110/70 mmHg
Oct. 11, 2011	140/90 mmHg

Medical records further reveal that on April 12, 2011, the appellant underwent blood examination and it was noted that he has elevated level of glucose in his blood.

Based on the Adjudication (Claim No. 2015-025) of SPO3 Joselito A. Cariño for Total Permanent Physical Disability Benefits, dated July 23, 2016, which was issued by the National Police Commission (NAPOLCOM), the following facts are indicated:

“SPO3 Cariño joined the police service on October 16, 1991 as Police Officer I permanent status. He was gradually promoted until he reached the rank of Senior Police Officer III in permanent status...

“After graduating from Police Basic Safety Recruit Course (PSBRC), SPO3 Cariño was assigned to Pasig City Police Station wherein he was detailed to different units and offices. His last assignment was at Police Community Precinct (PCP) 4 as PNCO Supervisor in Brgy. Sto. Tomas, Pasig City...

“On August 31, 2014, SPO3 Cariño rendered duty as PNCO Supervisor from 8:00 AM to 8:00 PM, The next day September 1, 2014 at about 3:00 AM, he was rushed by his wife Leonora Cariño to PNP General Hospital, Camp Crame, Quezon City due to severe dizziness. He was initially diagnosed to have Vertigo and suffering from High Blood Pressure. After undergoing Computerized Tomography (CT) Scan, SPO3 Cariño was finally diagnosed with Cerebro Vascular Disease (CVD) Infarct and Type 2 Diabetes Mellitus (DM). He stayed at the said hospital for sixty (60) days and was discharged on November 7, 2014...

“As his duties as a police officer was greatly affected due to his ailments, herein claimant opted to apply for Total Permanent Physical Disability. On December 4, 2014, the PNP NHQ Medical Screening Committee found herein claimant unfit for further police service and was recommended for disability separation, the diagnosis being: (a) Cerebro Vascular Disease, Infarct; and (b) Diabetes Mellitus, type 2.

“Based on the documents submitted, SPO3 Cariño was physically and mentally fit since he joined the police service in 1991. Fitness for his work is further assumed when he rose to his present position...”

In the said Adjudication findings, the NAPOLCOM further states that the appellant “*contracted his ailment in the course of his employment in the PNP.*”

On December 4, 2014, the NAPOLCOM-National Headquarters-PNP Health Service approved the separation from the Police Service of the appellant due to Total Permanent Physical Disability through Resolution No. 41-2014.

On July 14, 2016, the appellant filed a claim for EC disability benefits before the GSIS Pasig City Branch. On July 25, 2016, the GSIS Quezon City Branch Office wrote a letter to the appellant requesting for the submission of the following:

1. Previous clinical and hospital records on Hypertension and Diabetes prior to September 2014 confinement;
2. Certification from attending physician as to when hypertension and diabetes was first diagnosed;
3. Certified photocopy of Annual Medical and Physical Examination done at the office for the past 5 years.

On August 22, 2016, the appellant submitted the requested documents to the GSIS. It was noted by the GSIS that the appellant has been suffering from Diabetes Mellitus since April 12, 2011.

On September 2, 2016, the GSIS Quezon City Branch Office (Branch) wrote a letter to the appellant informing him of the denial of the claim reasoning that:

“...Diabetes Mellitus and its systemic complications are not work-related or connected ...”

On September 15, 2016, the appellant wrote a letter to the GSIS requesting for reconsideration of the denial of the claim. On September 28, 2016, the Branch endorsed the records of the claim to the GSIS Office of the Senior Vice-President (OSVP), NCR Operations Group, Pasay City for further evaluation.

On October 19, 2016, the GSIS-OSVP NCR Operations Group sustained the denial in this manner, to wit:

“SPO3 Joselito A. Cariño is a known diabetic since 2011.

“A diabetic patient is susceptible to a series of complications that cause morbidity and premature mortality. On average, symptoms develop 15-20 years after the appearance of overt hyperglycemia. Of these, atherosclerosis is more extensive and occurs earlier than in the general population. (Harrison’s Principles of Internal Medicine)

“Diabetics are at increased risk of both hypertension and stroke; and patients with diabetes are with 2 to 4 times more likely of developing stroke compared with the general population. They also tend to develop heart disease or have strokes at an early age than people without diabetes.

“People with diabetes end with too much glucose in the blood while cells do not receive much energy. Overtime, this increased glucose can lead to increased fatty deposits or clots in the lining of the blood vessels causing the narrowing or clogging of the blood vessels in the brain or neck, cutting off the blood supply and stopping oxygen from getting to the brain resulting to stroke. (National Stroke Association)

“Diabetes can also make it harder for our body to respond to a stroke. When the oxygen supply is cut off (because of damage or block), normally, other arteries can usually serve as a bypass. But in diabetes, these vessels may be hardened or clogged with plaque (atherosclerosis) which makes it harder for blood to get to the brain. (American Journal of Epidemiology, The British Journal of Diabetes and Vascular Disease, webmed.com)

“There is strong connection between diabetes and stroke because some risk factors for stroke are also risk factors for diabetes. Pre-diabetes, sometimes called “Metabolic Syndrome” is a cluster of conditions that can increase the risk for developing stroke and diabetes. These are: (1) an “apple” shaped body or obesity concentrated on the waist (2) hypertension (elevated blood pressure) (3) elevated glucose level; (4) elevated cholesterol levels. (National Stroke Association).

“...Diabetes Mellitus and its complications are not considered work related nor is it work-connected.”

On November 9, 2016, the Secretariat received the records of the case from the GSIS for review purposes. On November 11, 2016, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. The Committee decided to elevate this case to the Commission with the following recommendations:

Claimed Illness	TRC Recommendation
Diabetes Mellitus	For Denial- no causal relationship
Cerebrovascular Disease	For Award- satisfaction of condition for condition for compensability of CVA

The appeal is partly meritorious.

Article 173 (formerly Art. 167) paragraph (1) of Presidential Decree (P.D.) No. 626, as amended, defines sickness as "any illness definitely accepted as an occupational disease listed by the Commission, or any illness caused by employment subject to proof that the risk of contracting the same is increased by working conditions." Section 1 (b), Rule III, of the Rules Implementing P.D. No. 626, as amended, provides that “for the sickness and the resulting disability or death to be compensable, the sickness must be the result of an occupational disease included under Annex “A” of these Rules (Amended Rules on Employees’ Compensation) with the conditions set therein satisfied; otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions.”

In denying the claim of the appellant, the GSIS states that the Cerebrovascular Disease or Stroke of the appellant is a complication of his Diabetes Mellitus which is not related in any way to the occupation of the appellant as Police Officer. The GSIS further states that the appellant has been suffering from Diabetes Mellitus since April 12, 2011.

Medical findings have yet to establish that Diabetes Mellitus is an occupational disease. In the case of GSIS v. Jaime A. Valenciano (G.R. No. 168821, April 10, 2006), the Supreme Court has described the said illness in this manner, to wit:

“Diabetes mellitus, especially the NIDDM-type, is acquired through the mechanism of inheritance. It is an endocrine and familial disease characterized by metabolic abnormalities remotely caused by environmental and occupational conditions.” (emphasis supplied)

Thus, this Commission agrees with the GSIS insofar as the non-compensability of Diabetes Mellitus under P.D. No. 626, as amended, is concerned. However, this Commission differs with the evaluation of the GSIS considering that the same has only considered the purely medical side of the case by stating that the Diabetes Mellitus of the appellant caused the manifestation of his Stroke.

In the case of GSIS v. Aurelia Y. Calumpiano (G.R. No. 196102, November 26, 2014 citing the case of GSIS v. De Castro, G.R. No. 185035, July 15, 2009) the Supreme Court ruled that:

“In any determination of compensability, the nature and characteristics of the job are as important as raw medical findings and a claimant's personal and social history. This is a basic legal reality in workers' compensation law...” (emphasis supplied)

Under Annex “A” of the Amended Rules on Employees’ Compensation Program, Cerebrovascular Accident (CVA or Stroke) is considered compensable under the following conditions:

- (a) *“There must be proof that the acute stroke must have developed as a result of the stressful nature of work and pressures inherent in an occupation.*
- (b) *“The strain of work that brings about an acute stroke must be of sufficient in severity and must be followed within 24 hours by the clinical signs of an acute onset of neurological deficit to constitute causal relationship.*
- (c) *“If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of an acute onset of neurologic deficit during the performance of his work, and such symptoms and signs persisted, it is reasonable to claim a causal relationship.*

- (d) *“There was a history, which should be proven, of unusual and extraordinary mental strain or event, or trauma to or hyperextension of the neck. There must be a direct connection between the insult in the course of the employment and the worker’s collapse.*
- (e) *“If the neck trauma or exertion then and there caused either a brain infarction or brain hemorrhage as documented by neuro-imaging studies, the injury may be considered as arising from work.*
- (f) *“If a person is a known hypertensive, it must be proven that his hypertension is controlled and that he was compliant with treatment.*
- (g) *“A history of substance abuse must be totally ruled-out.”*
(Board Resolution No. 11-05-13 dated 26 May 2011, [“Amending the Conditions for Compensability of Cardiovascular Diseases, Essential Hypertension, and Cerebrovascular Accidents under Annex ‘A’ of the Amended Rules on Employees’ Compensation”])

In this case, this Commission believes that the appellant has satisfied the second condition for compensability of Stroke which provides:

- (b) *“The strain of work that brings about an acute stroke must be of sufficient in severity and must be followed within 24 hours by the clinical signs of an acute onset of neurological deficit to constitute causal relationship.”*

Prior to the occurrence of Stroke of the appellant, he was required to render his duty at the Pasig Police Community Precinct (PCP) 4 as PNCO Supervisor from 8:00 AM until 8:00 PM of August 31, 2014. On the next day, September 1, 2014, he was rushed to the hospital due to dizziness. The strain manifested itself when he experienced the symptoms of Stroke within 24 hours after performing his physically exhausting duties.

This Commission recognizes the rigors of law enforcement. The fitness of the appellant upon entry into the police service and how his stressful working conditions as Police Officer affected his health are very relevant facts that should not have been disregarded in favor of singled out factor, Diabetes Mellitus, that the GSIS has considered as conclusive indicator of non-compensability.

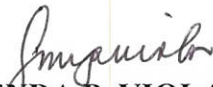
WHEREFORE, the appealed decision is hereby **MODIFIED** and the GSIS is ordered to **GRANT EC disability benefits** to the appellant plus reimbursement of medical expenses incurred for medical consultations, including maintenance medications, due to his **Cerebrovascular Disease**. However, the Diabetes Mellitus of the appellant would not entail any grant of EC benefits considering that the said illness is not related in any way to the working conditions of the appellant.

SO ORDERED.

**CITY OF MAKATI,
November 16, 2016.**



CIRIACO A. LAGUNZA III
Chairperson – Alternate
Department of Labor and Employment




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