



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYEES' COMPENSATION COMMISSION
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TERESITA P. ARAO,
Appellant,

-versus-

ECC CASE No. SM-19442-0824-15

SOCIAL SECURITY SYSTEM (SSS),
Appellee.

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D E C I S I O N

This appeal seeks to review the decision of the Social Security System (SSS), dated July 2, 2015, denying appellant's claim for death benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), for the death of her husband due to Cardiorespiratory Arrest.

Between January 1991 and October 2010, the deceased, Ramon L. Arao (SSS No. 33-1001441-1), 38 years old at the time of his death and a former resident of Caloocan City was employed as Maintenance-Boiler at the Maintenance Department of Harman Food Phils., Inc., Km. 22, McArthur Highway, Abangan Sur, Marilao, Bulacan, with the following duties and responsibilities:

1. Operates boiler machine;
2. Checks condition of machine;
3. Repairs minor machine trouble

There was no Pre-employment Medical Certificate in the documents provided. However, a certification from his employer showed that he was physically fit upon employment.¹

The deceased was apparently well until February 5, 2010, when his BP was checked by the company nurse and was found to be elevated at 140/100 mmHg. He was advised to seek medical consultation.

On February 8, 2010, the deceased was examined by a specialist (cardiologist) and he was diagnosed to be suffering from Essential Hypertension (HPN). His blood-pressure reading was noted to be at 200/100 mmHg. He was cleared to return to his work but he was prescribed to take maintenance medications.

¹ Folio, 24.

The deceased underwent Electrocardiogram (ECG) examination at Chinese General Hospital, Manila, which showed “*Left atrial enlargement, left ventricular hypertrophy.*”² Sometime in October 2010, he underwent another ECG examination which revealed “*Regular sinus rhythm, normal axis, non-specific ST-T wave changes.*” It was noted that he had normal level of cholesterol in his blood.

On October 18, 2010, the deceased went on a night duty. Based on the Certification, dated January 29, 2011, which was signed by Ms. Patricia B. De Guzman, Plant Manager, Harman Food Phils., Inc., the deceased left the plant at around 6:00 AM due to a scheduled medical check-up. At around 6:45 AM, he was rushed to a nearby hospital when he suffered from a heart attack while he was waiting for a ride at the jeepney terminal on his way home. However, he was declared dead on arrival (DOA).

Based on the Death Certificate, dated October 21, 2010, which was signed by Dr. Cecilia S. Fuellas, Municipal Health Officer, Marilao, Bulacan, the deceased died of Cardiorespiratory Arrest. There is no showing that the remains were subjected to autopsy examination.

On November 30, 2010, the appellant filed a claim for SSS death with funeral benefits before the SSS-Kalookan City Branch (Branch). The Branch approved the grant of the said benefits to the appellant.

In view of the ruling of the Supreme Court in the case of Buena Obra vs. SSS (G.R. No. 147745, April 9, 2003), which was reiterated in the case of Mesa vs. SSS (G.R. No. 160467, April 7, 2009) that when a claimant filed a claim for disability or death benefits before the Systems either under the SSS law or the GSIS law, the claim for the same benefits under the Employees’ Compensation (EC) Law should be considered as filed, the claim of the appellant for EC death benefits is deemed submitted for evaluation on the same period. Thus, the appellant was able to file her claim for EC death benefits within the three-year prescriptive period under Article 201 of P.D. No. 626, as amended.

On November 3, 2014, the Secretariat received a letter from the appellant requesting for assistance on the denial of her claim for additional EC death with funeral benefits. On the same day, the Secretariat prepared the corresponding letter of endorsement to the SSS-Medical Operations Department (SSS-MOD).

On July 2, 2015, the SSS-MOD denied the claim reasoning that:

“...a causal relationship between member’s job as Boiler Operator and his undetermined cause of death was not established.”

² Ibid., 15.

On July 15, 2015, the Secretariat received the records of the case from the SSS for review purposes. Records indicate that based on the interview with the appellant, the deceased had no history of cigarette smoking and alcoholic beverage drinking.

On July 16, 2015, the Secretariat wrote a letter to Ms. Patricia B. De Guzman, Plant Manager, Harman Food Phils., Inc., requesting for the submission of the following additional information:

1. Certified true copies of the Daily Time Record of the deceased between January and October, 2010;
2. Company Safety Program at the Boiler Room, if any;
3. Range of temperature at the boiler room.

The appellant was furnished with a copy of the said letter. She was also informed that the evaluation would resume upon receipt of the abovementioned information, if any, within a period of 20 days or as soon as possible. To date, the Secretariat has yet to receive any response from the employer of the deceased. To prevent further delay, the Secretariat has evaluated the case based on the available records.

On September 9, 2015, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. Majority of the members of the Committee decided to elevate this case to the Commission with a recommendation to grant the claim on the ground that the occupational hazards in the operation of Boiler Machine, such as prolonged exposure to intense heat and excessive noise, caused the manifestation of the Hypertension of the deceased which, eventually, led to the development of his heart ailment.

The appeal is meritorious.

Article 167 (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."

Medical findings provide the etiology of Hypertension and Hypertensive Cardiovascular Disease in this manner, to wit:

Hypertension and Hypertensive Cardiovascular Disease (HCVD)

- “Hypertension or “high blood” is a condition wherein blood pressure is high for a long period of time. The normal range of blood pressure should be below 120/80 mmHg. The blood pressure of an individual is affected by the hereditary and environmental factors. About 90% of hypertension is essential or primary.
- “Essential or Primary Hypertension has no single identifiable cause. The persons most likely to develop essential hypertension are those with family history of hypertension. Cigarette smoking, less physical activity, stress, excessively heavy weight, high salt intake, high caffeine intake, and use of oral contraceptive pill also contribute to the development of essential hypertension. The release of certain enzymes from the kidneys and diabetes mellitus may lead to high blood pressure.
- “Although specific genetic variants have been identified in rare Mendelian forms of hypertension, these variants are not applicable to the vast majority (>98%) of patients with essential hypertension. Blood pressure levels reflect the contributions of many susceptibility genes interacting with each other and with the environment. Essential Hypertension is a polygenic disorder, and different patients may carry different subsets of genes that lead to elevated blood pressure and to different phenotypes associated with hypertension, e.g., obesity, dyslipidemia, insulin resistance.
- “Evidence of end organ damage caused by hypertension are heart enlargement; with electrocardiographic signs of ischemia, heart attack, congestive heart failure or impaired heart pumping; eye problems such as blurring of vision; impaired kidney function and stroke.

CLASSIFICATION OF BLOOD PRESSURE (BP)*			
CATEGORY	SBP MMHg		DBP MMHg
Normal	<120	and	<80
Prehypertension	120-139	or	80-89
Hypertension, Stage 1	140-159	or	90-99
Hypertension, Stage 2	≥160	or	≥100

* See Blood Pressure Measurement Techniques (reverse side)
 Key: SBP = systolic blood pressure DBP = diastolic blood pressure

- “Hypertension is a risk factor for all clinical manifestations of atherosclerosis. It is an independent predisposing factor for heart failure, coronary artery disease, stroke, renal disease, and peripheral arterial disease (PAD). Heart disease is the most common cause of death in hypertension patients. Hypertensive heart disease is the result of structural and functional adaptations leading to left ventricular hypertrophy, diastolic dysfunction, CHF, abnormalities of blood flow due to atherosclerotic coronary artery disease and microvascular disease, and cardiac arrhythmias.
- “Both genetic and hemodynamic factors contribute to left ventricular hypertrophy. Clinically, left ventricular hypertrophy can be diagnosed by electrocardiogram, although echocardiography provides a more sensitive measure of left ventricular wall thickness. Individuals with left ventricular hypertrophy are at increased risk for CHD, stroke, CHF, and sudden death. Aggressive control of hypertension can

regress or reverse left ventricular hypertrophy and reduce the risk of cardiovascular diseases.”

References:

Robbins' Pathologic Basis of Disease, 6th Edition, pp. 510-514.;

Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7);

Harrison's principles of Internal Medicine.17th Edition, Chapter 241: Hypertensive Vascular Disease

Under Annex “A” of the Amended Rules on Employees’ Compensation, the Cardiovascular (or heart) Disease of the covered member must have occurred under any of the following conditions to be considered as compensable:

- a. “If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reasons of the nature of his work;
- b. The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship;
- c. “If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of cardiac impairment during the performance of relationship subject to the following conditions:
 1. “If a person is a known hypertensive, it must be proven that his hypertension was controlled and that he was compliant with treatment;
 2. “If a person is not known to be hypertensive during his employment, his previous health examination must show normal results in all of the following, but not limited to: blood pressure, chest x-ray, electrocardiogram (ECG)/treadmill exam, CBC and urinalysis.
- d. “A history of substance abuse must be ruled out.”
(ECC Resolution No. 432, dated July 20, 1977, as amended by ECC Resolution No. 11-05-13, dated May 26, 2011)

After a thorough medical evaluation of the case, this Commission believes that the condition of the deceased falls under the abovementioned first condition which provides:

- a. “The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship;”

Prior to his death, the deceased worked on a night-shift duty. In the early morning of the next day, he was rushed to a nearby hospital when he suffered from a heart attack while he was waiting for a ride at the jeepney terminal on his way home. This Commission cannot discount the physically exhausting working conditions underwent by the deceased in operating the

Boiler Machine which, eventually, put unusual strain on his body. Boilers are required to be heated and maintained at very high, extreme temperatures. Moreover, they require high wattage generating machineries which operate at a low humming 60 cycles per second, too low to be heard audibly, yet continuous and dangerous if one is over-exposed therewith. The strain manifested itself when the deceased experienced cardiac arrest within 24 hours after performing his physically exhausting duties.

Further, it is also reasonable to state that the strenuous working conditions of the deceased for almost 19 years as Boiler Operator entailed exposure to intense heat and excessive noise which made him susceptible to fatigue and strain that weakened his resistance and caused the manifestation of his Hypertension which, in turn, triggered his fatal heart ailment.

The following medical studies show that a worker may incur cardiovascular consequences as a result of longstanding exposure to these occupational hazards:

- “Heat-related deaths often occur in occupations in which workers are performing tasks in hot environments, and chronic exposure to loud sounds increases the risk for overt hypertension.
- “A continuous and consistent period of exposure to such heat and noise of 19 years would inevitably produce irrevocable consequences. Bombarded by the constant pressure of humming noise generated by the generators and consistently exposed to extreme heat on the other hand, deceased member had no choice but to succumb to the inevitable illness. Actually, he had been unaware of his condition until his BP was taken and found to be elevated. His undiagnosed chronic hypertension had been manifesting its complications, as seen in his fundus angiography results. It is unfortunately too late for him to take measures to alleviate his condition which ultimately claimed his life.
- “Exposure to heat and hot environments puts workers at risk for heat stress, which can result in heat illnesses and death...” “Heat-related deaths often occur in occupations in which workers are performing tasks in hot environments, causing them to build metabolic heat faster than their bodies can release heat and cool down.”

Reference:

Heat Illness and Death Among Workers — United States, 2012–2013; Asbury, S. MPH et.al.; CDCC-MMWR Aug. 8, 2014 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6331a1.htm>

- “A diverse set of loud conditions associated with modern-day society have been implicated in raising BP, including roadway traffic, airplanes, and occupational noises. Numerous studies show that brief exposure to loud noise significantly increases BP within minutes and the prohypertensive response (e.g., to nighttime aircraft noise) can even occur during sleep. In addition, several studies now demonstrate that living in locations that foster chronic exposure to loud noises (with the most evidence for roadways and airplanes) can increase the risk for overt hypertension.”

Reference:

“Environmental Hypertensionology” The Effects of Environmental Factors on Blood Pressure in Clinical Practice and Research; Brook R. M.D. et al; J Clin Hypertens (Greenwich). 2011;13:836–842.

Thus, owing to the absence of any risk-factors which are not work-related such as lifestyle and atherosclerosis, this Commission believes that the strenuous working conditions of the deceased caused or contributed to the manifestation of his fatal illness.

WHEREFORE, premises considered, the denial of the SSS of the claim of the appellant is hereby **REVERSED** and the SSS is ordered to grant EC death benefits to the qualified beneficiaries of the deceased.

SO ORDERED.

**CITY OF MAKATI,
September 22, 2015.**