



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
**EMPLOYEES' COMPENSATION COMMISSION**  
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**WILFREDO C. VILLANUEVA,**  
*Appellant,*

**-versus-**

**ECC CASE No. SM-19443-0824-15**

**SOCIAL SECURITY SYSTEM (SSS),**  
*Appellee.*

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**D E C I S I O N**

This appeal seeks to review the decision, dated May 12, 2015, of the Social Security System (SSS) denying appellant's claim for disability benefits, under the Employees' Compensation Law (P.D. No. 626, as amended), due to Coronary Artery Disease S/P (Status Post) Coronary Artery Bypass Graft.

Between October 1996 and April 2014, the appellant, Wilfredo C. Villanueva (SSS No. 03-4041432-7), 55 years old at the time of the filing of this claim and a resident of Valenzuela City was employed, on an intermittent basis, by Anglo Eastern Crew Management, Makati City, as Merchant Seaman-Catering Services.

During the time of his employment, the duties and responsibilities of the appellant include:

1. Rendering of assistance to Chief Cook/Night Cook in the preparation of meals while on gallery duties;
2. Cleaning all accommodation spaces as directed by the Admin Officer while on accommodation duties;
3. Rendering of assistance to Chief Cook in the maintenance of stock levels for all catering and cleaning materials including stock rotation;
4. Washing and drying of ship linen, towels and personal clothing while on laundry duties;
5. Rendering of assistance in the loading of provisions and stores/Ensure the galley, fridges, freezers, store rooms are maintained in a clean and hygienic condition.

On March 1, 2013, the appellant underwent Pre-employment Medical Examination which revealed “medically fit for service as Catering Staff.” The said examination further revealed that the appellant has been taking maintenance medications for his Hypertension.

On February 16, 2014, the appellant was brought to a hospital in Scotland when he suddenly collapsed in the mess room while he was performing his duty. He was diagnosed to be suffering from Coronary Artery Disease (CAD). He underwent Coronary Artery Bypass Graft (CABG) as surgical remedy. Due to his condition, the appellant was repatriated to the Philippines for further medical consultations.

On account of his heart ailment, the appellant was granted SSS sickness benefits for 120 days effective February 16, 2014 and SSS Permanent Partial Disability (PPD) benefits for 12 months effective November 18, 2014.

The SSS Kalookan City Branch (Branch) denied the claim for additional EC disability benefits on the ground of no causal relationship. The Branch further states that he has history of Hypertension since 2005 and has history of occasional cigarette smoking during his teenage years.

On July 1, 2015, the SSS-Medical Operations Department (SSS-MOD) sustained the denial of the claim reasoning that:

***“There is no causal relationship between member’s job as catering services assistant and his illnesses.”***

On July 15, 2016, the Secretariat wrote separate letters to the appellant and his employer requesting for the submission of additional information within a period of 20 days or as soon as possible. The appellant was informed that the evaluation of his claim would resume upon receipt of the requested information, if any. To date, the Secretariat has yet to receive any response from the appellant and/or from his employer. 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 appellant’s strenuous working conditions onboard a vessel caused the manifestation 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 Hypertensive Cardiovascular Disease and Coronary Artery Disease in this manner, to wit:

### **Hypertensive Cardiovascular Disease**

- "Heart disease is the most common cause of death in hypertensive 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 Coronary Heart Disease, Stroke, CHF, and sudden death.

*Reference:*

*Harrison's Principles of Internal Medicine, 17<sup>th</sup> Edition, Part 9, Section 5, 241: Hypertensive Vascular Disease*

### **Coronary Artery Disease**

Causes of Coronary Artery Disease:

1. "Atherosclerosis of the coronary arteries- a disorder of the coronary arteries characterized by the presence of yellowish plaques of fats and cellular debris within the arteries. This leads to the narrowing of the arteries resulting in a decreased blood supply in organs and areas normally supplied by these arteries. Atherosclerosis is the leading cause of CAD. The risk factors identified for atherosclerosis essentially are the risk factors for CAD. The major risk factors making a person vulnerable to atherosclerosis are the following:
  - a. "Increasing age;
  - b. "Male gender;
  - c. "Hypertension or high-blood pressure;
  - d. "Cigarette smoking;
  - e. "Lipid disorder due to accumulation of too much fats in the body;
  - f. "Insulin resistance which is seen in Diabetes Mellitus;
  - g. "Family history of CAD

Minor Risk Factors:

- a. "Obesity or an excessively heavyweight;
  - b. "Physical Inactivity;
  - c. "Stress;
  - d. "Postmenopausal Estrogen Deficiency;
  - e. "High Carbohydrate Intake;
  - f. "Alcohol
2. "*Thromboemboli*- a blood clot that circulates in the bloodstream and becomes lodged in the blood vessel such as the coronary arteries;
  3. "*Coronary artery spasm*- a sudden constriction of the coronary arteries;
  4. "*Coronary Arteritis*- an inflammatory condition of the inner layers or the outer coat of the coronary arteries that lead to a decreased blood flow;
  5. "Conditions that increase the work-load of the heart such as increased heart rate and hyperactivity of the thyroid gland;
  6. "Conditions that decrease oxygen delivery to the heart like anemia and severe bleeding;
  7. "Inborn abnormalities of the coronary arteries."

*References:*

1. *Harrison's Principles of Internal Medicine, pp.1399-1409, Volume I, 15<sup>th</sup> Edition;*
2. *Robbins' Pathologic Basis of Disease, pp. 504; 550-564, 6<sup>th</sup> Edition;*
3. *Harrison's Principles of Internal Medicine, 17<sup>th</sup> Edition, Part 9, Section 5, 237; Ischemic Heart 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)

In denying the claim of the appellant, the SSS may have attributed the manifestation of the appellant’s heart ailment on his history of Hypertension and cigarette smoking during his teenage years. However, records reveal that his Hypertension was diagnosed only in 2005 or nine years after his employment. Thus, it is more likely that his illness can be traced directly to his work. Records further reveal that the appellant been compliant in taking his maintenance medications. On the issue of smoking, the Supreme Court has already ruled that smoking is not the sole cause of Coronary Artery Disease and Hypertension (cited in the case of *GSIS v. Salvador A. De Castro*, G.R. No. 185035, July 15, 2009). The Supreme Court further states that in any determination of compensability, the nature and characteristics of the job are as important as raw medical findings and the claimant's personal and social history. This is a basic legal reality in Workers' Compensation Law (cited in the case of *GSIS vs. Calumpiano*, G.R. No. 196102, November 26, 2014).

In its evaluation, the SSS may have failed to consider the strenuous working conditions of seamen on the high seas. In the case of *Heirs of the Late R/O (Radio Operator) Reynaldo Aniban vs. NLRC* (G.R. No. 116354, December 4, 1997 citing *Panangui vs. ECC*, G.R. No. L-56259, March 18, 1983), the Supreme Court ruled that the Myocardial Infarction of a Radio Operator/Seaman is compensable on the ground that any kind of work or labor produces stress and strain normally resulting in the wear and tear of the human body. In the said case, the Supreme Court also held that “*it is not required that the occupation be the only cause of the disease as it is enough that the employment contributed even in a small degree to its development.*” (citing *Abana vs. Quisumbing*, No. L-23489, March 27, 1968).

In the case of *Rañises v. ECC and SSS*,<sup>1</sup> the Supreme Court states that:

“...As a **driver and messenger**, he spent virtually his whole day driving around Metro Manila, delivering equipment, collecting checks, and picking up company guests at the airport and driving them to designated places. Obviously, petitioner **in the performance of his job was subject to severe strain and fatigue and exposed to the stress and strain of everyday traffic.**” (emphasis supplied)

In the more recent case of *GSIS vs. Alcaraz*,<sup>2</sup> the Supreme Court did not only consider the words “stress and strain.” Rather, the Highest Court also considered the surrounding circumstances and environments under which the covered member was working, to wit:

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<sup>1</sup> G.R. No. 141709, Aug. 16, 2005

<sup>2</sup> G.R. No. 187474, February 6, 2013, *Brion, J.*

“ .... The conclusions of the two agencies totally disregarded the stressful and strenuous conditions under which Bernardo toiled for almost 29 long years as a laborer and as a metro aide. By so doing, they closed the door to other influences that caused or contributed to Bernardo’s fatal heart problem – an ailment aggravated with the passage of time by the risks present in the difficult working conditions that Bernardo had to bear from day to day in his employment.”

In this case, the strain is even greater considering the various tasks of the appellant as Merchant Seaman/Catering Services of an international vessel. During the time of his employment, the appellant was responsible for, among others, the preparation of meals, cleaning of accommodation spaces, maintenance of stock levels, washing and drying of ship linen, towels, personal clothing, and loading of provisions and stores, and cleanliness of galley, fridges, freezers, and storage rooms.

In a long line of EC appealed cases, this Commission takes cognizance of strenuous working conditions of seamen on the high seas. This certainly produces a stress that puts drastic, unusual and extensive strain upon the health of the appellant. The strain manifested itself when he experienced cardiac arrest while performing his duty on board a vessel.

In summary, the working conditions of the appellant demanded a lot of physical work which made him susceptible to fatigue and strain that weakened his resistance and caused the manifestation of his Hypertension which, in turn, triggered his heart ailment. Thus, it is fair and reasonable to surmise that the occupational risk factors which were present for the entire duration of the employment of the appellant caused debilitating effects on his health.

**WHEREFORE**, the appealed decision is hereby **REVERSED** and the SSS is ordered to grant additional EC disability benefits to the appellant plus medical reimbursement for the succeeding out of pocket expenses that may be incurred by the appellant for his heart ailment subject to the limitations prescribed by the Commission.

**SO ORDERED.**

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