578 Phil. 784

THIRD DIVISION

[G.R. No. 166261, June 27, 2008]

GOVERNMENT SERVICE INSURANCE SYSTEM, PETITIONER, VS. ASTRID V. CORRALES RESPONDENT.

D E C I S I O N

AUSTRIA-MARTINEZ, J.:

Before the Court is a Petition for Review on *Certiorari* under Rule 45 of the Rules of Court, assailing the August 23, 2004 Decision[1] of the Court of Appeals (CA), which reversed and set aside the January 29, 2004 Decision[2] of the Employees' Compensation Commission (ECC) and September 11, 2002 Decision[3] of the Government Service Insurance System ([GSIS] petitioner) denying the claim of Astrid V. Corrales (respondent) for disability benefits under Presidential Decree (P.D.) No. 626;[4] and the October 29, 2004 CA Resolution,[5] denying petitioner's motion for reconsideration.

The relevant facts are culled from the records.

Respondent is employed with the Commission on Audit (COA), initially as Messenger upon her appointment on April 4, 1989, then as Junior Process Server on September 8, 1994, and eventually as Clerk III after her promotion on May 28, 1998.[6]

On May 15, 2002, respondent was confined at the Philippine Heart Center (PHC) due to "Congenital Heart Disease [CHD], ASD, predominantly L-R Shunt with QpQs of 1.6:1, severe PHPN Functional Class III."[7] She underwent surgery and was discharged on June 5, 2002.[8]

Respondent filed with petitioner a claim under P.D. No. 626 for disability benefits in the amount of P493,682.24, representing the cost of her hospitalization.[9] Petitioner denied the claim on the ground that respondent's disability was non-compensable, for it arose from an "ailment that is not considered an occupational disease as contemplated under the aforementioned law."[10]

Respondent sought reconsideration of the denial of her claim,[11] and petitioner elevated the matter as an appeal to the ECC.

In a Decision dated January 29, 2004, the ECC held:

> Appellant [herein respondent] is a diagnosed case of Congenital Heart Disease, an ailment not listed as an occupational disease. As evidenced by records, she had been afflicted of this ailment since her childhood days, years earlier before she entered the government service. Her ailment therefore is in the nature of a pre-existing ailment. Its

aggravation does not fall within the coverage of PD 626, as amended.

Further, medical studies revealed that such disorder is genetic in origin caused by faulty embryogenesis during the gestational weeks of a fetus within the mother's womb. The said ailment therefore is in no way caused by any form of employment. It is a non-work connected ailment and neither causal relationship nor increased risk can be established between appellant's work and this ailment.

WHEREFORE, the assailed decision is hereby AFFIRMED and the instant case DISMISSED and SET ASIDE for want of merit.

SO ORDERED.[12]

Unable to accept the findings of the ECC, respondent appealed to the CA on the argument that CHD is a form of cardiovascular disease which is considered as an occupational disease under item "18. Cardiovascular diseases x x x" in the List of Occupational and Compensable Diseases (Annex "A")
attached to the Amended Rules on Employees' Compensation, implementing P.D. No. 626.[13]

The CA granted the appeal in its August 23, 2004 Decision, thus:

The ECC itself explained that based on "medical studies", petitioner's [herein respondent's] ailment refers to abnormalities of the heart or great vessel, that are present from birth, (See ECC Decision, p. 105, Rollo), which lends credence to [respondent's] claim that congenital heart disease is a form of cardiovascular disease. **Cardiovascular disease is a generic term that encompasses all diseases of the heart and its great vessels. Thus, there should be no doubt that petitioner's congenital heart disease should be considered a cardiovascular ailment, which is included in the list of compensable diseases in the Implementing Rules of the ECC, without need of further proof of causal relation or aggravation by her work.** This is in furtherance of the social justice policy of the Constitution, which upholds the liberality of the state in the interpretation and applicability of laws in favor of the working man, (Santos v. Employees' Compensation Commission, 221 SCRA 182 [1993]).

Thus, as held in Salmone v. Employee's Compensation Commission, (341 SCRA 150 [20001]):

x x x x

Furthermore, the fact that petitioner's [herein respondent's] ailment is congenital in nature places the government on notice that when [it] employed petitioner [herein respondent] after the legally required medical examination, she was already afflicted with her ailment, and it would be the height of hypocrisy and injustice for the government to admit petitioner [herein respondent] as part of its work force only to deny later her compensation benefits allegedly on the ground that her illness had pre-existed her employment.[14]

> WHEREFORE, premises considered, the instant petition is hereby GRANTED, and the decisions of the Employees' Compensation Commission and Government Service Insurance System are hereby SET ASIDE. In lieu thereof, the respondent [herein petitioner] GSIS is hereby ordered to pay the petitioner [herein respondent] her full disability benefits as provided for under Presidential Decree No. 626, as amended. (Emphasis added)
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> SO ORDERED.[15]

Petitioner filed a motion for reconsideration, questioning the CA for applying a presumption of compensability and aggravation, which is no longer allowed under P.D. No. 626.[16] The CA denied the motion for reconsideration in its October 29, 2004 Resolution, reiterating that respondent's claim was valid because CHD, being a form of cardiovascular disease, was listed under item 18 of Annex "A" as an occupational disease.[17]

Petitioner appealed to this Court on the following issues:

1. Whether or not the Honorable Court of Appeals committed error of judgment by reversing the decision of the Employees' Compensation Commission denying the claim for disability benefits under P.D. No. 626, as amended, of respondent Astrid V. Corrales;

2. Whether or not the ailment "Congenital Heart Disease", suffered by respondent Astrid V. Corrales is compensable under PD 626, as amended.[18]

To resolve the issues, the Court must address two underlying questions:

First, does the category of occupational diseases listed as "18. Cardiovascular diseases x x x" in Annex "A" include congenital forms of cardiovascular diseases such as CHD?

Second, do the nature and origin of CHD preclude the possibility that it may also be work-related?

Petitioner posits that, by its nature, CHD can neither be an occupational disease nor a work-related one. Citing Robbins*, Pathologic Basis of Disease,* [19] which defines CHD as a "general term used to describe abnormalities of the heart or great vessels that are present from birth, a disorder that is genetic in origin caused by faulty embryogenesis during the gestational weeks of a fetus within the mother's womb," [20] petitioner emphasizes that being genetic in origin, CHD cannot be considered a natural incident of any particular form of occupation. Furthermore, although CHD usually manifests itself late in a person's life, it actually afflicts the latter even before birth; hence, it is a pre-existing condition that cannot possibly arise during the course of any form of employment.[21] In respondent's case, she admitted to having suffered from a heart ailment in 1972, which only goes to prove that her condition was pre-existing.[22]

Respondent counters by citing Stewart M. Brooks*, Basic Science and the Human*

Body - Anatomy and Physiology[23] which "enumerates cardiovascular diseases as ostheroclerosis [sic], coronary heart disease, cardiac arrythmias, rheumatic heart disease, **congenital heart disease**, congestive heart failure, among others."[24] Thus, she contends, CHD is a form of cardiovascular disease, and comes under the category of occupational diseases listed in Annex "A" as "18. Cardiovascular diseases." She further argues that as Annex "A" employed the term "cardiovascular diseases" in its generic sense, without reference to any particular form or nature of cardiovascular disease, then it follows that, applying established rules of statutory construction, it is to be interpreted to encompass the whole range of cardiovascular disease, including CHD.[25]

Respondent emphasizes that even if CHD is a pre-existing condition, it can still be proven to be work-related under subparagraph (c), item 18 of Annex "A" which provides that a pre-existing cardiovascular disease may still be considered work-related if it is shown that the afflicted "person who was apparently asymptomatic before being subjected to strain at work, showed signs and symptoms of cardiac injury during the performance of his/her work and such symptoms and signs persisted."[26]

Respondent claims that her CHD is work-related for it occurred approximately two years after her promotion to Clerk III, which entailed her assumption of responsibilities, more numerous and strenuous than those cited by the ECC, [27] such as the physical inventory of properties, canvass of requisitioned supplies, materials, equipment and services, procurement of urgently needed supplies, materials and equipment, and reconciliation of property inventory balances with accounting ledger balances.[28] Her expanded functions involved mostly field work that were physically rigorous and straining, for "be it under the scorching sun or drenching rain, she [would shuttle] from one business establishment to another to canvass for the lowest price[d] items, equipment or materials" and "[conduct] inventory of office equipment, of any size or [build], and [in] various locations."[29] In fact, respondent revealed, it was during one instance of such field work that she first detected that something was wrong with her health.[30]

Respondent asserts that prior to her promotion, she was asymptomatic. Though she admits that sometime in 1972 she "was hospitalized for suspected heart ailment," [31] respondent clarifies that for almost 30 years thereafter, said ailment remained dormant and did not bother her at all: in fact, during that period, she was healthy enough to finish her education, get married and be employed. Thus, when, barely two years after she was assigned heavier responsibilities concomitant to her promotion, she first experienced a deterioration of her health, which condition was diagnosed as CHD in 2002, said ailment could only be due to the physical strain and mental stress she underwent daily at work.[32]

The petition lacks merit.

An ailment is considered compensable under any of the grounds specified in Section 1, Rule III of the Amended Rules on Employees' Compensation, to wit:

> Section 1. *Grounds*. (a) For the injury and the resulting disability or death to be compensable, the injury must be the result of accident

arising out of and in the course of the employment. (ECC Resolution No. 2799, July 25, 1984).

(b) For the sickness and the resulting disability or death to be compensable***, the sickness must be the result of an occupational disease listed under Annex "A" of these Rules with the conditions set therein satisfied,*** otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions.

(c) Only injury or sickness that occurred on or after January 1, 1975 and the resulting disability or death shall be compensable under these Rules. (Emphasis added)

The occupational diseases referred to in Section 1(b) above are those listed in Annex "A" to the Amended Rules on Employees' Compensation, provided that the nature of employment of the claimant is as described therein.

Pursuant to its authority under Article 191[33] and Article 192,[34] Book V of the Labor Code, as amended by P.D. No. 626, the ECC, by Resolution No. 432, dated July 20, 1977, added to Annex "A" of the Amended Rules on Employees' Compensation certain categories of diseases which, though not considered occupational diseases in the strict sense, are nonetheless treated as work-related. One category is item "18. Cardiovascular diseases."[35]

Cardiovascular diseases are disorders that affect the normal ability of the heart (cardio) and the blood vessels (vascular) to function.[36] Citing Braunwald's *Heart Disease: A Textbook of Cardiovascular Medicine* (8th ed., 2007) in their official website, the U.S. National Library of Medicine and National Institutes of Health [37] equate cardiovascular diseases to heart diseases and identify congenital heart disease or CHD as among the various forms thereof. [38]

It is significant that Annex "A" employs the term "cardiovascular diseases" not only in its generic form but also in its ***plural*** sense. It is axiomatic in statutory construction that when a term is used in its plural sense, it is to be interpreted to encompass any and all related meanings of the term.[39] Thus, "cardiovascular diseases" must mean all diseases of the cardiovascular system, without qualification as to nature, origin or type.

The CA, therefore, did not err when it held that respondent's CHD fell under the category of work-related diseases listed as "18. Cardiovascular diseases" in Annex "A" of the Amended Rules on Employees' Compensation.

It being settled that respondent's CHD is listed in Annex "A" as an occupational disease, the next question is whether her ailment was acquired under any of the conditions set forth in Annex "A" so as to be considered compensable.

As a general rule, disability arising from an occupational disease listed in Annex "A" is considered compensable without need of further proof of causal relation between the disease and the claimant's work.[40] However, disability arising from a work-related disease which was added to Annex "A" by virtue of ECC Resolution No. 432 is considered compensable only upon evidence that said work-related disease