

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

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

Ponente: AUSTRIA-MARTINEZ, J.

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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 [2000]):

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)

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:

- 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;
- 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 arrhythmias, 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 manifested itself under specific conditions.

With respect to a cardiovascular disease such as CHD, these conditions are:

List of Occupational and Compensable Diseases

x x x x

18. Cardiovascular diseases. ** Any of the following conditions

- 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/her work.
- 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.
- If a 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, it is reasonable to claim a causal relationship. (Emphasis supplied)

Disability acquired under the third condition is compensable if the following elements obtain: first, before being subjected to strain at work, the persons afflicted was asymptomatic or presented no subjective evidence of the disease; [41] second, the latter experienced the signs and symptoms of the disease when subjected to stress at work; and third, the signs and symptoms of the disease persisted.[42]

It is sufficient that the foregoing elements be established, not by direct and clear evidence, but by mere substantial evidence or such relevant evidence as a reasonable mind might accept as adequate to support a conclusion. Thus, for as long as some factual basis exists from which it can be drawn that the disease afflicted the claimant under the third condition, the disability ought to be considered compensable.[43] More importantly, once there is substantial evidence of the existence of such condition, the same cannot be diminished even by medical opinion to the contrary.[44] The yardstick in employees' compensation cases is mere probability, not certainty; thus, whatever doubt such contrary medical opinion may engender should be interpreted in favor of the employees for whom social legislations, like P.D. No. 626, are enacted. [45]

One evidence which respondent presented to prove the causal relationship required under item 18 of Annex "A" between her CHD and her work in the COA was the Clinical Abstract issued on June 13, 2002 by the PHC, summarizing her medical history, thus:

Chief Complaints: Easy fatigability.

Apparently had Congenital Heart Disease but asymptomatic No consult done.

Brief Clinical History:

2 years PTA [46] started to have easy fatigability w/ shortness of breath. Consult done, given Imdur. Vastarel.

Diagnosed to have CHD, advised operation but refused.

1 month PTA - recurrence of above signs symptoms w/ apparent orthopnea. 2DED done showed ASD, advised operation hence this admission.[47] (Emphasis added)

Petitioner did not dispute the aforecited clinical abstract.

The significance of the Clinical Abstract is that it states that respondent "apparently had Congenital Heart Disease but asymptomatic" and that it was only two years prior to her admission in 2002 that she started to experience the symptoms of CHD. This tallies with the claim of respondent -- which petitioner does not refute[48] -- that while respondent was hospitalized for a suspected heart ailment in 1972, from then on, she did not suffer any symptom of the disease until she was hospitalized in 2002. [49]

The same Clinical Abstract confirms respondent's assertion that it was in 2000, or within the short span of two years from her promotion in 1998 to Clerk III, that she began to experience the signs and symptoms of CHD, such as easy fatigability and shortness of breath, which signs and symptoms persisted until she was finally hospitalized in 2002.

In sum, the Clinical Abstract substantially established the fact that, while respondent previously had CHD, she was asymptomatic, and suffered the signs and symptoms thereof only in 2000 or two years after her promotion to

Clerk III in 1998.

The ECC, in its January 29, 2004 Decision, enumerated respondent's duties, as follows:

- 1) Assist[s] the administrative staff in all clerical matters;
- 2) Type[s] [or] encode[s] letters, memoranda, endorsement and other office reports;
- 3) Record[s]/log[s] incoming and outgoing official papers and mail matters;
- 4) Maintain[s] a systematic filing system for office files and records;
- 5) Supervise[s] the messengers in the delivery of correspondences, memoranda, endorsements and office reports; and
- 6) Perform[s] other related tasks.[50]

based on an undated and unsigned Job Description for all COA personnel holding the position of Clerk III, but without specification as to their particular office assignment.[51]

However, the ECC failed to consider the specific duties of respondent as Clerk III assigned to the Procurement Division of the COA, to wit:

- 1) Conducts annual physical inventory of property and prepares the necessary inventory reports thereof.
- 2) Conducts canvass of requisitioned supplies, materials, equipment and services.
- 3) Procures urgently needed supplies, materials equipment.
- 4) Prepares monthly report on supplies and materials issued.
- 5) Maintains and updates stock cards for all supplies and materials, equipment Ledger cards (ELCS) for fixed and other property records.
- 6) Reconciles property inventory balances with accounting ledger balances.
- 7) Prepares Purchase Orders (Pos)/Job Orders (JOs), Acceptance Reports Waste Materials.
- 8) Prepares Requisition and Issue Vouchers (RIVs) for Supplies Materials for the general use of the Commission.
- 9) Assists in the preparation and updating of property reports/records.
- 10) Types/encodes letters, memoranda, endorsements and other report of the office. [52]

per Certification of the Chief of the Procurement Division, General Services, of the COA.

Although the Certification was submitted by respondent only in 2003, during the pendency of her petition before the CA, the same is not disputed by petitioner. Moreover, the ECC should have taken notice of the specific job description of respondent as Clerk III of the Procurement Division of COA, instead of having merely relied on the general description of a Clerk III in COA.

The admission of the Certification into evidence and its application by the CA were therefore proper, especially since technical rules of evidence need not be strictly applied to employees' compensation cases.[53]

A cursory examination of the certification and the job description reveals that, by their sheer number and peculiar nature, the duties which respondent has been officially performing since her promotion in 1998 to Clerk III in the Procurement Division of COA are undoubtedly more stressful, if not physically straining. Unlike the purely clerical work undertaken by a generic Clerk III in COA, the actual duties assigned to respondent as Clerk III in the COA Procurement Division involve mostly field work, such as the physical inventory of properties, the canvass of goods and materials and the procurement thereof. Moreover, these duties are radically different from

those normally undertaken by a messenger and process server, which were the positions respondent held for eleven (11) years prior to her ailment. Thus, it is more than reasonable to believe that respondent experienced the signs and symptoms of CHD shortly after her promotion to Clerk III in 1998, at which time she began to be constantly subjected to more stress concomitant to the performance of her duties as Clerk III.

Clearly, the evidence of respondent provides a real and substantial basis for any reasonable man to conclude that she was afflicted with CHD under the third condition of item 18 of Annex "A." The Court agrees with the CA in its assessment that respondent substantially established the compensability of her disability.

Petitioner would insist, however, that, based on medical literature, CHD is of genetic origin and, therefore, cannot result from any form of employment.

In *Employees' Compensation Commission v. Court of Appeals*, [54] the Court noted medical findings that genetic factors may contribute to the development of ureterolithiasis, yet it declared the disease work-related under the factual circumstances of said case. So, too, in *Government Service Insurance System v. Palma*, [55] in which thyroid cancer, a disease that can be traced to family history, was declared work-related under the factual circumstances of the case.

On CHD, in particular, the U.S. National Library of Medicine and National Institutes of Health report that "no known cause can be identified for most congenital heart defects," for it remains under investigation and research.[56] Moreover, the two agencies report that there have been cases in which CHD did not cause any problem and even allowed the afflicted person to have a normal lifespan. Some instance of CHD even healed over time.[57] Medical literature, therefore, does not completely rule out the real possibility that while a "suspected" heart ailment may have afflicted respondent in 1972, it healed over the course of almost 30 years but was "aroused" or "set off" when she was subjected to a radical change in her duties at work following her promotion in 1998.

In fine, notwithstanding medical opinion on the genetic origin of a disease, if there is some real and substantial evidence that the disease is work-related as well, especially under the conditions described in Annex "A," then the disability arising from such disease is compensable.[58]

All told, the CA did not err in reversing the ECC and awarding respondent disability compensation under P.D. No. 626.

WHEREFORE, the petition is DENIED for lack of merit.

No costs.

SO ORDERED.

Ynares-Santiago, (Chairperson), Chico-Nazario, Nachura and Reyes., JJ., concur.

[1] Penned by Associate Justice Rodrigo V. Cosico and concurred in by Associate Justices Danilo B. Pine and Arcangelita Romilla Lontok; rollo, p. 38.

[2] Id. at 46.

[3] Id. at 52.

[4] Further Amending Certain Articles of Presidential Decree No. 442 Entitled "Labor Code of the Philippines" effective January 1, 1975.

- [5] CA rollo, p. 229.
- [6] Id. at 119.
- [7] Medical Certificate, id. at 110.
- [8] Id.
- [9] Id. at 121-123.
- [10] GSIS Decision, rollo, p. 52.
- [11] CA rollo, p. 21.
- [12] Rollo, pp. 47-49.
- [13] Petition for Review, CA rollo, p. 96.
- [14] CA Decision, rollo, pp. 41-42.
- [15] Id. at 41-42.
- [16] CA rollo, p. 208.
- [17] Id. at 229.
- [18] Petition, rollo, p. 20.
- [19] 6th edition, p. 591.
- [20] Memorandum for Petitioner, rollo, p. 100.
- [21] Id at 102.
- [22] Petition, id. at 25.
- [23] Pp. 193-200.
- [24] Memorandum for Respondent, rollo, pp. 117-118.
- [25] Id. at 118.
- [26] Id. at 119-120.
- [27] Petition, CA rollo, p. 97.
- [28] Certification, id. at 112.
- [29] Supra note 27.
- [30] Memorandum for Respondent, rollo, pp. 120-121. See also Petition, CA rollo, p. 97.
- [31] Petition, CA rollo, p. 94.
- [32] Supra note 27.
- [33] Art. 191. Temporary total disability. (a) Under such regulations as the Commission may approve, any employee under this Title who sustains an injury or contracts sickness resulting in temporary total disability shall for each day of such a disability or fraction thereof be paid by the System an income benefit equivalent to ninety percent of his average daily salary credit, subject to the following conditions: x x x.

[34]Art. 192. Permanent total disability. (a) Under such regulations as the Commission may approve, any employee under this Title who contracts sickness or sustains an injury resulting in his permanent total disability shall, for each month until his death, be paid by the System during such a disability, an amount equivalent to the monthly income benefit, plus ten percent thereof for each dependent child, but not exceeding five, beginning with youngest and without substitution x x x.

[35] Government Service Insurance System v. Villareal, G.R. No. 170743, April 12, 2007, 520 SCRA 741, 744; Viernes v. Government Service Insurance System G.R. No. 141171, September 26, 2001.

[36] See Dorland's Medical Dictionary, 24th Edition, p. 255.

[37]<http://www.nlm.nih.gov/medlineplus/ency/article/000147.htm>; accessed through [http:// www. doh.gov.ph](http://www.doh.gov.ph) on April 28, 2008.

[38] Also included in the enumeration of cardiovascular or heart diseases are: alcoholic cardiomyopathy, aortic regurgitation, aortic stenosis, arrhythmias, cardiogenic shock, congenital heart disease, coronary artery disease (CAD), dilated cardiomyopathy, endocarditis, heart attack (myocardial infarction), heart failure, heart tumor, idiopathic cardiomyopathy, ischemic cardiomyopathy, acute mitral regurgitation, chronic mitral regurgitation, mitral stenosis, mitral valve prolapse, peripartum cardiomyopathy, pulmonary stenosis, stable angina, unstable angina, and tricuspid regurgitation.

[39]Metropolitan Stevedore Co. v. Rambo (94-820), 515 U.S. 291 (1995); see also Gatchalian v. Commission on Elections, 146 Phil. 435, 442-443 (1970).

[40]Government Service Insurance System v. Baul, G.R. No. 166556, July 31, 2006, 497 SCRA 397, 404; Salmone v. Employees' Compensation Commission, 395 Phil. 341, 347 (2000).

[41]Leviste v. Social Security System (Solid Mills, Inc.), G.R. No. 159060, November 28, 2007, 539 SCRA 120, 128, citing Websters Third New International Dictionary, 1981 edition.

[42]Rañises v. Employees' Compensation Commission, G.R. No. 141709, August 16, 2005, 467 SCRA 71, 75; Leviste v. Social Security System (Solid Mills, Inc.), supra note 41, at 129.

[43]Government Service Insurance System v. Baul, supra note 40, at 403-404.

[44]Government Service Insurance System v. Cuanang, G.R. No. 158846, June 3, 2004, 430 SCRA 639, 646.

[45]Government Service Insurance System v. Valenciano, G.R. No. 168821, April 10, 2006, 487 SCRA 109, 117-118, citing Jacang v. Employees' Compensation Commission, G.R. No. 151893, October 20, 2005, 473 SCRA 520, 531; Salmone v. Employees' Compensation Commission, 395 Phil. 341, 347 (2000); Salalima v. Employees' Compensation Commission, G.R. No. 146360, May 20, 2004, 428 SCRA 715, 723.

[46] "Prior to admission"

[47] CA rollo, p. 114.

[48] See Petition, rollo, p. 25.

[49]Petition, CA rollo, p. 94.

[50] ECC Decision, id. at 106.

[51] Job Description, id. at 113.

[52]Certification, id. at 19.

[53] *Government Service Insurance System v. Baul*, supra note 40, at 404-405; *Government Service Insurance System v. Palma*, G.R. No. 167572, July 27, 2007, 528 SCRA 386, 394.

[54] 332 Phil. 278 (1996).

[55] Supra note 53.

[56] <http://www.nlm.nih.gov/medlineplus/ency/article/000147.htm>; accessed through [http:// www.doh.gov.ph](http://www.doh.gov.ph) on April 28, 2008.

[57] Id.

[58] See *Seagull Ship Management and Transport, Inc. v. National Labor Relations Commission*, 388 Phil. 906, 914 (2000).

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