

MARTINIANO SARMIENTO, PETITIONER, VS. EMPLOYEES' COMPENSATION COMMISSION AND GOVERNMENT SERVICE INSURANCE SYSTEM, RESPONDENTS.

G.R. No. 68648. September 24, 1986

Ponente: GUTIERREZ, JR., J.

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GUTIERREZ, JR., J.:

This is an appeal by certiorari, seeking the review of the July 20, 1984 decision of the respondent Employees' Compensation Commission in ECC Case No. 2279, affirming the decision of respondent Government Service Insurance System which denied the claim of petitioner Martiniano Sarmiento for compensation benefits under Presidential Decree No. 626, as amended. The claim was denied on the ground that Sarmiento's ailments -- acute follicular pharyngitis with hypertrophic rhinitis -- are not occupational nor work-connected in his position as casual laborer with the Bureau of Agricultural Extension from January 5, 1976 to his retirement on June 30, 1980.

Martiniano Sarmiento was a casual laborer of the Bureau of Agricultural Extension requiring him to deal with different kinds of plants which have to be sprayed with insecticides and pesticides.

On February, 1983, as per medical records, petitioner's illness started as a fever accompanied by chest pain, cough, and watery nasal discharge.

On March 14, 1983, he filed his claim for disability compensation with the respondent Government Service Insurance System under P. D. 626, as amended. His illness was diagnosed as acute follicular pharyngitis with hypertrophic rhinitis. He was treated for these ailments at the Provincial Hospital of Bohol by Dr. Segundo T. Rocha, a private physician. The history of petitioner's illness was recorded by Dr. Rocha as follows:

"Present condition started three (3) days prior to consultation as sudden onset of cough accompanied by chest pain and feverish sensation. Cough hard in character and more in early evening and morning.

"He has been with nasal stuffiness for almost 15 years as on and off nasal stuffiness associated with frontal headache."

On April 6, 1983, the Manager, Disability Benefits Department of GSIS, Mr. Oscar B. Marcelino denied the petitioner's claim stating that the petitioner's ailments are not occupational. From this decision, a petition for review was filed by petitioner before the Employees' Compensation Commission (ECC).

On March 18, 1984, the respondent ECC through its medical officer, Dr. Francisco A. Estacio found that there is no proof to establish the compensability of the disease in relation to the claimant's occupation. Neither was there an increased risk arising from the working conditions. He recommended affirmance of the GSIS decision denying the claim.

On July 20, 1984, the respondent ECC rendered its questioned decision in ECC Case No. 2279. The dispositive portion of the decision is quoted as follows:

"WHEREFORE, the decision appealed from is hereby AFFIRMED and this instant case is dismissed."

Hence, this petition.

The compensability of petitioner's ailments, as in most workmen's compensation cases today, is the sole issue raised in the case at bar.

Presidential Decree No. 626, as amended, under which the petitioner seeks compensation benefits defines compensable sickness as "any illness definitely accepted as an occupational disease listed by the Commission, or any illness caused by employment subject to proof by the employee that the risk of contracting the same is increased by the working conditions" (Section 1, P.D. 626, amending Article 165 of the Labor Code of the Philippines).

Neither follicular pharyngitis nor chronic hypertrophic rhinitis have been listed by the ECC as occupational diseases, that is, caused by or especially incident to a particular employment or occupation. Describing the petitioner's illness, the GSIS Medical Services Center report states that:

"Pharyngitis is inflammation of the pharynx most frequently viral in origin, but which may be due to streptococci, pneumococci or diphtheria. It often arises by extension of infection from tonsils, adenoids, nose or sinuses or during the course of measles, streptococcosis, diphtheria or common cold."

while

"Hypertrophic rhinitis is a chronic inflammatory process marked by the thickening of the nasal mucosa and sub-mucosa, causing enlargement of the turbinates."

The report found no apparent connection whatsoever between the two illnesses and petitioner's employment as laborer in the Bureau of Agricultural Extension, leading the System (that is, the GSIS) to deny compensation benefits.

Petitioner posits his claim under the theory of "increased risk", that is, a disease is deemed compensable when the risk of contracting the same is increased by the working conditions to which a laborer or employee is exposed to. However, to establish compensability of the claim under the said theory, the claimant must show proof of work-connection (*Cristobal v. Employees' Compensation Commission*, 103 SCRA 329; *Acosta v. Employees' Compensation Commission*, 109 SCRA 209).

Strict rules of evidence are not applicable in claims for compensation (*San Valentin v. Employees' Compensation Commission*, 118 SCRA 160; *Better Building, Inc. v. Pucan*, 135 SCRA 62). There are no stringent criteria to follow. The degree of proof required under P. D. 626, is merely substantial evidence, which means, "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion" (*Cristobal v. Employees' Compensation Commission*, supra, citing *Ang Tibay v. Court of Industrial Relations and National Labor Union, Inc.*, 69 Phil. 635; and *Acosta v. Employees' Compensation Commission*, 109 SCRA 209). The claimant must show, at least, by substantial evidence that the development of the disease is brought largely by the conditions present in the nature of the job. What the law requires is a reasonable work-connection and not a direct causal relation (*Cristobal v. Employees' Compensation Commission*, supra; *Sagliba v. Employees' Compensation Commission*, 128 SCRA 723; *Neri v. Employees' Compensation Commission*, 127 SCRA 672; *Juala v. Employees' Compensation Commission*, 128 SCRA 462; and *De Vera v. Employees' Compensation Commission*, 133 SCRA 685). It is enough that the hypothesis on which the workmen's claim is based is probable. Medical opinion to the contrary can be disregarded especially where there is some basis in the facts for inferring a work-connection (*Delegente v. Employees' Compensation Commission*, 118 SCRA 67; and *Cristobal v. Employees' Compensation Commission*, supra). Probability not certainty is the touchstone (*San Valentin v.*

Employees' Compensation Commission, *supra*).

This kind of interpretation gives meaning and substance to the liberal and compassionate spirit of the law as embodied in Article 4 of the New Labor Code which states that "all doubts in the implementation and interpretation of the provisions of this Code including its implementing rules and regulations shall be resolved in favor of labor" (*Cristobal v. Employees' Compensation Commission, supra*). The policy is to extend the applicability of the decree to a greater number of employees who can avail of the benefits under law, which is in consonance with the avowed policy of the State to give maximum aid and protection to labor (*Acosta v. Employees' Compensation Commission*, 109 SCRA 209).

An extensive analysis of the petitioner's ailments and the circumstances under which they were suffered provides us with the reasonable proof of work-connection, if not a direct causal relation between his employment and said illnesses.

The very nature of petitioner's ailments as respiratory diseases vis-a-vis his occupation with the Bureau of Agricultural Extension where, as laborer, he was constantly exposed to plant dusts, and chemicals such as pesticides and fertilizers, clearly respiratory irritants, substantiates petitioner's claim of work-connection and increased risk. This is not the case of an employee subjected to general pollution suffered in common with workers and non-workers alike. Mr. Sarmiento worked directly and regularly with pesticides and toxic materials as part of his employment. A closer study of the petitioner's ailments firmly establishes the work-connected nature of his ailments.

Simple chronic rhinitis is a serous or catarrhal inflammation of the nasal mucosa membrane, attributable to prolonged irritation from chronic nasal obstruction, sinus disease and recurrent exacerbations of acute rhinitis. It is characterized by a permanent increase of the connective tissue elements, which produces nasal obstruction and increased secretion (Hollander, Abraham R, *Office Practice of Otolaryngology*, F.A. Davis Co., Philadelphia, 1965). On the other hand, chronic hypertrophic rhinitis results from repeated acute nasal infections from recurrent attacks of suppurative sinusitis, which produces a chronic state, and from vasomotor states independent of local disease (Boies, Hilger and Priest, *Fundamental Otolaryngology, A Textbook of Ear, Nose and Throat Diseases*, W. B. Saunders Co., Philadelphia, 4th Ed., 1964).

Independent from disease or infection, chronic rhinitis is a reaction of the turbinate mucous membrane to irritants whether tobacco, excessive use of vasoconstrictor drops or atmospheric irritants, by enlarging, limiting the airway, resulting in nasal obstruction, either intermittent or persistent, with a post-nasal discharge of mucous (Bull, T.R., *Color Atlas of Ear, Nose and Throat Diagnosis*, Yearbook, Medical Publishers, Inc., 1974, pp. 115-116). Inhalants like insect sprays, paints, varnishes, oils, perfumes, occupational dusts and odors, fumes and smokes will increase the severity or provoke episodes of rhinitis (Hollander, *Office Practice of Otolaryngology, supra*, 1965, p. 387). Too, a combination of long-standing allergic rhinitis and low-grade inflammation may produce the permanent enlargement of the turbinates, particularly the inferior turbinates, as is the case with petitioner in the case at bar. When this occurs, the turbinate loses most of its normal ability to expand and to shrink. The result is continuous nasal obstruction (David D. de Weese and William H. Saunders, *Textbook of Otolaryngology*, F. A. Davis Co., Philadelphia, 1965, p. 387).

The use of the term "Chronic", meaning long-term or long-standing to characterize petitioner's hypertrophic rhinitis further confirms work- connection. The same implies a long and gradual development of the ailment. It is a clear indication that it was not the single bout with infection which associated the same with follicular pharyngitis, that could have produced the hypertrophy or "permanent enlargement or thickening" of petitioner's nasal mucous membranes. Not only is there reasonable work-connection shown but direct causal relation of

petitioner's employment and illness of hypertrophic rhinitis, for which compensation must be given.

A general weakening of a person's constitution and body resistance is, likewise, a necessary consequence of petitioner's working conditions. Coupled with chronic hypertrophic rhinitis, the petitioner's susceptibility to infection was increased causing him to further contract follicular pharyngitis. There is a close and logical link between follicular pharyngitis and petitioner's working conditions as the main predisposing factor to respiratory ailments. Thus the compensability cannot be denied.

WHEREFORE, IN VIEW OF THE FOREGOING, the petition is GRANTED. The decision of the respondent Employees' Compensation Commission is SET ASIDE and another one entered ordering the respondents to pay disability benefits as abovestated. The respondents are ordered to compute the full extent of the petitioner's disability and on that basis immediately pay him the benefits due.

SO ORDERED.

Feria, (Chairman), Fernan, Alampay, and Paras, JJ., concur.

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