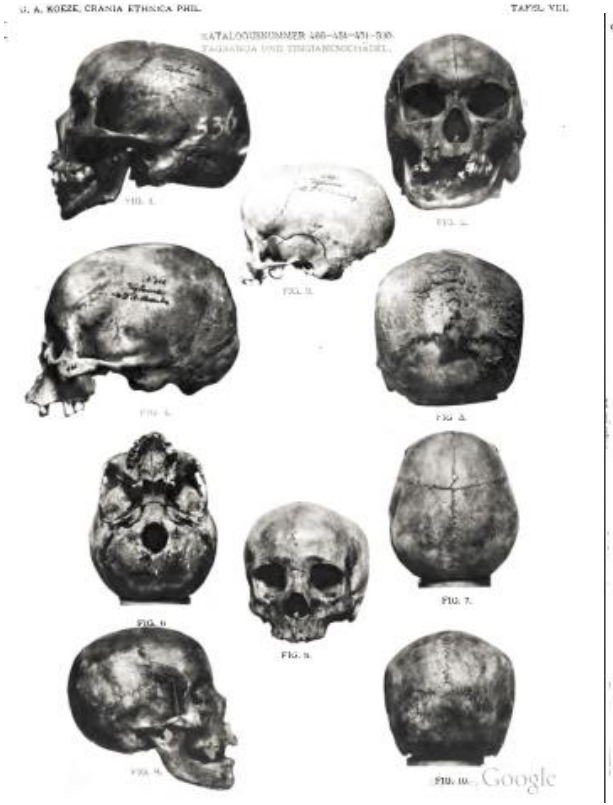
A historiographical analysis of the evolving landscape of research ethics in the Philippines

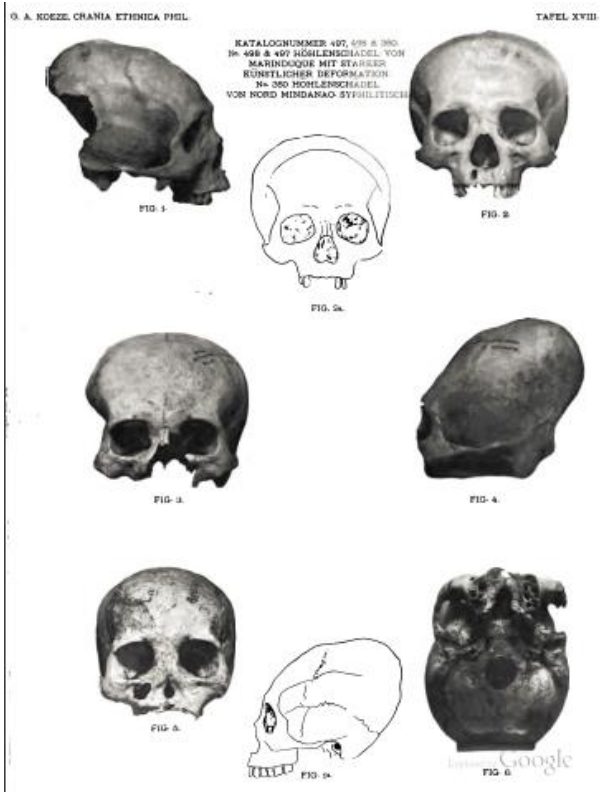
Gretchen Geneblaza Velarde, Justine Jay B. Marfil, Bridgette M. Diaz, Florabelle G. Taguiling, Jaypee A. Solee, Najwa Hind B. Molina, Roben M. Omaweng, Christopher John E. Limos, and Maria Corazon A. De Ungria

University of the Philippines Diliman Research Ethics Board

“The history of scientific progress in the Philippines begins with our occupation of the islands.” - W.E. Musgrave (*Manila Times*, 1911:28)

Archaeology: American Colonial Period (1898-1946)





The Racial Anatomy of the Philippine Islanders, introducing New Methods of Anthropology and showing their Application to the Filipinos, with a Classification of Human Ears and a Scheme for the Heredity of Anatomical Characters in Man. By ROBERT BENNETT BEAN, B.S.M.D., Associate Professor of Anatomy, The Tulane University of Louisiana, New Orleans, La.; formerly Associate Professor of Anatomy, Philippine Medical School, Manila, P. I. With Nineteen Illustrations reproduced from Original Photographs. Seven Figures. Philadelphia & London: J. B. Lippincott Co., 1910. Pp. 224.

As with Africa of old, so now-a-days with our far-off eastern possessions, *e Philippinis semper aliquid novi*. This time it is the *Homo Philippinensis*, close kin of him of ancient Heidelberg. According to Dr Bean (p. 231) he is "a being somewhat apart, typical of neither the primary nor the secondary Australoid," at least as represented by the man of Taytay, whose photograph is given with anthropometric details (pp. 228–232). On the basis of "primordial man with a form similar to *Homo Heidelbergensis*, *Mousteriensis* and *Philippinensis*," the author derives the races of man in all parts of the globe, by variation, differentiation, segregation, modification, interbreeding, conglomeration, re-combination, etc. One is forced to admire Dr Bean's synonymy at

Chamberlain (1911)

From Koeze, (1904). Crania Ethnica Philippinica: Ein Beitrag zur Anthropologie der Philippinen

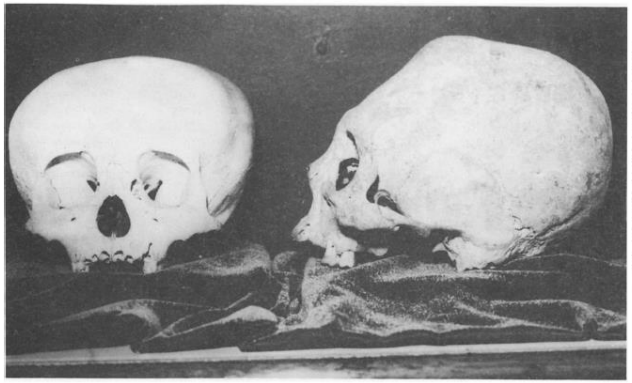
Postcolonial Archaeology

SOME REMARKS ON ARTIFICIAL CRANIAL DEFORMATION

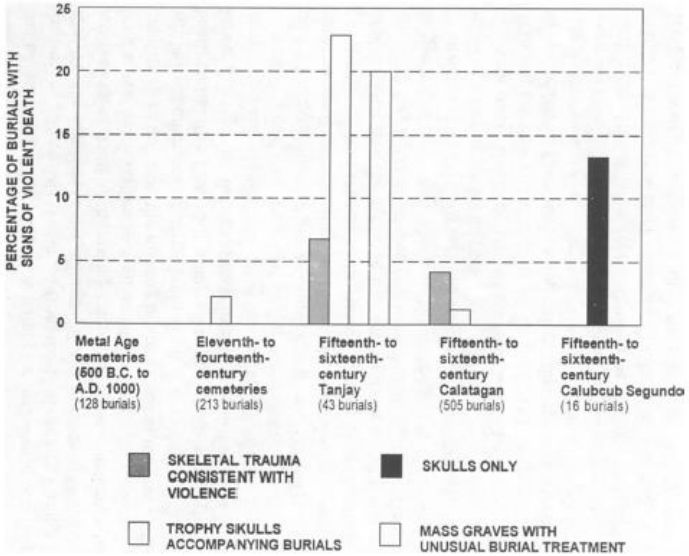
Author(s): Marcelino N. Maceda

Source: *Philippine Quarterly of Culture and Society*, MARCH 1973, Vol. 1, No. 1 (MARCH 1973), pp. 58-59

Published by: University of San Carlos Publications



From Cañete and Trevathan (2000)



From Junker (1999)

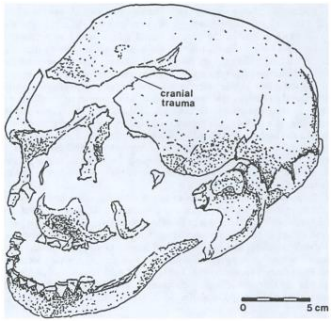


Illustration of cranial trauma on the female adult burial #3 in the "mass grave" dated to the Osmena Phase (A.D. 1400-1600) at Tanjay. After Junker (1993)

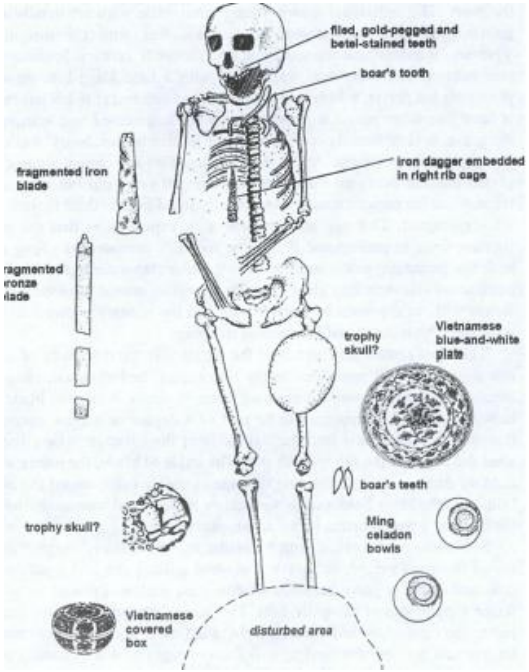
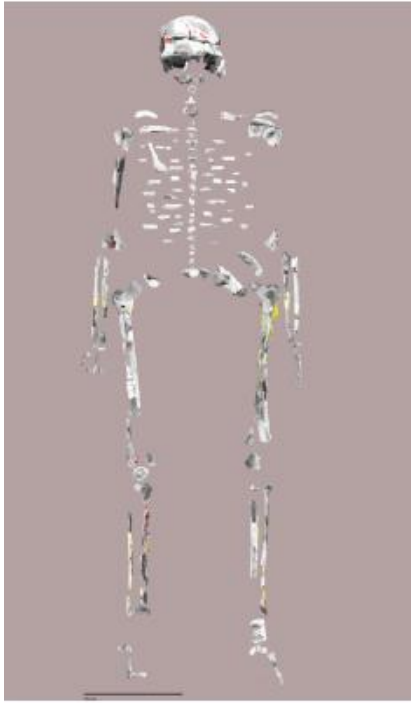


Illustration of a 16th century male warrior from Tanjay with evidence of violent death in a war or raid (iron embedded in ribs). After Junker 1999.

Postcolonial Archaeology



After Lara et al (2015)

After Lara et al (2015)

Terminal Pleistocene to mid-Holocene occupation and an early cremation burial at Ille Cave, Palawan, Philippines

Helen Lewis[1], Victor Paz[2], Myra Lara[2], Huw Barton[3], Philip Piper[2], Janine Ochoa[2], Timothy Vitales[2], A. Jane Carlos[2], Tom Higham[4], Leee Neri[2], Vito Hernandez[2], Janelle Stevenson[5], Emil Charles Robles[2], Andrea Ragragio[2], Rojo Padilla[2], Wilhelm Solheim II[2] & Wilfredo Ronquillo[6]

Excavations at a cave site on the island of Palawan in the Philippines show occupation from c. 11000 BP. A fine assemblage of tools and faunal remains shows the reliance of hunter-foragers switching from deer to pig. In 9500-9000 BP, a human cremation burial in a container was emplaced, the earliest yet known in the region.

Keywords: Southeast Asia, Philippines, Palawan, Ille Cave, Late Palaeolithic, terminal Pleistocene, early to mid-Holocene, cremation, occupation, radiocarbon dates

Hukay vol. 2 no. 2

RECONSTRUCTING THE BIOLOGICAL CHARACTERISTICS OF PAST PHILIPPINE HUMAN POPULATIONS

Jack G.L. Medrana

HEALTH AND DISEASE IN THE PHILIPPINE ISLANDS IN THE LAST FIVE CENTURIES BEFORE SPANISH CONTACT: AN OVERVIEW

Jack G. L. Medrana

International Journal of Osteoarchaeology
Int. J. Osteoarchaeol. **27**: 662–671 (2017)
Published online 12 April 2017 in Wiley Online Library (wileyonlinelibrary.com) **DOI**: 10.1002/oa.2588

A New Application of the Bioarchaeology of Care Approach: A Case Study from the Metal Period, the Philippines

M. VLOK,[a] V. PAZ,[b] R. CROZIER[b] AND M. OXENHAM[a]*
[a] *School of Archaeology and Anthropology, Australian National University, Canberra, ACT Australia*
[b] *Archaeological Studies Program, University of the Philippines, Manila, The Philippines*

First mention of informed consent in the Philippines
Journal of Science (1910) 5B (1)

PHOSPHORUS STARVATION WITH SPECIAL REFERENCE TO BERIBERI: I.[1]

By HANS ARON.

(*From the Physiological Laboratory, Philippine Medical School.*)

PHOSPHORUS STARVATION WITH SPECIAL REFERENCE TO BERIBERI: II.

By HANS ARON and FELIX HOCSON.

Following out the above considerations we first undertook a series of metabolism experiments on normal men, in order to determine the intake and outgo of phosphorus and nitrogen of Filipinos kept on the usual diet, which is low in phosphorus, with and without addition of organic phosphorus in the form of rice bran (rice polish) and of phytin itself. We also, finally, because of the above-mentioned reasons, studied the effects of such a diet, with and without the addition of protein.

For these experiments and for those described later on, we used prisoners in Bilibid Prison, who voluntarily submitted themselves to the changes in diet. We are very much indebted to Doctor Christensen for his kindness in permitting us to use the facilities of Bilibid Hospital and Dr. Pineda for his kind help in the observations. The conditions there existing for carrying on metabolism experiments are very good, and the persons under observation could be kept without any trouble under lock and key, in a quarantine room with cement floor and walls, furnished with only a bed and small table. A chemical balance and the apparatus for collecting urine and fæces were added.

First documented clinical study with an Ethical Protocol in the Philippines
Journal of Science (1926)

THE PHILIPPINE JOURNAL OF SCIENCE

VOL. 29 JANUARY–FEBRUARY, 1926 NOS. 1–2

DENGUE [1]

ITS HISTORY, EPIDEMIOLOGY, MECHANISM OF TRANSMISSION, ETIOLOGY, CLINICAL MANIFESTATIONS, IMMUNITY, AND PREVENTION

By J. F. SILER

Lieutenant Colonel, Medical Corps, United States Army; President, United States Army Medical Department Research Board

MILTON W. HALL

Major, Medical Corps, United States Army; Member, United States Army Medical Department Research Board

and

A. PARKER HITCHENS

Major, Medical Corps, United States Army; Member, United States Army Medical Department Research Board

EIGHT PLATES AND TWENTY TEXT FIGURES

FOREWORD

This report presents in detail a somewhat extensive series of experiments relating to the transmission of dengue by mosquitoes. These investigations have been pursued by the United States Army Medical Department Research Board at the Bureau of Science and at the Sternberg General Hospital in Manila.

have been covered in the experiments in transmission of the disease. The unique opportunity we enjoyed of having at hand a large number of volunteers with whom to work and an ideal mosquito-proof ward for their accommodation encouraged us to go beyond the original plans and enabled us to work out, with definiteness, details only suggested or not touched upon by previous workers. Thus, in addition to a brief report concerning the work done on etiology and a complete presentation of our results in transmission by mosquitoes, studies have been made of the epidemiology of dengue and its prevalence among military personnel serving in the Philippine Islands, of the character and duration of immunity to the disease, and of the clinical characteristics shown by the group of experimental cases. We have also added an historical review of the subject of dengue and a section on prevention. These, with a comprehensive bibliography of the subject, form a whole which we hope will prove of value to future students of dengue as a fairly complete résumé of our knowledge at this time.

PROCUREMENT OF VOLUNTEERS FOR DENGUE TRANSMISSION AND METHODS ADOPTED IN DEALING WITH THEM

In planning the transmission experiments it was impossible to escape the conclusion that clear-cut and definite results would be impossible of attainment, within a reasonable period of time, unless human subjects could be obtained. It was necessary to decide, therefore, as to whether there was sufficient justification for calling for volunteers (military personnel). It was decided that there was ample justification, and this decision was based on the following facts:

Dengue fever is one of the four most-important causes of sickness in American troops on duty in the Philippines, and occasionally the leading cause. Any evidence that could be obtained relative to the mechanism of its transmission by mosquitoes could be applied practically in its prevention.

Procurement of volunteers.—The desirability of undertaking the investigations and the justification for calling for volunteers as outlined above were set forth in a letter to the Commanding General, Philippine Department, and his approval of the investigation and assistance in obtaining the necessary volunteers requested. The entire project was approved by him and the coöperation of commanding officers was authorized and urged as is indicated in the letter constituting Exhibit A of the appendix.

During the course of the investigation sixty-four volunteers proffered their services, and they were used in transmission experiments. Their distribution by organization and station was as follows:

The experimental subjects consisted of military personnel that proffered their services voluntarily. Sixty-four men were used. The volunteers were specially selected and in general met certain basic requirements—freedom from disease, including syphilis; short service in the Philippines; and nonimmunity to dengue.

The experiments were made in a specially prepared ward in a large military hospital in Manila, and extraordinary precautions were taken to exclude mosquitoes. The ward was administered by specially selected personnel, one of the most important functions of whom was the detection and destruction of mosquitoes that might possibly gain entrance to the ward or its vestibules.

Seven volunteers were used in this series of experiments and the lots of *Aëdes* used for transmission were infected from four experimental subjects in the late prodromal stages of dengue. In all except one (Hockett) of the four patients used for the initial infection of the *Aëdes*, the onset of symptoms—a combination of subjective symptoms and elevation of temperature—was sudden, though definite subjective symptoms (headache, lassitude) appeared from six to ten hours prior to elevation of temperature. The remaining patient (Hockett) complained of headache for three days before definite onset of dengue. He also complained of feeling ill on the morning of the day of onset, but his case was not definitely diagnosed as dengue until the evening of the same day.

Official commendation accorded volunteers.—It was felt that the men who voluntarily subjected themselves to the bites of infected mosquitoes were deserving of the highest commendation. Not only were many of them bitten repeatedly (from two to

Official commendation accorded volunteers.—It was felt that the men who voluntarily subjected themselves to the bites of infected mosquitoes were deserving of the highest commendation. Not only were many of them bitten repeatedly (from two to four or more times) by various lots of potentially infectious mosquitoes, but also, when occasional negative results were obtained that, theoretically, should have been positive, they cheerfully volunteered to take subcutaneous injections of infected citrated blood for the purpose of demonstrating immunity. Fur-

troops, who volunteered to receive inoculations of dengue-infected blood in a series of immunity experiments undertaken by the board, the results of which are presented by one of us (A. P. H.) in another section of this report.

Management of the experimental subjects.—When a volunteer entered the experimental ward the general purposes of the investigations and the information sought in the particular experiment to be made on him were explained; thus his coöperation

Management of the experimental subjects.—When a volunteer entered the experimental ward the general purposes of the investigations and the information sought in the particular experiment to be made on him were explained; thus his coöperation was elicited and his interest stimulated. He was informed that

perature, pulse, and respiration were recorded at least four times daily throughout the entire length of their stay in the ward. Routine blood, urine, and stool examinations were made, and three Wassermann tests were done at two- or three-day intervals.

Transmission with blood.—As the investigations made by Ashburn and Craig in Manila (1907) and by Cleland, Bradley, and McDonald in Australia (1916, 1917) were complete and thorough, no special work was done by us on this phase of the problem. Transmission experiments with virus blood were made by us for two purposes only—to demonstrate immunity and to obtain a strain of the virus.

The results of the immunity experiments are recorded elsewhere in these reports. In six instances subcutaneous inoculations of from 0.5 to 1 cubic centimeter of virus blood were made as final negative controls. In three other instances (Reed B–1, Prock B–2, and Richards B–3), virus blood was injected. All three men came down with dengue, and it was from these three experimental cases, all inoculated with the same strain of the virus, that we obtained the strain used in forty-one of our positive mosquito-transmission experiments. The incubation period of the blood-transmission cases was from six and one-half to seven and one-quarter days (6.5, 6.75, and 7.25 days).

"my patriotism is chasing antitoxins, doing my job"

PROTECTIVE INOCULATION AGAINST ASIATIC CHOLERA.*

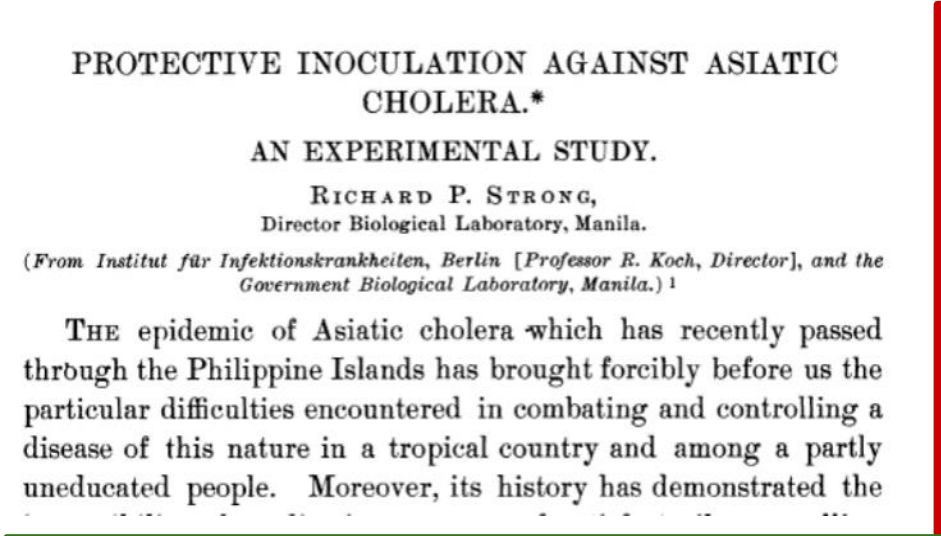
AN EXPERIMENTAL STUDY.

RICHARD P. STRONG,
Director Biological Laboratory, Manila.

(*From Institut für Infektionskrankheiten, Berlin [Professor R. Koch, Director], and the Government Biological Laboratory, Manila.*) [1]

THE epidemic of Asiatic cholera which has recently passed through the Philippine Islands has brought forcibly before us the particular difficulties encountered in combating and controlling a disease of this nature in a tropical country and among a partly uneducated people. Moreover, its history has demonstrated the

"With the territorial expansion of the United States begun in 1898, and with the subsequent acquisition by our government of a number of tropical and subtropical possessions, new demands arose for an accurate knowledge of the diseases prevailing in many of these countries and for their prevention…"



PROTECTIVE INOCULATION AGAINST ASIATIC CHOLERA.*

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THE epidemic of Asiatic cholera which has recently passed through the Philippine Islands has brought forcibly before us the particular difficulties encountered in combating and controlling a disease of this nature in a tropical country and among a partly uneducated people. Moreover, its history has demonstrated the

"A great calamity has overtaken Strong.... [B]y some mischance in the laboratory, through no fault of his own, but through some error which he might have prevented or discovered, some virulent plague microbes got into a mixture of cholera vaccine, and the result was that he inoculated twenty-four men in Bilibid with this stuff. Ten have died, and the doctor is as much broken over it as I've ever seen a man. He feels his career ruined, which of course it isn't. It seems a hard fate to overtake the most careful, cautious, thorough, and complete of our medical men." In a footnote Forbes added, "This, of course, was a terrible calamity. Strong absolutely broke down…" - **Gov.-Gen. W. Cameron Forbes** (1909-1913)

- On 16 November 1906, Richard P. Strong, Director of the Bureau of Laboratories and Head of the Phil. Biological Laboratory in Manila, **inoculated 24 prisoners at the Bilibid Prison against cholera infection with a serum** prepared according to the Haffkine method, which was employed widely in British India at that time.
- The vaccine proved to have been "mysteriously" contaminated with plague organisms, all the recipients sickened, ad **13 died**.

> All of the men were Filipinos with sentences ranging from "life imprisonment" to "a few days of arrest"

> Most of the subjects did not refuse the procedure; those who hesitated were urged on by prison guards. The process was by this point routine - by his own count, Strong had inoculated more than 1,662 prisoners with his anticholera vaccine in 1905 alone

A resolution issued on December 12, 1906 by Senator Jacob H. Gallinger of New Hampshire (a physician himself)

> *Resolved*, That the Secretary of War [William Howard Taft] is hereby directed to communicate to the Senate the facts pertaining to experiments with cholera virus alleged to have been made at Manila upon prisoners by Surg. Richard P. Strong, of the United States Army [*sic*]; to state whether, as a result of such experimentation, ten or more persons lost their lives; whether any of the persons so experimented upon were previously informed of the dangerous and possibly fatal character of the experiments; whether any of them were natives of the United States, and by whose authority and upon whose responsibility these experiments were made.

Smith called in the press and given them statement of the facts, and that he would introduce a bill to "relieve families [of] deceased prisoners"

> *> vaccination had been done under the Executive order of 1 March 1904 that effectively made injection compulsory, but that no prisoner had objected or was vaccinated against his will.*

On 6 March 1907 Governor Smith cabled "for eye of Secretary of War only":[12] the general committee had concluded that the vaccine had been properly prepared, and that it was contaminated with plague organisms by "some agency" other than Strong. The committee, however, found that Strong inoculated prisoners without authority, and that he was "guilty of negligence in not having locks put upon incubators containing cultures, and negligent in leaving the visiting doctor alone in the laboratory while cultures were exposed." Because the committee charged Strong with criminal negligence, Smith referred the report to the attorney general of the Philippines. Secretary of War Taft cabled supportive advice to Smith: "Would act upon report exactly as if you were a judge, without regard to persons or political effect."[13] Two months later, Smith reported to Taft[14] that the attorney general had found Strong innocent of criminal negligence.[15] Governor Smith then approved the general committee's report as to the facts of the episode, but, in disapproving its conclusion about criminal negligence, he exonerated Strong.[16]

As a result of experiments with cholera virus at Bilibid Prison, ten prisoners of twenty-four who were inoculated have died. The experiments were conducted by Dr. R. P. Strong, of the Bureau of Science. It is declared by the investigators that the fatalities resulted from contamination of the virus with the bubonic plague virus. Cholera virus is in constant use here, and it has proved beneficial previously. It has been used in Spain in thousands of cases and with excellent results. Governor-General Smith, in a statement to the public, exonerated Dr. Strong and declared that the commission would take care of the families of the dead.[102]

Washington Post
November 27, 1906

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OF THE

AMERICAN ANTI-VIVISECTION SOCIETY.

Formed for the purpose of restricting the practice of vivisection within proper limits.

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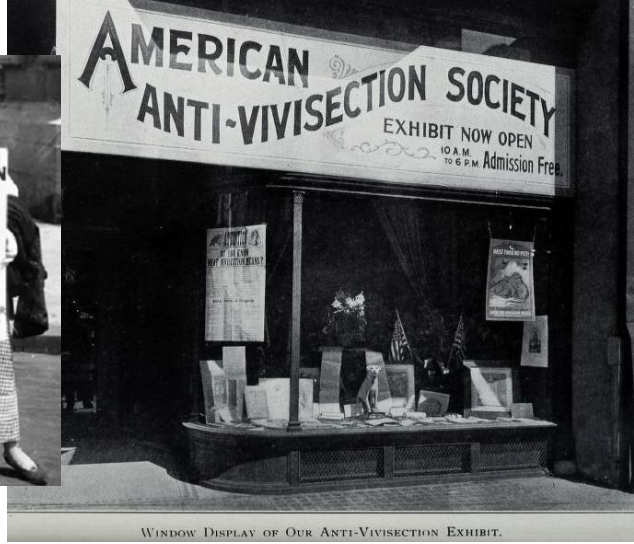


WINDOW DISPLAY OF OUR ANTI-VIVISECTION EXHIBIT.

- Doctors were forgetting the humanity of their patients, placing science above morality in the hope that the experimenter might feel the swelling of pride as he realized the he had added another mite of knowledge to scientific research.
- The antivivisectionist movement condemned nontherapeutic experimentation on on human subjects - research "for no object connected with their [the patients'] individual benefit" - unless full and proper consent could be obtained"
- In the practice of medicine, there must always be a 'first time' when a new method of medical treatment is tested, a new operation performed, a new remedy employed.

Richard Pearson Strong and the Manchurian Epidemic of Pneumonic Plague, 1910–1911

ELI CHERNIN

THE Chinese winter of 1910–1911 was one of death and discontent: an epidemic of pneumonic plague—the greatest since the Black Death of the fourteenth century[1]—scourged China's three Eastern Provinces (Manchuria), and famine afflicted the Central Provinces. The Manchurian plague claimed some fifty thousand lives in four months, and the famine took thousands more. Not all the hungry died, but no one sick with plague survived; there were, claimed one source, 43,942 cases and 43,942 deaths.[2] While famine neither affected the foreigners in China nor menaced international frontiers, plague threatened to do both. World powers held privileged positions in a backward China, and some, especially Russia and Japan, feared that the plague would endanger their resident populations, compromise commercial interests, and spread to contiguous national territories. The epidemic also provided Russia and Japan with a potential excuse to take over plague control—and perhaps more—in Chinese territory, incursions

On 24 January 1911 the American Minister to China, W. J. Calhoun, cabled Secretary of State Philander C. Knox that plague was "spreading throughout Manchuria with unabated virulence," and that the Chinese Foreign Office was "i
specialists to Manchu
and to suggest preca
medical science and f
will defray all travell
tended American Gov
tion,[12] and Calhoun,
who might be availa
John M. Swan), and
Philippines.[13] An inq
unnamed plague exp
responded that Surge
the Philippines.[15]

The hunt widened
member of the Centr
William Welch at John
responded with sever
Rockefeller Institute,
School.[17] In thanking Welch, Boardman said that she planned also to consult with Dean C. Worcester, Secretary of the Interior of the Philippines, then visiting Washington.[18] According to a cable from Gen. Clarence R. Edwards, Chief, Bureau of Insular Affairs, War Department,[19]

to Governor Forbes of the Philippines, Worcester recommended Richard P. Strong of the Biological Laboratory,[20] who was promptly nominated.[21] Edwards cabled Governor Forbes his hope that Strong would accept the assignment, "thus adding prestige to the Bureau of Science,"[22] and Forbes in turn asked Insular Affairs how soon Strong was needed because it would be "difficult for him to leave before the middle of March."[23] On 9 February 1911 the Red Cross, under pressure from the State Department, cabled Strong: "Important you start immediately. Cable when. Welch Baltimore warmly approves your selection. State Department anxious."[24] On 14 February Strong and his physician-assistant, Oscar Teague,[25] for whom the Red Cross had granted permission to accompany Strong,[26] sailed to Shanghai.[27]

PROTECTIVE INOCULATION AGAINST PLAGUE.*

RICHARD P. STRONG, M.D.

(*Chief of the U.S. Government Biological Laboratory Bureau of Science, Manila.*)

The subject of immunization against pest is not only of general scientific interest, but to many tropical and sub-tropical countries is of great practical importance. One need only recall the mortality in India of nearly a million deaths from this disease during the year 1905 and of over one million during the first six months of the present year to be impressed with the significance of the problem.

First study with a clear process for *Informed Consent*

The Philippine Journal of Science: The Philippine Journal of Tropical Medicine (1912) VII(4)

THE PHILIPPINE
JOURNAL OF SCIENCE
B. THE PHILIPPINE JOURNAL OF
TROPICAL MEDICINE

VOL. VII AUGUST, 1912 No. 4

THE ETIOLOGY OF BERIBERI.

By RICHARD P. STRONG and B. C. CROWELL.
(*From the Biological Laboratory, Bureau of Science, Manila, P. I.*)

CONDITIONS UNDER WHICH THE EXPERIMENTS WERE PERFORMED.

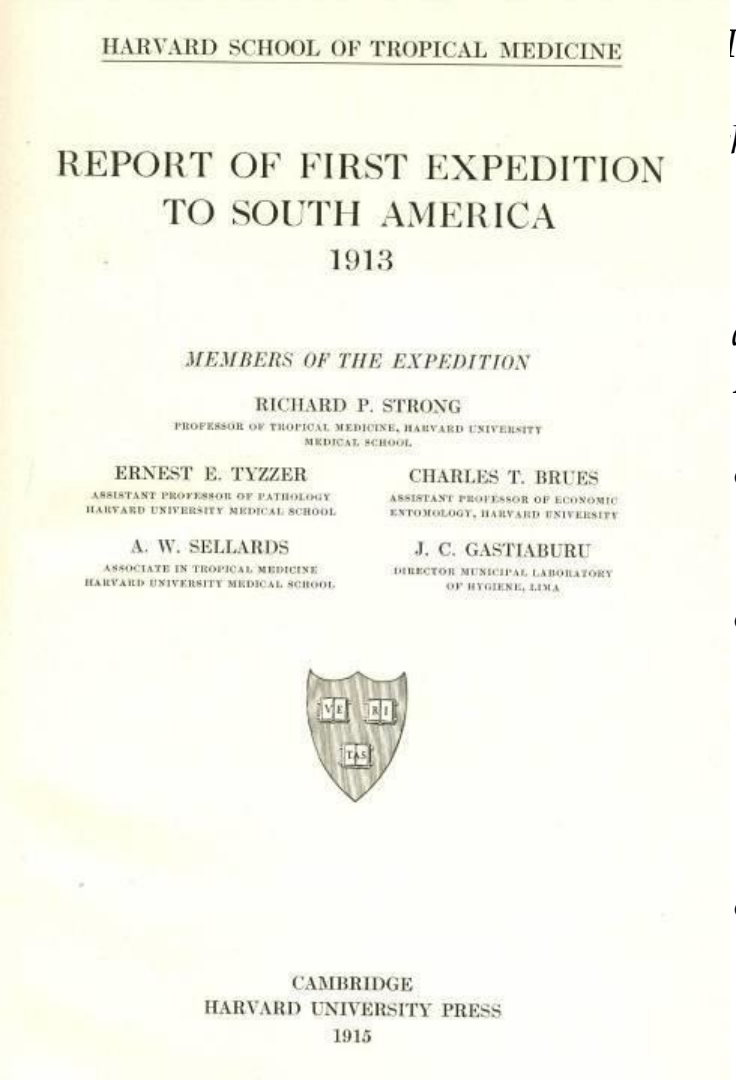
The object of our study was to determine definitely, if possible, whether beriberi, as it occurs in the Philippine Islands, is an infectious disease or whether it is one which has its origin in disturbances in metabolism, brought about by the prolonged use of polished rice as a staple article of diet. The experiments were carried out in Bilibid Prison in which institution the hygienic conditions may be said to be almost ideal. The area inside the prison walls comprises 3.43 hectares (8.5 acres); the average number of inmates is 3,000, but the subjects upon which our experiments were performed were entirely isolated, and no case of beriberi had been known to occur among them since their confinement. Individuals who have been sentenced to im-

The nature of the experiments having been outlined and the Government having given its sanction to the same, a number of prisoners, under sentence of death, were selected and the nature of the proposed experiments carefully explained to them in their own dialect.

The proposition was stated to them clearly. In addition, they were to be allowed an abundance of cigarettes of any kind that they wished, and also cigars if they desired them.

Each of the volunteers then signed a statement, written in his own dialect, stating that he undertook the experiment entirely voluntarily and that he would agree to continue with the experiment until it was completed.

(72 yards) apart. There are three high stone walls between


HARVARD SCHOOL OF TROPICAL MEDICINE

REPORT OF FIRST EXPEDITION TO SOUTH AMERICA 1913

MEMBERS OF THE EXPEDITION

RICHARD P. STRONG
PROFESSOR OF TROPICAL MEDICINE, HARVARD UNIVERSITY MEDICAL SCHOOL

ERNEST E. TYZZER
ASSISTANT PROFESSOR OF PATHOLOGY HARVARD UNIVERSITY MEDICAL SCHOOL

CHARLES T. BRUES
ASSISTANT PROFESSOR OF ECONOMIC ENTOMOLOGY, HARVARD UNIVERSITY

A. W. SELLARDS
ASSOCIATE IN TROPICAL MEDICINE HARVARD UNIVERSITY MEDICAL SCHOOL

J. C. GASTIABURU
DIRECTOR MUNICIPAL LABORATORY OF HYGIENE, LIMA

CAMBRIDGE
HARVARD UNIVERSITY PRESS
1915

Inoculation was performed in a man with a warty product of two types of wart [...] 16 days later, on the site of scarification, two small groups of herry-colored papules appeared. These small tumors gradually grew and were cut at 35 days, two of them to be studied [...]"

"This inoculation was practiced on an insane and Dr. David Matto, director of Manicomio del Cercado and vice-president of the Fifth Latin American Medical Congress, was aware of it" (Strong et. al. 1913:10)

- The Harvard Commission changed the report and stated that the patient who was inoculated was a Chilean volunteer

- Ironically, in the same Fifth Latin American Medical Congress, where Harvard confirmed the dualist theory based on human experimentation in a psychiatric patient, the first motion of the members of Congress was to improve the health of psychiatric patients

- the American Society of Tropical Medicine created a medal of honor with his name and today, it is the symbol of American tropical medicine

AMERICANS TO SAVE PEOPLE OF SERBIA
New York Times (1857-Current file); Sep 3, 1915;
ProQuest Historical Newspapers The New York Times (1851 - 2006)
pg. 3

AMERICANS TO SAVE PEOPLE OF SERBIA

Expert Sanitary Commission to Sail Today to Fight Fearful Plague of Diseases.

The sanitary experts who are to stake their lives by going to the plague-ridden sections of Serbia, where, under the direction of Dr. Richard P. Strong of Harvard University, they will endeavor to conquer the typhus fever and other dread diseases epidemic among the Serbians, will sail from New York for Naples on the Italian liner Duca d'Aosta today. From Naples they will go to Saloniki, Greece, and then proceed overland into the heart of the plague-ridden regions.

Dr. Strong is already in Europe, and those who are to sail today are Dr. Thomas W. Jackson, chief sanitary inspector; Dr. Hans Zinsser, bacteriologist; Dr. Andrew W. Sellards, Dr. George C. Shattuck, Dr. F. B. Grinnell, Dr. F. W. Caldwell, Hobart D. Brink, W. S. Standifer, and Luis de la Pena. The last two were members of General Gorgas's staff in the sanitary campaign that rid the Isthmus of Panama of fever. With Dr. Strong, these men, who are among the most distinguished sanitarians, in this country, compose the membership of the American Red Cross Sanitary Commission, organized to clean up Serbia. The expenses of the commission will be borne jointly by the Red Cross and the Rockefeller Foundation.

In a statement that appears in a Red Cross bulletin issued here yesterday, it is said that a recent official communication to the United States Government gave the number of persons who had succumbed to typhus fever in Southern Serbia as 50,000, and reported that the disease was spreading with terrifying rapidity.

Here is the story of the heroism of these doctors and nurses—all Americans—one doctor of whom is already a martyr to his duty, as told in the official bulletin of the Red Cross:

"Unable to obtain vitally needed equipment," it reads, "for the promotion of sanitation from Serbian sources, in view of the war condition, the Americans soon had many cases of typhus and typhoid on their hands, with the percentage of deaths among their patients running high, not because of wounds, but because of disease. Then their efforts to care for their patients became handicapped more and more, as one by one the Americans themselves were taken down with typhus. The gravity of the situation in Gevgelia only became known at American Red Cross headquarters a few weeks ago, when it was learned that three of the nurses and one of the surgeons had typhus. (Subsequent reports show that three of the five remaining surgeons and twelve of the nurses are down with typhus.")

It is to battle against such a terrible condition as is above outlined that Dr. Jackson and his colleagues sail for Serbia today. Dr. Jackson said yesterday that he and all of those associated with him on the commission were ready and that they were going to Serbia to win the fight. In this connection it might be mentioned that no less an authority on sanitation than Major General William C. Gorgas, Surgeon General, U. S. A., has stated that he believes this commission will win the fight. It is, said General Gorgas, the most efficient commission ever organized in the history of modern sanitation.

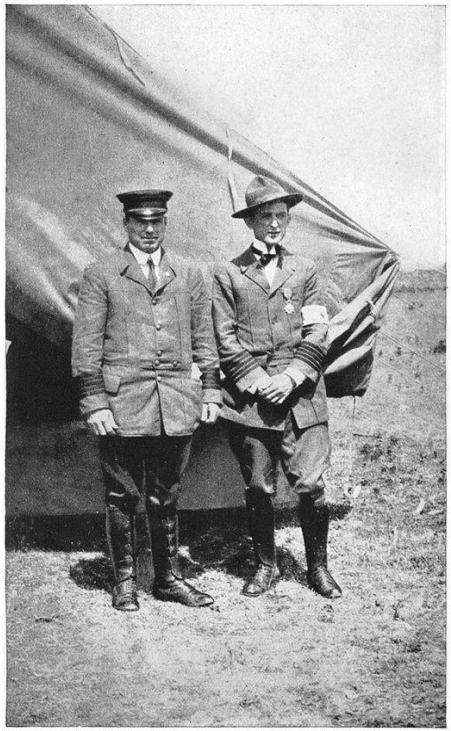
SERBIA THANKS AMERICANS.
New York Times (1857-Current file); May 2, 1915;
ProQuest Historical Newspapers The New York Times (1851 - 2006)
pg. 3

SERBIA THANKS AMERICANS.

Head of Sanitation Commission Welcomed in Nish.

NISH, (via London,) May 1.—Crown Prince Alexander today received Dr. Richard P. Strong, head of the American Sanitation Commission in Serbia, and expressed thanks for the generous assistance rendered by the United States to the Serbian people.

The Serbian Prime Minister also received Dr. Strong and expressed the profound gratitude of the Serbian people to the American Red Cross Society and the Rockefeller Foundation for the worn that they have undertaken.



Strong was sent in 1915 to Serbia to research on the elimination of typhus during World War I, then proceeded to join the Inter-Allied Sanitary Commission during WW1 in Britain

Harvard Expeditions

HARVARD TO HUNT AFRICAN DISEASES

Party of Scientists Headed by Dr. Strong Will Sail From Boston Tomorrow.

PLAN STUDIES IN LIBERIA

Effect of Special Drugs on Sleeping Sickness to Be Noted—Trip to Last a Year.

Special to The New York Times.

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TRANSACTIONS OF THE ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.
Vol. XXX. No. 5. March, 1937.

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE CHADWICK LECTURE.

ONCHOCERCIASIS IN CENTRAL AMERICA AND AFRICA.

BY

R. P. STRONG, *C.B.*, PH.B., M.D., Sc.D.,

Professor of Tropical Medicine, Harvard University, U.S.A.

SPECIAL ARTICLES

ONCHOCERCIASIS IN GUATEMALA

THE Harvard Expedition for the investigation of onchocerciasis in Guatemala has been working in that country since January 27. The disease in Guatemala is characterized by the formation of nodular tum situated on or in the region of the head. The fil matous tumors are of parasitic origin, and the ad male and female *Onchocerca coecutiens* are situa

SCIENCE

VOL. 82 FRIDAY, OCTOBER 4, 1935 NO. 2127

SCIENCE: A Weekly Journal devoted to the Advancement of Science, edited by J. MCKEEN CATTELL and published every Friday by

THE SCIENCE PRESS

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Lancaster, Pa. Garrison, N. Y.
Annual Subscription, $6.00 Single Copies, 15 Cts.

SCIENCE is the official organ of the American Association for the Advancement of Science. Information regarding membership in the Association may be secured from the office of the permanent secretary, in the Smithsonian Institution Building, Washington, D. C.

THE IMPORTANCE OF ECOLOGY IN RELATION TO DISEASE[1]

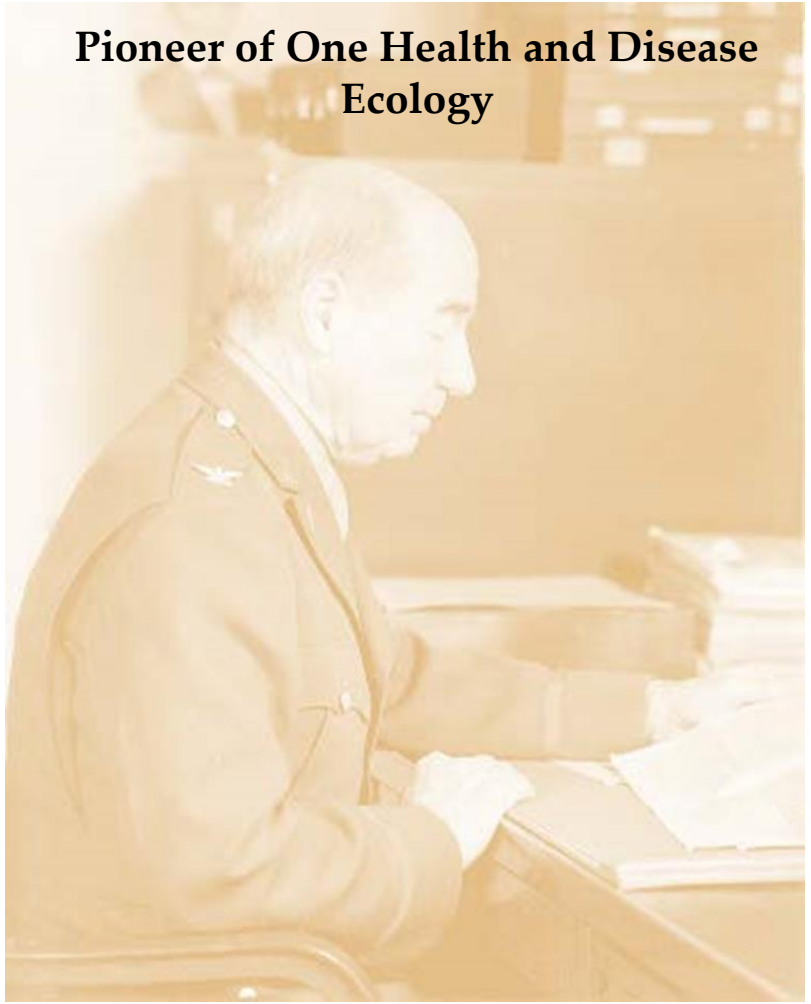
By PROFESSOR RICHARD P. STRONG

DEPARTMENT OF TROPICAL MEDICINE, HARVARD MEDICAL SCHOOL

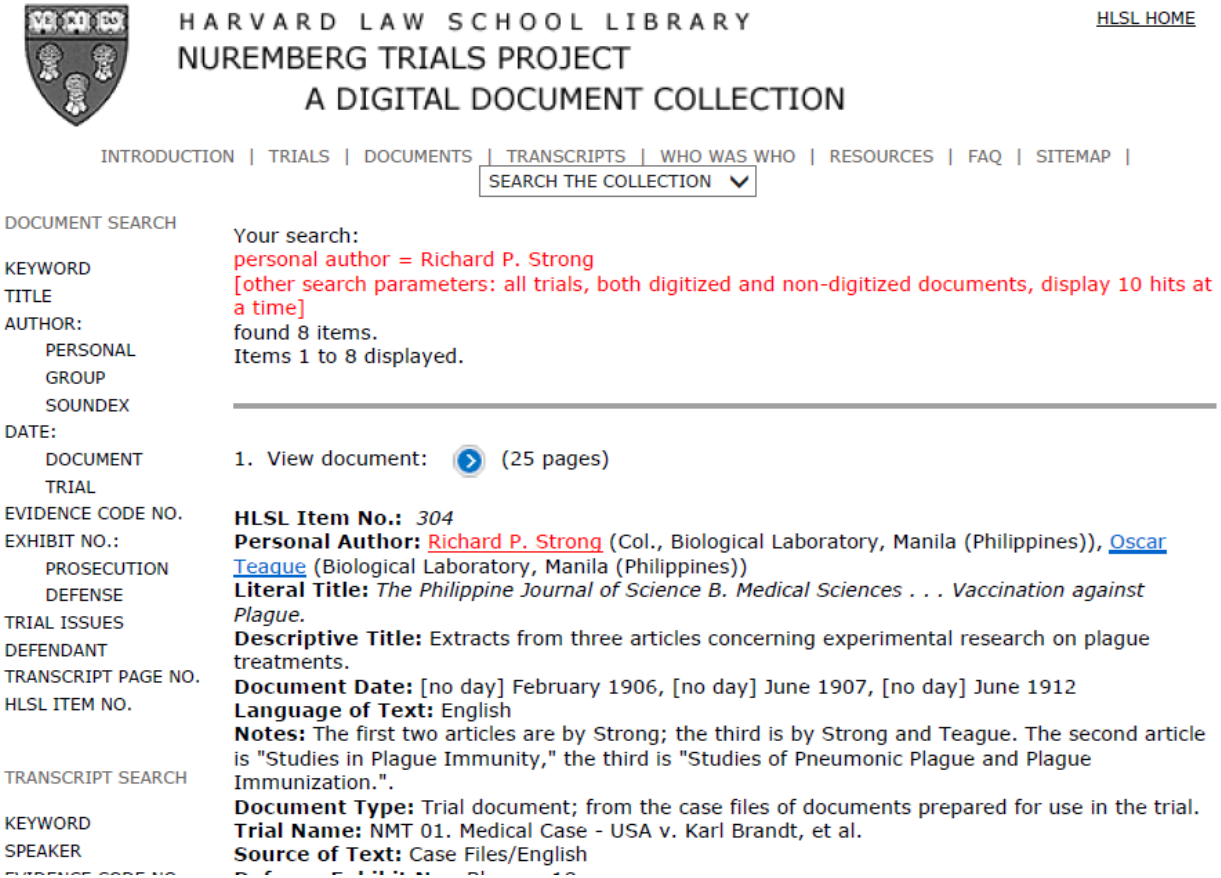
THE scientific study of the mutual relationship between organisms and their environment in regard to pathological processes is obviously a subject of great complexity, and one which may be discussed from

it has been proposed to classify climate according to prevalent species.

Again, ecological studies with reference to disease may often require a consideration of the reaction of



Pioneer of One Health and Disease Ecology



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TRANSCRIPT SEARCH

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SPEAKER

Your search:
personal author = Richard P. Strong
[other search parameters: all trials, both digitized and non-digitized documents, display 10 hits at a time]
found 8 items.
Items 1 to 8 displayed.

1. View document: (25 pages)

HLSL Item No.: *304*
Personal Author: Richard P. Strong (Col., Biological Laboratory, Manila (Philippines)), Oscar Teague (Biological Laboratory, Manila (Philippines))
Literal Title: *The Philippine Journal of Science B. Medical Sciences . . . Vaccination against Plague.*
Descriptive Title: Extracts from three articles concerning experimental research on plague treatments.
Document Date: [no day] February 1906, [no day] June 1907, [no day] June 1912
Language of Text: English
Notes: The first two articles are by Strong; the third is by Strong and Teague. The second article is "Studies in Plague Immunity," the third is "Studies of Pneumonic Plague and Plague Immunization.".
Document Type: Trial document; from the case files of documents prepared for use in the trial.
Trial Name: NMT 01. Medical Case - USA v. Karl Brandt, et al.
Source of Text: Case Files/English

- The committee's singular thoughts about the uses of prisoners in research, while buried in the archives since 1907, came to be reflected in the Nuremberg Code of 1949 when the case was cited by the Nazi physicians under trial before the tribunal stating that US physicians were carrying out similar experiments in the US and their colonies.
- The US scientific community excused these colleagues and continued to insist that the actions of Nazi doctors were instances of unmitigated wrongdoing.

RICHARD PEARSON STRONG, 1872–1948.
Photograph taken April, 1946, at the presentation of the Legion of Merit.

Richard Pearson Strong, M.D., HON. SCI.D.
Author(s): Joseph C. Bequaert
Source: *The Journal of Parasitology*, Vol. 34, No. 6, Section 1 (Dec., 1948), pp. 515-517
Published by: Allen Press on behalf of American Society of Parasitologists

IN MEMORIAM

RICHARD PEARSON STRONG, M.D., HON. SCI.D.

Richard Pearson Strong, born at Fortress Monroe, Virginia, March 18, 1872, died at Boston on July 4, 1948, following a long illness. With him passed away an outstanding world leader of Tropical Medicine. Fortunately for his country, he was at the height of his career when his specialized knowledge was sorely needed in a national emergency.

His merits and achievements as a teacher and a research worker in Tropical Medicine need not be extolled here, the following brief notes being confined to his activity in the field of Parasitology. While the average American physician regards Parasitology as a recondite subject, chiefly noteworthy for its bizarre terminology, to the medical practitioner in the tropics it is one of the cornerstones of his Art. No person was more fully aware of this truth than Dr. Strong. His interests extended even beyond purely Parasitological matters to all biological aspects of disease, as manifested by his own investigations and those he promoted among his associates.

In his early days in the Philippines, from 1899 to 1913, his activities were mainly centered in the Biological Laboratory, which he organized at the Bureau of Science in Manila. This period is marked by original work on amoebic dysentery and plague. The plague studies culminated in his field work on the pneumonic type of the disease in Manchuria in the winter of 1911. With his appointment as the first Professor of Tropical Medicine at Harvard Medical School (1913) opens the fecund era of Dr. Strong's several expeditions to South and Central America and to tropical Africa. It begins with a journey to Peru (1913), in association with E. E. Tyzzer, A. W. Sellards and C. T. Brues, for the study of bartonellosis. During the first World War his attention was focussed on louse-borne typhus in Serbia (1915) and on trench fever in France (1917). It was the writer's good fortune to be intimately associated with most of Dr. Strong's later medical explorations of the Amazon Basin of Brazil in connection with the Seventh Hamilton Rice Expedition (1924), West and Central Africa (1926–1927), Guatemala (1931 and 1932), the Belgian Congo (1934) and Peru (1937).

RICHARD PEARSON STRONG, 1872–1948.
Photograph taken April, 1946, at the presentation of the Legion of Merit.

The disease hunters

[Fall 2013 Centennial issue]

A life of exploration

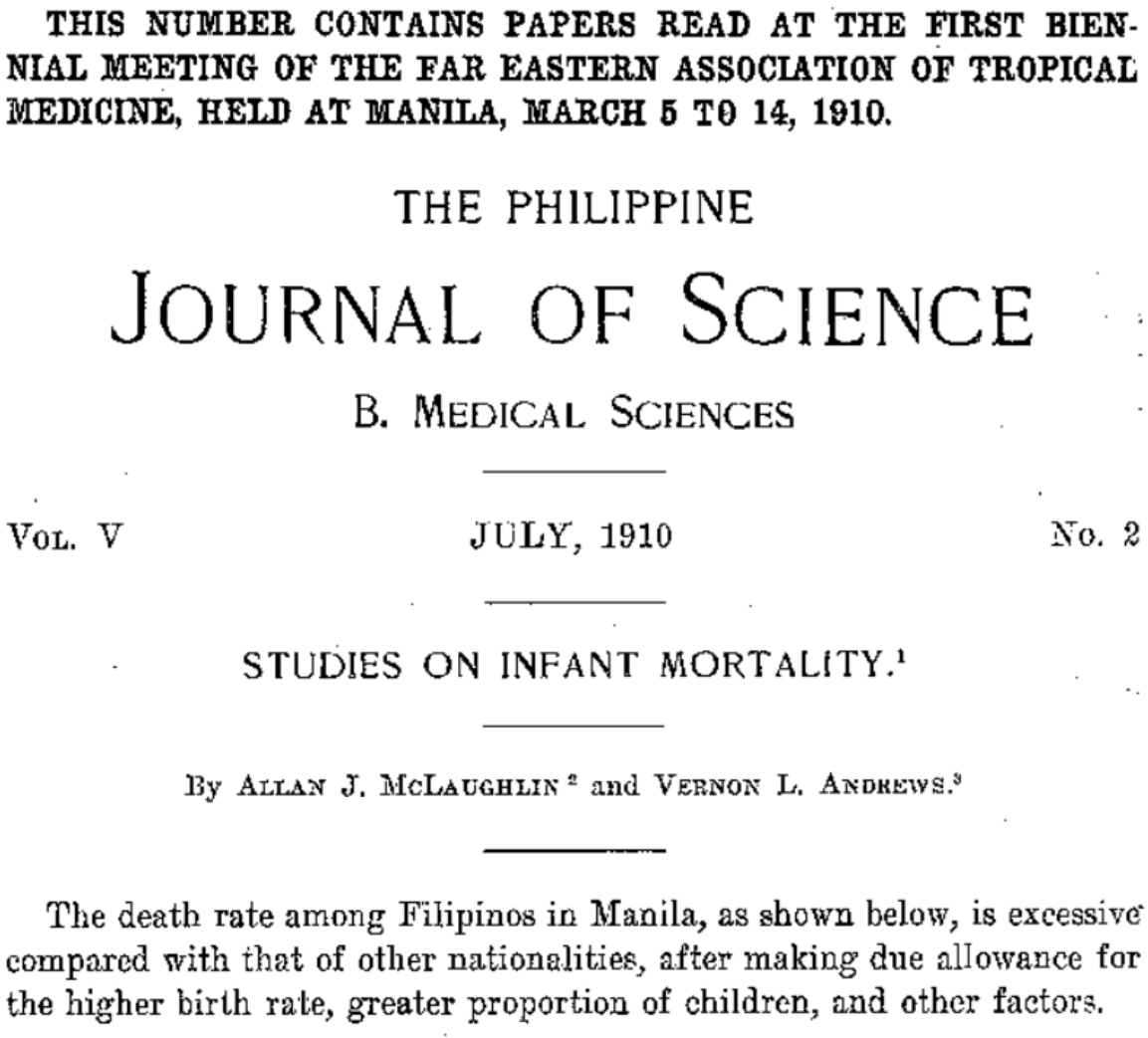
"The sun came out early and fiercely... As the hours wore on and noon was reached at times one felt the desire to become a little hysterical and to repress a scream and throw oneself into the forest at the side of the trail."

So wrote Richard Pearson Strong in the 320-page diary he kept while leading the 1926–1927 Harvard African Expedition, which crisscrossed the remote interior of Liberia and then cut 3,500 miles across central Africa to end at Mombasa, Kenya.

Tropical disease researcher Richard Pearson Strong led overseas expeditions to Africa and Central and South America.

A pioneer in researching tropical diseases, Strong arrived at Harvard in 1913, becoming the University's first-ever professor of tropical medicine. Traveling, researching, and publishing at a

Having been exonerated for crimes related to his early years in the Philippines, Richard Pearson Strong died in 1948, and was memorialized in the pages of the *Journals of Parasitology*.



THIS NUMBER CONTAINS PAPERS READ AT THE FIRST BIENNIAL MEETING OF THE FAR EASTERN ASSOCIATION OF TROPICAL MEDICINE, HELD AT MANILA, MARCH 5 TO 14, 1910.

THE PHILIPPINE

JOURNAL OF SCIENCE

B. MEDICAL SCIENCES

VOL. V JULY, 1910 No. 2

STUDIES ON INFANT MORTALITY.[1]

By ALLAN J. MCLAUGHLIN[2] and VERNON L. ANDREWS.[3]

The death rate among Filipinos in Manila, as shown below, is excessive compared with that of other nationalities, after making due allowance for the higher birth rate, greater proportion of children, and other factors.

First research in the Philippines with *Consent Forms* signed by the parents of the children participants

"Studies on Infant Mortality"

McLaughlin & Andrews, *The Philippine Journal of Science: The Philippine Journal of Tropical Medicine*, V(2B) (August, 1910)

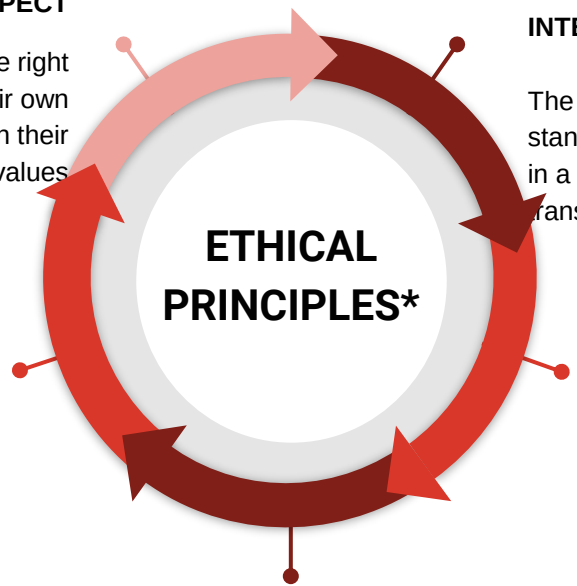
General Ethical Principles

RESPECT

Participant has the right to make their own decisions based on their beliefs and values

RESEARCH MERIT AND INTEGRITY

The research adheres to recognized standards of integrity and conducted in a manner that ensures quality and transparency.



BENEFICENCE

Actions guided by compassion and for the good of the participant

JUSTICE

Ensure that all participants are treated fairly

NON-MALEFICENCE

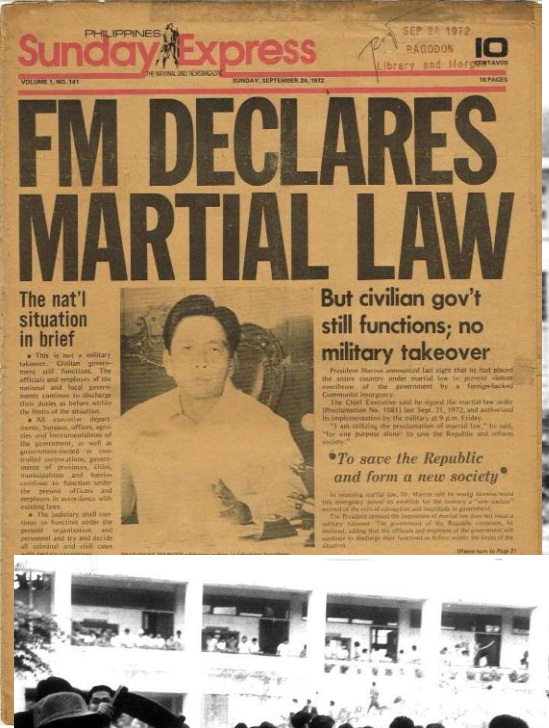
Ensure that all participants are treated fairly

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

- World Health Organization

DECLARATION OF ETHICAL PRINCIPLES

1. Nuremberg Code (1947)
2. (WMA) World Medical Association Declaration of Helsinki (1964)
3. Belmont Report (1979)
4. Council for International Organizations for Medical Sciences (CIOMS)
5. Declaration of Taipei (2016)



PHILIPPINES Sunday Express
THE NATIONAL ONE NEWSMAGAZINE
SEP 24 1972 PAGODON Library and Morgue
10 CENTAVOS
VOLUME 1, NO. 141 SUNDAY, SEPTEMBER 24, 1972 16 PAGES

FM DECLARES MARTIAL LAW

The nat'l situation in brief

- This is not a military takeover. Civilian government still functions. The officials and employees of the national and local governments continue to discharge their duties as before within the limits of the situation.
- All executive departments, bureaus, offices, agencies and instrumentalities of the government, or well as government-owned or controlled corporations, governments of provinces, cities, municipalities and barrios continue to function under the present officials and employees in accordance with existing laws.
- The judiciary shall continue to function under the present organization and personnel and try and decide all criminal and civil cases

But civilian gov't still functions; no military takeover

President Marcos announced last night that he had placed the entire country under martial law to prevent violent overthrow of the government by a foreign-backed Communist insurgency.

In his Chief Executive said he signed the martial law order (Proclamation No. 1081) last Sept. 21, 1972, and authorized its implementation by the military at 9 p.m. Friday.

"I am utilizing the proclamation of martial law," he said, "for one purpose alone: to save the Republic and reform society."

"To save the Republic and form a new society"

In imposing martial law, Mr. Marcos said he would likewise bend this emergency power to establish for the country a "new society" devoid of the evils of corruption and ineptitude in government.

The President stressed the imposition of martial law does not mean a military takeover. The government of the Republic continues, he declared, adding that the officials and employees of the government will continue to discharge their functions as before within the limits of the situation.

(Please turn to Page 21

Proclamation No. 1081
(21 September 1971)

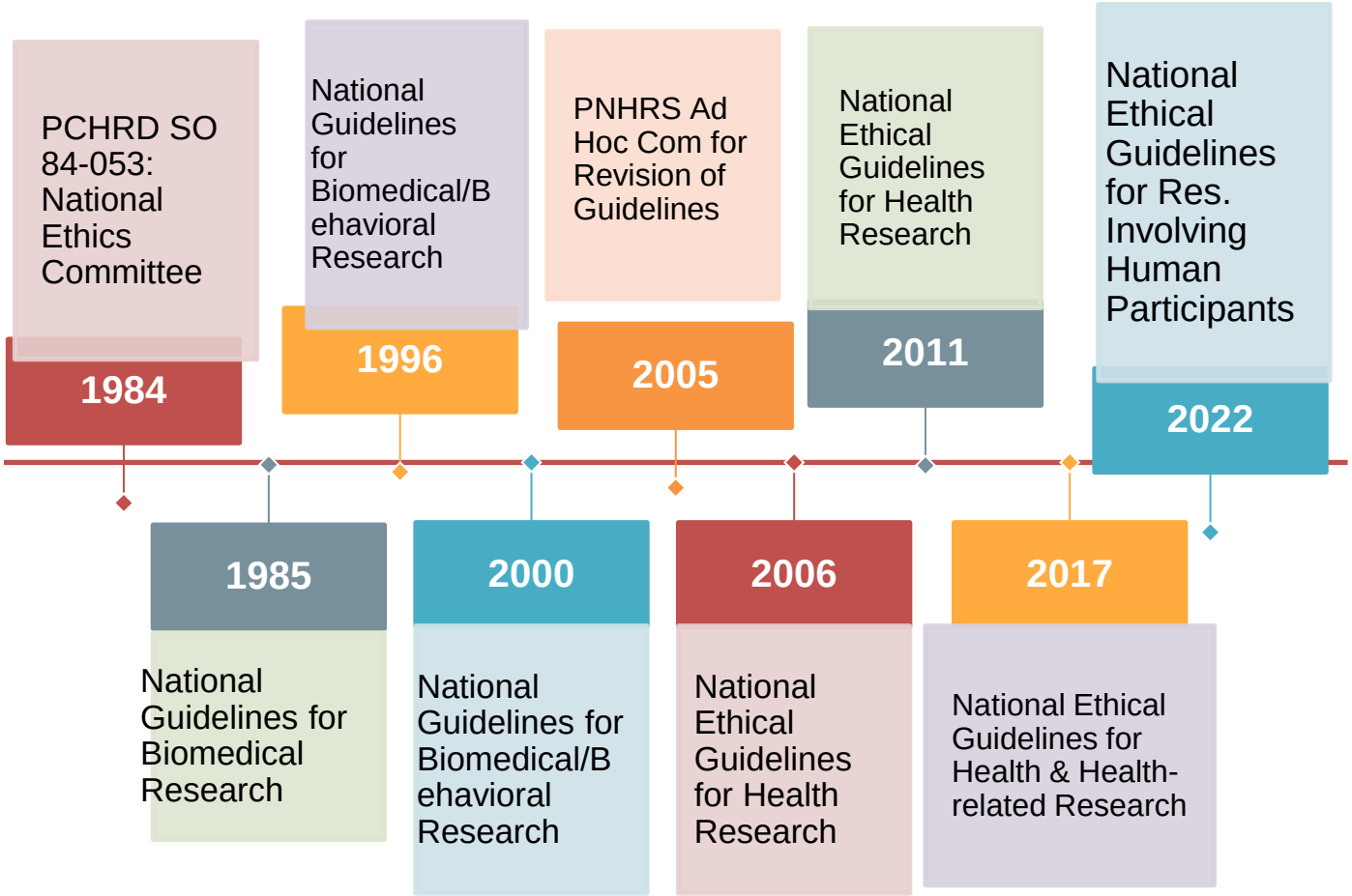
Declaration of the **New Society** as:

"... a revolution that seeks the betterment of the lives of the masses ... (so that they) may have every opportunity to live the good life, including the social order and the stability which guarantee the possibility of the good life. Equality is the fundamental demand of the rebellion of the poor: it should be the ideological force behind the New Society.

EDSA People Power Revolution

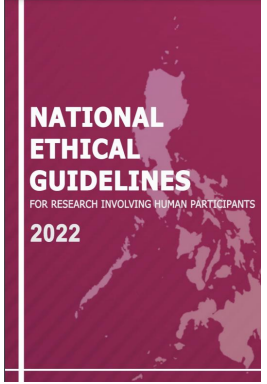
February 22-25, 1986

Historical Notes: National Ethical Guidelines



Vios, 2024

DATA PRIVACY ACT OF 2012



8. ADHERENCE TO THE APPLICABLE PROVISIONS OF THE DATA PRIVACY ACT OF 2012

RESEARCHERS MAY INVOKE THE EXEMPTION FOR PROCESSING OF PERSONAL INFORMATION FOR RESEARCH PURPOSES, UNDER SECTION 4D OF THE DPA PROVIDED THAT:

- The processing of personal information for research purposes is intended for a public benefit.
- Reasonable and appropriate physical, organizational and technical security measures are used to protect the personal data of participants
- Such flexibility for research purposes, including the waiver of consent requirements and the limitation of the rights of data subjects, is consistent with legal and ethical standards.

R.A. 10532

Philippine National Health Research System (PNHRS) Act of 2013

PHILIPPINE HEALTH RESEARCH ETHICS BOARD (PHREB)

DOST Special Order No. 091

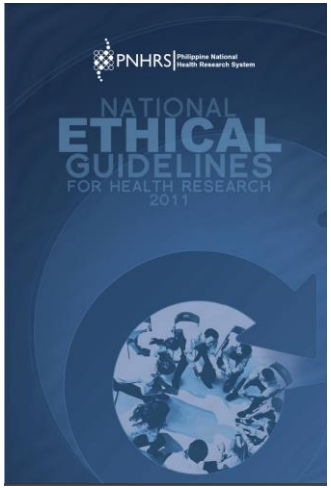
- Formulate and update guidelines for the ethical conduct of human health research
- Develop guidelines for the establishment and management of ethics review committees and standardization of research ethics review
- Monitor and evaluate the performance of institutional ethics review committees

**Excerpt from 2022 National Ethical Guidelines for Research Involving Human Participants (NEGRIHP)*

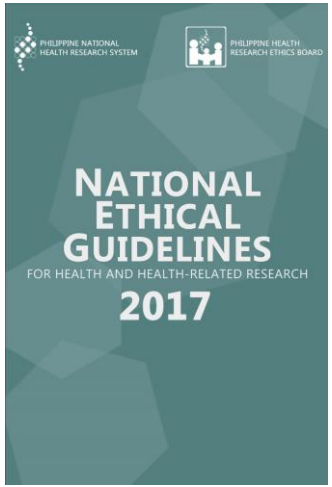
NATIONAL ETHICAL GUIDELINES IN THE PHILIPPINES

*CURRENT AND LATEST EDITION

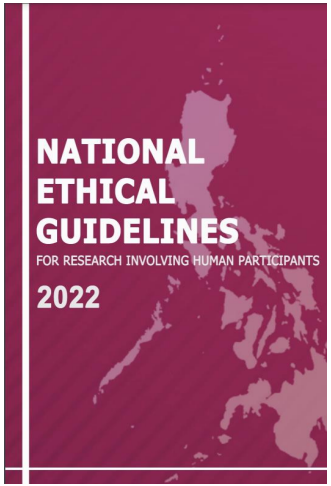
2006 - NATIONAL ETHICAL GUIDELINES FOR HEALTH RESEARCH



2011 - NATIONAL ETHICAL GUIDELINES FOR HEALTH RESEARCH



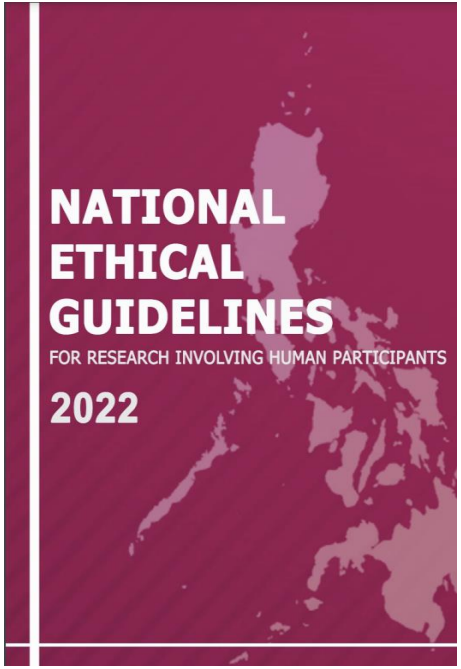
2017 - NATIONAL ETHICAL GUIDELINES FOR HEALTH AND HEALTH-RELATED RESEARCH



2022 - NATIONAL ETHICAL GUIDELINES FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

National Ethical Guidelines For Research Involving Human Participants (NEGRIHP) 2022

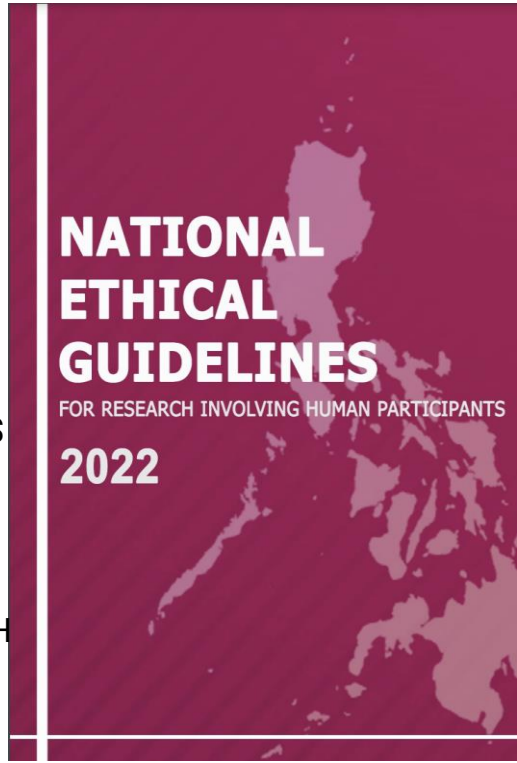
"THE NEW TITLE MAKES THE GUIDELINES MORE INCLUSIVE OF ALL TYPES OF RESEARCH INVOLVING HUMAN PARTICIPANTS AND RESOLVES THE ISSUE OFTEN RAISED ON WHETHER "NON-HEALTH" RESEARCH NEEDS TO UNDERGO ETHICS REVIEW AS LONG AS IT INVOLVES **HUMAN PARTICIPANTS."**



2022 - NATIONAL ETHICAL GUIDELINES FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

SPECIAL GUIDELINES

- SOCIAL RESEARCH
- CLINICAL RESEARCH
- INTERNET RESEARCH
- EPIDEMIOLOGIC RESEARCH
- RESEARCH INVOLVING MINORS OR CHILDREN
- RESEARCH INVOLVING OLDER PERSONS
- RESEARCH INVOLVING PEOPLE LIVING WITH HIV AND AIDS
- RESEARCH INVOLVING PEOPLE WITH DISABILITIES
- RESEARCH INVOLVING UNIFORMED PERSONNEL
- RESEARCH INVOLVING INDIGENOUS PEOPLES
- HERBAL RESEARCH
- RESEARCH IN TRADITIONAL AND ALTERNATIVE HEALTH CARE
- RESEARCH INVOLVING ASSISTED REPRODUCTIVE TECHNOLOGY
- RESEARCH IN MENTAL HEALTH
- RESEARCH ON COSMETICS
- GENETICS AND GENOMIC RESEARCH
- RESEARCH ON STEM CELL AND CELL-BASED THERAPY
- RESEARCH USING HUMAN DATA AND SAMPLES FROM BIOBANKS, REGISTRIES, AND DATABASES
- RESEARCH ON EMERGING TECHNOLOGIES
- ENVIRONMENTAL HEALTH RESEARCH
- RESEARCH DURING DISASTERS, CALAMITIES, EPIDEMICS, OR COMPLEX EMERGENCIES
- HEALTH POLICY AND SYSTEMS RESEARCH
- RESEARCH USED IN HEALTH ECONOMICS AND OUTCOMES RESEARCH
- INTERNATIONAL COLLABORATIVE RESEARCH
- AUTHORSHIP AND PUBLICATION



SPECIAL GUIDELINES RESEARCH INVOLVING INDIGENOUS PEOPLES (IPs)

NATIONAL COMMISSION OF INDIGENOUS PEOPLES (NCIP)

- the **primary government agency** that "shall protect and promote the interest and well-being of the ICCs/IPs with due regard to their beliefs, customs, traditions, and institutions"

REPUBLIC ACT NO. 8371 ("The Indigenous Peoples' Rights Act of 1997)

Research involving IPs/ICCs must comply with standard elements of **free and prior informed consent (FPIC)**, "the consensus of all members of the ICCs/IPs to be determined in accordance with their respective customary laws and practices, free from any external manipulation, interference, and coercion, and obtained after fully disclosing the intent and scope of the activity, in a language and process understandable to the community" (IPRA Section 3g), including a memorandum of agreement with the community, as needed.

NCIP AO1 & AO3 OF 2012

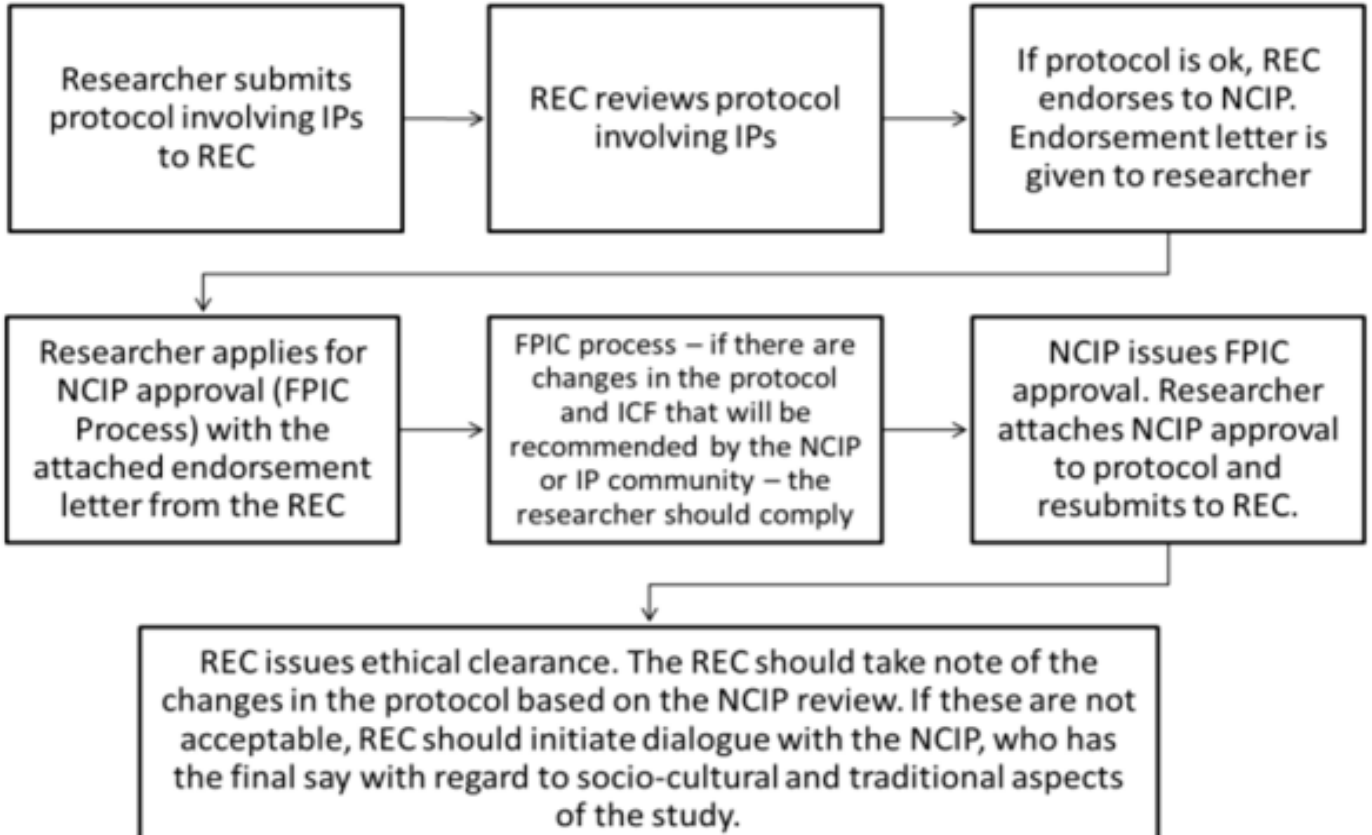
Memorandum Of Understanding: PHREB, NCIP, NCCA, NM on National Research Ethical Guidelines (18 March 2019)

Inter-Agency Committee on Ethics in Research involving Culture and the Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs)

- **NCIP** is the primary government agency that formulates and implements policies, plans, and programs for the recognition, promotion, and protection of the rights and well-being of Indigenous Cultural Communities (ICCs) Indigenous Peoples (IPs)
- **NCCA** is the overall policy making body, coordinating, and grants-giving agency for the preservation, development and promotion of the Philippine arts and culture
- **NMP** leads in the study and preservation of the nation's rich artistic, historical and cultural heritage through dissemination of scientific and technical knowledge in a more understandable and practical forms conduct of basic research programs combining integrated laboratory and fieldwork in anthropology and archeology, botany, geology and zoology
- **PHREB** is the national policy making body on health research ethics and monitors performance of RECs

SPECIAL GUIDELINES: RESEARCH INVOLVING INDIGENOUS PEOPLES (IPs)

Workflow for REC-NCIP Review of Protocols involving IPs



SPECIAL GUIDELINES:
INTERNATIONAL COLLABORATIVE RESEARCH

TRANSFER OF MATERIALS AND DATA, INCLUDING CONFIDENTIAL INFORMATION, SHALL BE COVERED BY A **MEMORANDUM OF AGREEMENT** AND SHALL COMPLY WITH EXISTING PHILIPPINE LAWS AND REGULATIONS (E.G., INTELLECTUAL PROPERTY CODE [RA 8293], INDIGENOUS PEOPLE'S RIGHTS ACT [RA 8371], DATA PRIVACY ACT [RA 10173]).

THE TECHNICAL REVIEW SHALL BE THE RESPONSIBILITY OF AN INTERNATIONAL PANEL, BUT AN **ETHICAL REVIEW MUST BE DONE AT THE LOCAL LEVEL**. **THE INVOLVEMENT OF FILIPINO RESEARCH PARTICIPANTS REQUIRES ETHICAL REVIEW BY A PHREB-ACCREDITED REC.**

PHREB-ACCREDITED RESEARCH ETHICS COMMITTEES

SCAN THE QR CODE!

https://ethics.healthresearch.ph/index.php/new-accredited-recs

ACCREDITED RECS HITS: 31584

Accredited Research Ethics Committee

As of April 16, 2024

Total number of PHREB accredited REC - **91**

LEVELS	NO. OF RECS PER LEVEL	LINKS
Level 3	40	view
Level 2	28	view
Level 1	23	view

PHILIPPINE HEALTH RESEARCH ETHICS BOARD
Philippine National Health Research System
c/o Philippine Council for Health Research and Development
Department of Science and Technology

Salamat!

UP DILIMAN RESEARCH ETHICS BOARD
Email: reb.upd@up.edu.ph