

DR. JOSE N. RODRIGUEZ: Liberating the Lepers

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**ABSTRACT**

Dr. Jose N. Rodriguez (1896-1980) was a pivotal figure in the fight against leprosy in the Philippines and globally. A medical doctor specializing in leprology, he dedicated his life to treating and liberating those afflicted by the disease, often referred to as the “ruins of man”. His journey began at the Culion Leper Colony in 1922, where he served as a physician before pioneering a more humane and scientific approach to leprosy control in Cebu

and later in Tala, Rizal. This groundbreaking initiative, which included the establishment of the Eversley Childs Treatment Station and the innovative mobile skin clinic, became the blueprint for the national leprosy control program in the Philippines. Through his extensive epidemiological surveys and clinical trials, Dr. Rodriguez advanced the understanding and treatment of leprosy, ultimately contributing to the development of effective multi-drug therapies that made the disease curable. His compassionate and visionary work not only brought hope and dignity to thousands of patients but also placed the Philippines at the forefront of global leprosy research and control. Dr. Jose N. Rodriguez of the Philippines received the Damien-Dutton Award in 1974 from the Damien-Dutton Society for Leprosy Aid, Inc., which cited Dr. Rodriguez as “an outstanding scientist, teacher and administrator, who, in a lifetime devoted to the leprosy problem of the world, made major scientific advances in its diagnosis, treatment, epidemiology and control”. For these outstanding achievements in science and technology, Dr. JN Rodriguez was elected to the National Academy of Science and Technology Philippines as Academician in 1979.

Keywords: leprosy, *Culion*, Epidemiology, Public Health

Abbreviations: DJNMRH, Dr. Jose N. Rodriguez Memorial Hospital; MD, Medical Doctor; PGH, Philippine General Hospital; UP, University of the Philippines; USA, United States of America;

INTRODUCTION

“We marvel at the ruins of a cathedral, but what about the ruins of man?” This passage from a book was his inner cry whenever he looked at a disfigured and socially outcast leper. As a medical doctor, he understood their helplessness and often hopelessness against the scourge of a mysterious and incurable disease. He knew the stigma of being labeled a sinner and cursed because of an affliction as old as biblical times.

Leaving the confines of the academe and the comforts of a well-paying job in Manila, he followed the lepers from the Culion Leper Colony in Palawan, to Cebu — then the most leper-populated city in the Philippines, and to the Tala Leprosarium in Rizal to bring them treatment and hope through his clinical practice and research. He shared his expertise in leprosy with other Western, European, and Asian countries. His life was dedicated to controlling leprosy and to liberating the lepers — the “ruins of man”, from living death. He is Dr. Jose N. Rodriguez, leprologist, humanitarian doctor, and Academician.

THE JOURNEY

The Makings of a Man Is the Child

Jose N. Rodriguez was born on December 1, 1896, in San Marcelino, Zambales. He was a tall, gangling child with Hispanic features and a deep-set, lambent Indian-eyes. His grandfather was a Spaniard who married a beautiful Pampangueña. Yet, his aristocratic features belied strength of character and compassion emulated from his father, Juan.

Juan Rodriguez was a farmer and landowner, but he prided himself more as a caretaker and protector of the Negritos in Zambales. Ironical that it would be this same protectiveness for the helpless that would snatch his life just before Jose graduated in high school. The boat he was riding from Zambales to Manila got caught in a heavy storm; he drowned trying to save his sister and a female cousin.

His mother, Vicenta Ferriols, with the resilient blood of the Caviteños, raised Jose and his seven younger siblings— Venancio, Dalmacio, Diosdado, Benjamin, Vicente, Lourdes, and Natividad— in the knowledge of God and with discipline and love.

The Journey with the Lepers: from Culion, Palawan to Cebu, Visayas to Rizal, Luzon

Fresh from high school, Jose went to Manila and stayed with his relatives as he studied medicine at the University of the Philippines (UP). He earned his medical degree (MD), specializing in leprology in 1920. At twenty-four years old, with a bright career ahead of him, he was accepted as a resident physician at the Philippine General Hospital (PGH) in 1921.

It may have been fortuitous that while at PGH, he heard the challenge of the newly-arrived US Governor-General of the Philippines, Leonard Wood. Wood who enjoined the doctors and nurses of PGH: "I'm giving you this opportunity to serve your country. Culion is a far place but most of you are not married. I am going in a few days and I need volunteers. I want your answer now!"

General Woods was a former Chief of Staff and a physician like himself. His visit to the country's principal leprosarium in Culion was one of his first humanitarian

acts. Wood's special mission was to improve the welfare of the 7,000 leprosy patients segregated there by law. In time, he would institute a comprehensive medical program for leprosy in the country.

Dr. Rodriguez accepted the challenge and sailed to Culion in 1922, the first leg of his journey (Figure 1). He remained there until 1926, serving the lepers first as a senior physician, then as supervising physician, until his appointment as acting chief physician.

What made him go to Culion has remained a perplexing mystery to his son, Victor. A young medical doctor, fresh from the most prestigious medical school, with the world at his feet— money, fame, position— and he chose to go to an isolated island 362 kilometers from Manila, without electricity or luxuries, facing the perils of the sea and the unknown germs of leprosy? A young, gifted life venturing into the Island of the Living Dead? His daughter Rosita understood: "He had a heart for the lepers. And he needed to send back his salary to support his family. Culion was not a place where you spent money."

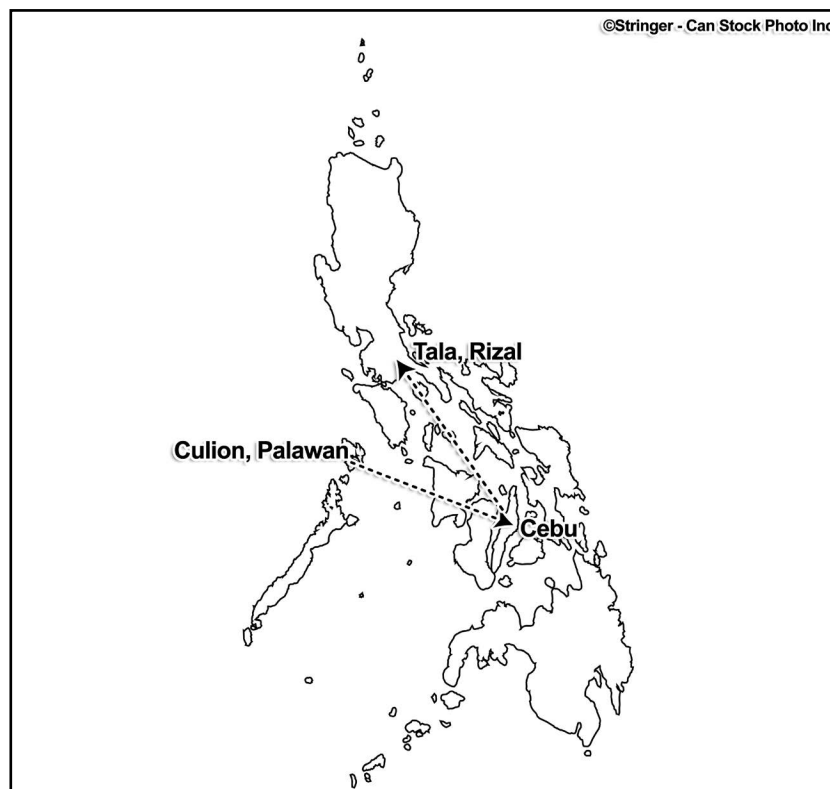


Figure 1. From Culion, Palawan, to Cebu, Visayas to Tala, Rizal in Luzon.

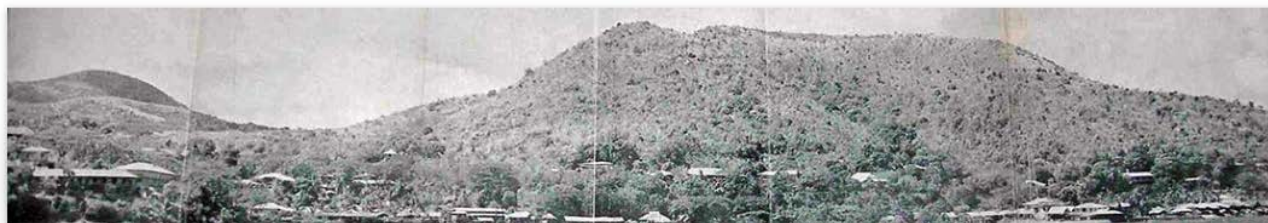


Figure 2. Dr. JN Rodriguez joined Dr. HW Wade who was then chief in the Culion leper colony in Palawan in 1922 and later became its head. (Source: https://leprosyhistory.org/geographical_region/site/culion)

In Culion, he also developed a professional and personal relationship with Dr. H. W. Wade, the acting chief physician and pathologist of Culion, whom he would later succeed. They were kindred spirits with a shared dream: to improve the medical practice and research on leprosy in the islands. Dr. Wade, upon the invitation of General Wood, also gave up his university and hospital posts in Manila as a professor of pathology and bacteriology in the College of Medicine and Surgery in Manila in 1922 to head the medical team in Culion. Both medical doctors would later conduct joint clinical and epidemiological research on leprosy.

Dr. Wade also persuaded General Woods to seek funding for a truly scientific program for leprosy research from American volunteers. A series of meetings in the USA and in the Philippines gradually gave birth to a non-profit organization in New York, later named as the Leonard Wood Memorial for the Eradication of Leprosy in 1928, in honor of General Wood, who died in 1927.

The first expenses from the Memorial funds were used to establish a base in Cebu from which to conduct epidemiological studies on leprosy and methods of its control. Both Dr. Wade and Dr. Rodriguez, who were members of the selection committee, lobbied for Cebu, which then had the highest prevalence of leprosy in the Philippines. (Note: Dr. Wade was the 1959 recipient of the Damien-Dutton Award for his outstanding work and contributions in leprosy epidemiology, clinical, and control research in the Philippines. Dr. JN Rodriguez received the same award in 1974.)

As Dr. Roland V. Cellona, medical specialist of the Cebu Skin Clinic, recalled: “While at Culion, he found out that 60 percent of the lepers were from Cebu so he asked ‘Why are we sitting here just waiting for them to come to us? Why don’t we go to Cebu and see them for ourselves?’” Thus, construction of the Eversley Childs Treatment Station— named after the chief fund raiser New Yorker Eversley Childs— began on 120 acres of land in Jagubiao, 11 kilometers away from the city of Cebu (Figures 3 and 4). This was to be his new headquarters.

In order to establish the leprosy center in Cebu, Dr. Rodriguez left his post as chief physician in Culion in 1926 where he was succeeded by Dr. C.B. Lara. That same year, he was sent to the Calcutta School of Tropical Medicine in India for a post-graduate course in tropical medicine and leprology.

In 1927, at the age of 31, Dr. Rodriguez became engaged and married Nieves Hidalgo, one of the lovely daughters of the well-known Don Luis Hidalgo.

They were a perfect match in spirit. In Nieves, Dr. Rodriguez found a partner who would travel the path less trodden for years. His bride joined him in Cebu, where they lived in a lovely cottage in the hospital compound. He served as the first Director of the Eversley Childs Treatment Station, with Dr. Jose Tolentino as resident physician. The Station had three units: a sanitarium for leprosy patients which was occupied on May 26, 1930, a state skin dispensary, and a traveling clinic.

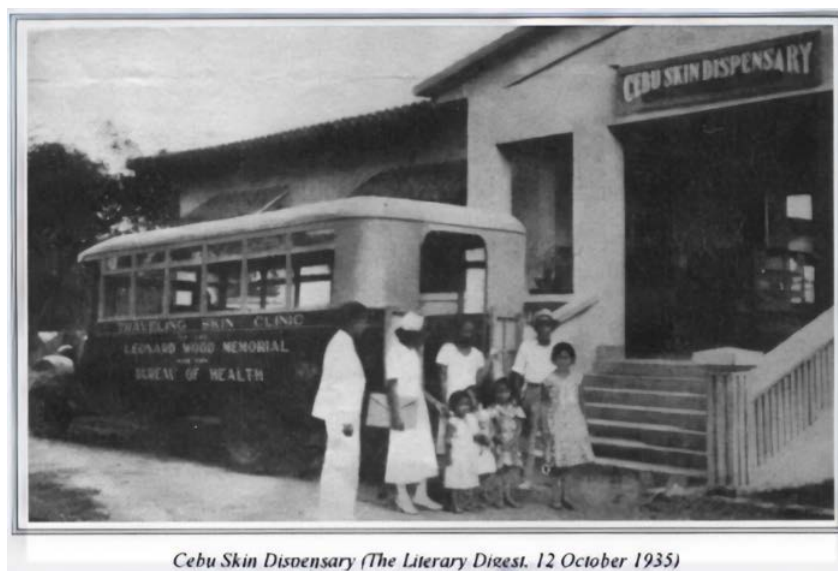


Figure 3. The Cebu Skin Dispensary, which operated under the Leonard Wood Memorial and Bureau of Health, also managed a traveling skin clinic.
(Photo credits: The Literary Digest, 12 October 1935)



Figure 4. (a) The Eversley Childs Sanitarium; (b) Chief Physician of the Eversley Childs Treatment Station for leprosy, examining a patient in Cebu, 9 May 1945; (c) Staff members of the Epidemiology Branch, Leonard Wood Memorial, Cebu, with Dr. Jose N. Rodriguez (Consultant) among those pictured.
(Photo credits: (a) ECS Museum and Archives Facebook; (b) US Signal Corps; (c) Forty Years of Leprosy Research, 1967)

Expanding the Success of Cebu to Other Regions of the Country: to Tala, Rizal

Because of the success of the Cebu pilot project, the government established Treatment Stations in other major regions of the country. Dr. Rodriguez was placed in charge of all leprosy-related activities outside the Culion Leper colony, serving as General Supervisor of the Regional Treatment Stations for Leprosy from 1927 to 1946. In between this commitment and administrative responsibility, he was awarded a one-year fellowship by the Leonard Wood Memorial to finish the Certificate in Public Health from the Johns Hopkins University in 1932. He also visited many institutions working on public health and its control.

The Central Luzon Sanitarium, also known as the Tala Leprosarium, built on 808 hectares in Tala, Rizal, was the last to be established among the Treatment Stations in the country (Figure 5). He was appointed as its first director in 1940. Assisting him in caring for the 300 patients were two nurses, some nursing attendants, an administrative assistant, and a property clerk. His moral support came from his family, who also moved with him to Manila.

Rising from the Ravages of War

The war years with the Japanese caught up with them in Manila. From 1941 to 1945, Dr. Rodriguez served as the Medical Officer of the Bureau of Hospitals. In March 1942, he volunteered to give medical aid to Filipino-American troops during the Bataan Death March, while continuing to be the Supervisor of the Pampanga Provincial Hospital until 1945.

His daughter Rosita revealed: “My father volunteered because he was looking for his brother-in-law, Vicente Lim— then commanding general of the Philippine army and husband of Nieves’ sister Pilar Hidalgo. She was in the US during that time for medical treatment. Papa would come home and stare far away lost, disturbed by all the atrocities of war.”

During the war, Dr. Rodriguez and Dr. R.S. Guinto, assistant epidemiologist of the Leonard Wood Memorial, hid important epidemiological records in a cave on Mactan Island and sent some documents to the US. After the war, in 1946, both doctors were sent on scholarship to the Western Reserve University in Cleveland, where they helped analyze data in those documents. Dr. Rodriguez also served as a professor in biometrics.



Figure 5. The Tala Leprosarium or Central Luzon Sanitarium, now called Dr. JN Rodriguez Memorial Hospital (DJNMRH), in Caloocan Rizal (now City), in a 130 ha area is the last treatment station for leprosy to be established in the country. (Photo credit: JN Rodriguez Memorial Hospital)

His family accompanied him to Cleveland, but returned to the Philippines ahead of them so that his teenage children, Victor and Rosita, could finish their schooling. Mrs. Rodriguez was also pursuing a Master of Science in Euthenics at the university. Back in the country in 1947, he was appointed as Chief Researcher of the Division of Laboratories at the Department of Health (DOH), a post he held until 1950.

In 1947, he went to Columbia University in New York for special training, and in 1948, he obtained his Master of Public Health degree from the Johns Hopkins University. In the same year, he also pursued a postgraduate degree in dermatology at the Hospital St. Louis in Paris, France, and further trained at the Hospital de San Juan de Dios in Madrid, Spain, from 1951 to 1958.

Research collaborations with other world-renowned leprologists and consultancy work soon followed. His fame as a world-famous expert in leprosy had also earned him a consultancy role with the World Health Organization (WHO) in Taiwan, Korea, and the British Solomon Islands. From 1958 to the 1960s, he served as a member of the WHO Panel of Experts Committee on Leprosy. In 1961, he was appointed as the Technical Director of the WHO inter-regional postgraduate leprosy training course. He traveled to various western, European, and Asian countries like Switzerland, Italy, Spain, India, Brazil, and Japan as a delegate to international conferences on leprosy or as a member of the WHO Executive Board between 1948 to 1959.

He returned to the Philippines in 1958 to serve as Director of the Bureau of Disease Control, a post he held until his retirement in 1961. Nevertheless, he continued to visit his places of work and served as a formal or informal consultant to the colleagues, trainees, and younger doctors who followed his path.

RESEARCH CONTRIBUTIONS

Culion Leper Colony: the “Island of the Living Dead”

Leprosy (*ketong*) is an ancient scourge of mankind that has inflicted social isolation and stigma to many people in South America, Africa, and Asia. Contagious, mutilating, once considered as incurable, it has gripped many people in fear, etching physical, mental, and emotional scars among those “cursed” with the disease. Leprosy was the Black Death that killed a third of Europe’s population in the last half of the 14th century.

What made this disease so dreaded during those times? Leprosy is an infectious disease caused by a bacterium, *Mycobacterium leprae*. It is transmitted through the respiratory tract of an infected patient. The disease mainly affects the nerves, mucosa of the upper respiratory tract, and the eyes, among other structures. Unlike other infectious diseases, leprosy is chronic with an incubation period of three to 15 years, requiring prolonged contact between the infected and uninfected person for the disease to manifest.

Victims first feel anesthesia or no sensation to pain and temperature, thus making them prone to accidents and mutilation. Their muscles atrophy and contract, usually the small and ring fingers first, before the other muscles of the hand. In advanced stages, nodules may enlarge and disfigure their bodies; lesions cover their skin. Their skin may turn white with a parchment texture, hence the term leprous white skin.

During Dr. Rodriguez’s time, there was no known means to immunize the susceptible person against the disease. While *M. leprae*, discovered by G.A. Hansen in 1873, was the first bacterium to be identified as causing disease in man, it took almost a century before the bacillus was cultured in artificial media to test its response to possible antibacterial drugs. In short, there was no known drug to cure the disease.

During that time, it was hard for the authorities to limit the contact amongst infected persons to avoid transmission (unlike, for example, for malaria, where physical removal of breeding grounds of mosquitoes can help control malaria). The only controllable factor then was the source of infection. Hence, the leper must be segregated or physically removed and isolated from the rest of the population so he or she cannot infect others.

In 1906, the Philippine Commission under the American regime adopted Act 1711, which segregated all bacteriologically positive lepers at the Culion Leper Colony.

Culion Island was chosen primarily because it was isolated from populated areas, located 362 km southwest of Manila, but with rich fishing grounds that can provide the lepers with food and livelihood. The colony, covering 119,269 hectares, began operating on May 12, 1907, when the first group of 370 patients was brought from Cebu. Lepers were collected from around the archipelago and transported to Culion every two to three months. At the time Dr. Rodriguez went to Culion, there were about 7,000 lepers there. Culion became known as “paradise lost” or the “Island of the Living Dead.”

The early days of segregation caused headaches to the health officials and heartache to the afflicted and their families. Reports stated that the lepers vigorously resisted the police officials, fled and hid from place to place like hunted animals, and sought remedies from native ‘quack’ doctors. They assaulted, knocked unconscious, shot, or even stabbed the sanitary inspectors who were just doing their jobs. The collection trips were also heartrending as both patients and families well knew that they would probably not see each other again. Being sent to Culion meant being an outcast.

In the colony itself, there were problems — how to segregate the early and advanced lepers, how to separate and where to house the children being born in the colony, even the question of social and sexual relations. In 1929 or 1930, there was even a reported uprising when the authorities forbade marriage to prevent the spread of the disease!

As former Acting Chief Physician of the Culion Leper Colony, Dr. Rodriguez knew of these problems. He believed that research and science could enable lepers to live a more normal life and receive more humane treatment. Inside the colony, he studied the earliest manifestation of the disease and possible transmission of leprosy among 398 young children with leprous parents who were born in Culion at the end of 1924. He also researched on anesthesia in the diagnosis of leprosy and gave instructions on how to treat the patient humanely and with dignity during the testing.

Segregation continued to be attacked because it was considered inhumane. Critics also pointed out that the number of lepers did not decrease even when the Culion had operated for 20 years. However, with no other alternative method of leprosy control, the system continued.

A More Humane Research Control Program in the Philippines

Acting on his own initiative, Dr. Rodriguez conducted a 10-year pilot Leprosy Control Project in the Cebu province from 1927 to 1936. The experiment included establishing a regional treatment station (the Eversley Childs Treatment Station), a stationary skin dispensary (Cebu Skin Clinic), and a mobile skin clinic through a vehicle donated by the Leonard Wood Memorial. These were all engaged in case-finding, case-holding, follow-up, and reporting of lepers. The coordinated program was a new control at that time.

In the skin clinic, doctors diagnosed and treated any kind of skin disease, including leprosy, thus detecting any early cases so that the patient can be treated before the disease progresses. The traveling clinic was a specially equipped truck provided with a small laboratory and a motion picture projector that was used to educate the rural folks about the disease. This was Dr. Rodriguez’s idea and was probably the first leprosy clinic on wheels anywhere in the world.

Hence, the medical staff can monitor almost the whole population, follow up on patients’ progress, and ensure some treatment with the drugs being tested. These clinics erased much of the stigma associated with consultation and lessened the people’s fear of being sent to Culion.

The operation of the pilot program was guided from the outset by the early epidemiological surveys in Cebu, which Dr. Rodriguez and his associates conducted from 1928 to 1937. These findings also laid the groundwork for a long series of world-renowned intensive surveys in Cordova and Talisay, Cebu by Dr. James A. Doull, a Professor of Hygiene and Public Health at the Western Reserve University, who was sponsored by the Memorial in 1933.

Epidemiology of leprosy

Epidemiology is the study of disease— how it is transmitted, what causes it, the factors that influence the infection from organism to host, and how the disease develops. Plotting the major foci where leprosy was more prevalent in Cebu, he found that the capital city of Cebu itself was the center, covering the surrounding municipalities of Opon, Cordova, Mandawe, and Talisay. The territory extended over a roughly circular area having a diameter of about 28.8 km. Since 1907, the disease in Cebu had also spread vertically (or downward), and persisted due chiefly to the transmission to close contacts within the individual foci.

Dr. Rodriguez explained the scientific importance of this finding in his evaluation of the leprosy program in the country, published by the International Journal of Leprosy in 1962. He explained: “The epidemiologic finding that the disease does not spread from the existing foci toward the relatively clear areas separating the foci leads to an important assumption. If it were possible to control the disease within these foci, it would not likely flow back into it from another focus, again to reinfect the population of the cleared area, except perhaps for the unlikely development of degeneration of health and economic standards in the meantime or immigration into the area of a more susceptible population.”

Hence, in case of limited funds, he suggested that a government’s leprosy control program work focus on the most important foci to achieve the most impact.

Clinical trials

Dr. Rodriguez also conducted clinical experiments. In the 1920s, he and Dr. JH Wade reported on neural and tuberculoid leprosy. Their published paper stimulated research everywhere on the anatomic forms of leprosy. Soon, the borderline form was incorporated into the standard classifications of the disease. Their surveys also showed that the lepromatous type of leprosy was more infectious than the neural type of leprosy, thus dispelling misconceptions that all leprosy were equally infectious.

He also experimented and recommended the “histamine test” for detecting early or incipient cases of leprosy. At that time, doctors had to rely mostly on clinical methods that depended heavily on the experience of the physician making the diagnosis. His scientific publications, listed in Table 1, show the depth and breadth of his work with collaborators on leprosy.

In 1935, the newly established Commonwealth of the Philippines decided to adopt a more humanitarian approach to leprosy. However, such an approach needed to be scientifically based and the technical and financial capability of the government must be considered.

Fortunately, the Pilot Leprosy Control Project initiated in Cebu by Dr. Rodriguez was already in its eighth year and had already been successful in encouraging lepers to voluntarily present themselves for early treatment. Further, the evident success of the treatment, combined with an educational campaign, removed much of the fear and misunderstanding about leprosy.

Two years later, the government expanded the program to the rest of the country. It established other regional sanatoria in seven endemic areas and set up stationary skin clinics in Manila, Vigan, Ilocos Sur, Legazpi, and Albay. These skin clinics treated patients for free and each typically served areas with populations of 150,000, with one leprosy person per 1,000 persons. On the other hand, the ten traveling skin clinics serviced 29 endemic provinces, covering an average of 1.5 million inhabitants each. These clinics served an average of 985 active leprosy cases each.

Thus, the Cebu Pilot Leprosy Control Program was successfully expanded to a national scale and, as of the 1970s, constituted the backbone of the country’s leprosy program.

The control program was liberalized when the Republic Act 4073 was passed in 1964, which abolished segregation and provided treatment of leprosy patients in both traveling and stationary skin clinics.

“These changes, together with the encouraging results of the improved method of treatment, resulted in marked progress in our leprosy control,” summarized Dr. Eusebio D. Aguilar, Acting Director of Health of the Philippine Health Service in 1930. “Not only do manifest cases volunteer for isolation or detention, but many

Table 1. *Selected publications of Dr. JN Rodriguez*

<p>Rodriguez J. 1922. A rare case of multiple neurofibromatosis (Von Recklinghausen’s disease). <i>Journal of the Phil. Islands Med Assoc</i> 2: 1–4.</p> <p>Rodriguez J, Eubanas F. 1923. Treatment of leprosy with antimony. <i>Phil J Sci</i> 23: 575–594.</p> <p>Rodriguez J. 1926. Brief review of medical work at Culion Leper Colony. <i>Journal of the Phil. Islands Med Assoc</i> 6: 42–46.</p> <p>Wade HW, Rodriguez J. 1927. A description of leprosy, its etiology, pathology, diagnosis and treatment for health officers and others concerned in antileprosy work, prepared under the auspices of the Culion Medical Board. Bureau of Printing, Manila.</p> <p>Rodriguez J. 1928. Leprosy work in the province of Cebu. <i>Monthly Bull Phil Health Serv</i> 8: 183–187.</p> <p>Rodriguez J. 1930. Annual report of the General Supervisor of Treatment Stations for 1929. <i>Monthly Bull Phil Health Serv</i>.</p> <p>Rodriguez J, Plantilla FC. 1931. The histamine test as an aid in the diagnosis of early leprosy. <i>Phil J Sci</i> 46: 123–127; <i>Monthly Bull Phil Health Serv</i> 11: 236–240.</p> <p>Rodriguez J. 1935. Curability of leprosy. <i>Leprosy Review</i> 6: 143–146.</p> <p>Rodriguez J, et al. 1935. Report of the Philippine Leprosy Commission. <i>International Journal of Leprosy</i> 3: 389–442.</p> <p>Rodriguez J, Doull JA, Guinto RS, Plantilla FC. 1936. A field study of leprosy in Cebu. <i>International Journal of Leprosy</i> 2: 141–170.</p> <p>Rodriguez J. 1936. Our leprosy problem in the Philippines. <i>Monthly Bulletin of the Bureau of Health</i> 17: 289–408.</p> <p>Rodriguez J. 1962. Evaluation of the leprosy control program in the Philippines, II. Application and manner of analysis. <i>International Journal of Leprosy</i> 30(4): 418–441.</p> <p>Rodriguez J. 1963. The development of the leprosy control program in the Philippines. <i>Leprosy in India</i> 35: 73–82.</p>
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patients present themselves for examination as soon as they have the least suspicion that they have leprosy. Formerly, these unfortunates had to be closely guarded in the detention camps to prevent their escaping; now guards are no longer necessary.”

Research on effective therapy

In search of the drug that will cure leprosy, Dr. Rodriguez and his associates evaluated various therapies such as chaulmoogra oil, preparation of ethyl esters, and the Mercado mixture among patients in Cebu. From 1947 to 1951, he experimented on the sulfone drugs in the Tala leprosarium, establishing tolerable and effective

dosages for Filipinos. These ushered in a new promise, although this weak and slow-acting antibacterial must be taken for years, causing some patients to drop from the treatment or develop resistance to dapsone.

It was in the 1970s when the combination of chemotherapy of Rifampicin and Clofazimine was tested in the Philippines at the Tala Leprosarium. In 1981, the WHO recommended a multidrug therapy or a combination of drugs such as rifampicin, clofazimine, and dapsone as an effective treatment. Finally, the leprosy scourge has found its cure.

It Is the Inner Man That Counts

What enabled Dr. Rodriguez to spearhead and take responsibility for such major programs? The people who have worked or were trained by Dr. Rodriguez pinpointed to his visionary thinking, commitment, professionalism, brilliance, and genuine love for the lepers.

Dr. Roland Cellona, a medical specialist of the Cebu Skin Clinic, cited Dr. Rodriguez's innovative idea of establishing the mobile skin clinic. "We should not just wait and catch them before it is too late. If we treat them early, we can avoid complications like deformities," he used to emphasize. These clinics have since been adopted by other countries such as Vietnam, Thailand, Korea, Malaysia, and Indonesia.

Dr. Rodolfo M. Abalos, chief of the Pathology Department of the Chong Hua Hospital and pathologist of the Leonard Wood Memorial, enthused that he stood out in international congresses, not just physically but intellectually as most respectable and distinguished!"

"He placed Cebu in the world map," pointed out Dr. Tranquilino Fajardo, asst. epidemiologist of the Leonard Wood Memorial. "Foreigners didn't know where the Philippines was, but they knew where Cebu was because of the intensive epidemiology studies on leprosy done in this area. These were done properly for the first time because they included almost the whole population. Nobody could do this in other parts of the world."

His brilliance and genius as a clinician had been noted by Dr. Armando B. Arriola Jr., chief of the Cebu Skin Clinic. He explained: "He was strict, especially in diagnosis and classification of leprosy. He would scold, cuss, even in Spanish, if we made mistakes in classification. But if you established a good diagnosis, he would beam and praise profusely. Sometimes, he is like Sherlock Holmes testing us on different cases."

He was thorough in diagnosing, believing that its success depended on the care and thoroughness of the physician rather than on his elaborate instruments. He stressed respect for the patients. "The examiner should also make it a point never to hurry the patient and should make due allowances for his intelligence and mental capacity," Dr. Rodriguez stressed.

Yet he was a very tough administrator. "Very punctual, very strict, especially on time. In the hospital, he always went to the office on time and watched those who went home early," shared Dr. Arriola. Dr. Leandro Uyguangco also experienced his decisiveness when Dr. Rodriguez recommended him to succeed him in the Tala leprosarium, against opposition, because he was the youngest. "He saw in me an energetic young man from the army (former USAFFE) who did not surrender to the Japanese army," he said with pride. Dr. Uyguangco succeeded him.

"Yet he is also a field man. He tried to visit the lepers in our research even when he had administrative jobs, even when he was working in Manila, and even when he was retired from government and was serving as a consultant for the Leonard Wood Memorial," revealed Dr. Fajardo, asst. epidemiologist of the Leonard Wood Memorial.

Most importantly, the lepers saw him as one with them. Dr. Abalos specially remembered: "At the Tala leprosarium, we were often invited to fiestas. The lepers would sometimes serve us the first course, which is soup, with crooked or deformed fingers sometimes dipped in the soup itself. He ate without qualms." Even Rosita, his daughter, affirms such affinity. "During the war, we rode in a *tranvia* and he would point out to me the lepers along the way. That was how strong his perceptive and diagnostic senses were when it came to his 'beloved' lepers. His life was leprosy."

INTERTWINED LIVES, COMMON GOAL

However, Dr. Rodriguez had not been quite that perceptive in detecting the love signals sent by his future wife. Rosita described their closed-case courtship with a chuckle. “When my mother saw him, she resolved that I would marry him. He had no choice. He was not consulted at all.” At that time, he was one of the most eligible bachelors in UP. He was quite arresting — tall at 5’11”, mestizo, and handsome, confident, smart, well-dressed, with brisk and energetic steps.

But who wouldn’t also fall in love with the belle of society? His bride, Nieves Hidalgo, was of the manor born, beautiful, intelligent, well-bred, widely-traveled, and well-educated with an AB from UP and another degree from Columbia University. At that time, she served as dean of women at UP, was a former instructor in math, and secretary of the alumni and the Board of Movie Censorship. This special lady was given a platinum ring for their engagement in 1927.

Throughout her lifetime, she became his faithful partner, even in his lifework, and served as the country’s ‘ambassadors’ abroad. The Rodriguez couple had four children, Victor, Rosita, Eduardo, and Felipe (Figure 6). Firstborn Victor cannot remember her worrying or being extra protective just because they were living near the patients. Rosita said that it was because her father assured them that they should not fear catching the disease and explained why. “Because of his studies and

research on leprosy, he knew of things that wiped away all unnecessary fear of the unknown,” she said.

Mrs. Rodriguez hosted a successful luncheon for then Gen. and Mrs. Carlos Romulo on their visit to the United States. In her speaking engagements before different alumnae, college, and women’s clubs, she almost always talked about the work of her husband and other scientists in the fight against leprosy. Her children, then teenagers Victor and Rosita, performed Filipino dances in colorful native costumes, sometimes accompanied by Mrs. Rodriguez on the piano. These elicited warm praises and press releases. Mrs. Joseph Gilmour Manning of the Alliance Ohio Review wrote to her: “You have awakened an interest in us for your people and your lepers... You surely aroused our interest with the books on leprosy.”

It is no wonder, then, that after Nieves died, Dr. Rodriguez seemed lost, said Rosita. She brought him to Cebu from Manila, where her husband, Dr. Arcenas, became his personal doctor.

Another ‘heartbreak’ in an otherwise resilient life was Victor’s decision to be a lawyer rather than to be a doctor. Victor recalls that when they were in Cleveland, Dr. Rodriguez told him that if he was interested in medicine, he could stay in the US, and he would support his studies. But when he decided otherwise, Dr. Rodriguez accepted it unequivocally. Only many years later, when he had graduated with a thriving law practice, did his grandmother reveal to him: “The day you said you did

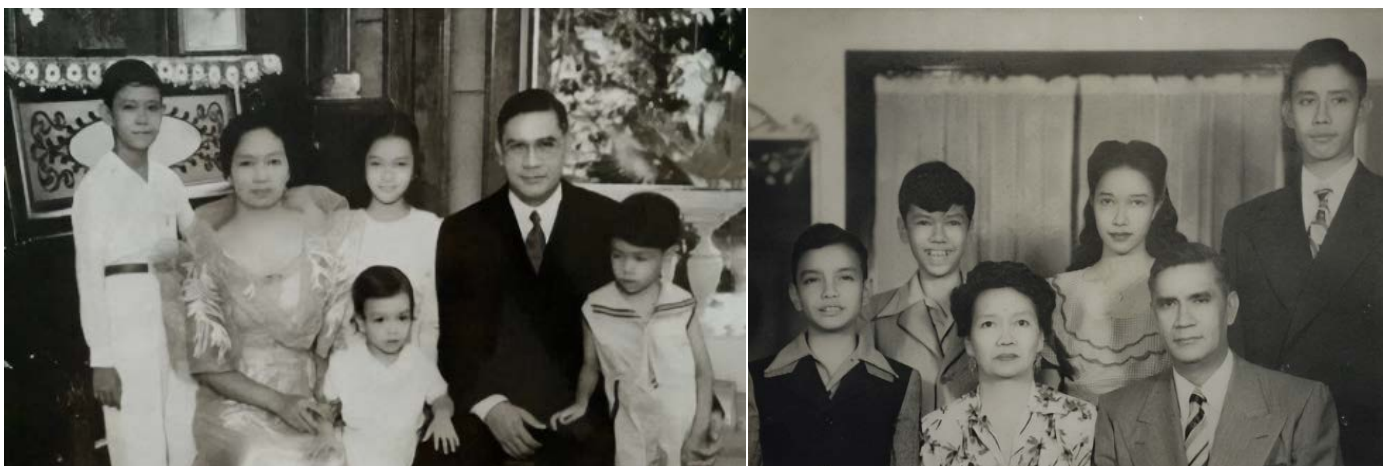


Figure 6. Jose and Nieves Rodriguez with their children, Victor, Rosita, Eduardo, and Felipe.
(Photo credit: Rodriguez Family)

not want to be a doctor was the first time I saw your father cry since he was a child.”

Building the Ruins of Man

Yes, he may not have built a medical trail for his son to follow. But a hospital was named after him in 1980—the Jose N. Rodriguez Memorial Hospital or formerly the Tala leprosarium, then a 2,000-bed capacity tertiary hospital for leprosy.

He built a legacy of excellence and service—recognized as the Most Distinguished Alumnus of UP (1953), knighted by the Order of Hospitaliers of the Holy St. Sepulchre in Jerusalem (1953), awarded the Orden de Sanidad, Categoria de Encomienda con Plaza in Spain (1954), cited for his outstanding contribution in dermatology by the Manila Medical Society (1952), and awarded by President Ramon Magsaysay the Gold Star award as “Man of Science” (1955). In 1974, Dr. JN Rodriguez received the Damien-Dutton Award in 1974 from the Damien-Dutton Society for Leprosy Aid, Inc. He was elected to the National Academy of Science and Technology Philippines in 1979.

He placed the country at the forefront of the fight against leprosy. As Dr. Leoncio Lopez-Rizal, chief of the Division of Communicable Diseases, reported in the early years:

“The Philippines may be listed in the Roll of Honor as one of the first countries in the world that contributed and is contributing most to the solution of the leprosy problem. We may say with pride that the attention of the whole scientific world is centered in our country on account of the remarkable success achieved in this line of work.” Indeed, the WHO Western Regional Office-sponsored First Inter-Regional Postgraduate Leprosy Training Course was held on November 20-December 9 1961 in Manila, Cullion, and Cebu Philippines. The decision to hold the training course in the Philippines was based on the following: “(a) In the majority of the countries and territories of the Western Pacific Region, leprosy programmes with the modern approach to the control of the disease have not yet been developed. (b) The Philippines is the country in the Region with the oldest tradition in leprosy control. There are modern

institutions, well-developed leprosy programmes in certain rural areas and very well-trained local staff” (WHO Western Regional Office 1962).

Now, leprosy is curable. The new multi-drug therapy given free by DOH can render the diagnosed patient non-infectious 99.5 percent after the initial intake of the medicine and can cure him or her after six months or a year. The blister packets can be taken home. Ever since the National Leprosy Control Program adopted the medicine in 1986, the number of lepers in the country has decreased from 72,000 to just 4,430 in 2001.

Indeed, many ‘ruins of men’ have been rebuilt because of pioneering men like Dr. Jose N. Rodriguez, who chose the path less trodden. He was a medical hero who fought against germs and upheld the hope and dignity of the lepers, liberating them finally from living death.

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