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# A Regional Affliction: a Portrait of Dr. Joseph Jones in the New South

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Southern history has painted a critical portrait of Dr. Joseph Jones, president of the Louisiana State Board of Health from 1880-1884, whose controversial opinions on quarantine and the federal government served as the source of intense conflict between the national and state boards of health. Dr. Jones's scholarship and advocacy for local and national public health improvements evolved during his career. His regional gaze, which heavily influenced and skewed his work toward improving the public health and public image of the South, gradually eroded as the necessity for effective national health regulation usurped regional authority in the New South. In the years after his term, Jones recognized the devastating effect of split authority on effective regulation and called for comprehensive national regulation of quarantine. Jones's evolving perspective on federal authority and disease prevention mirrors the regional debate on federal health regulation amidst national conflict over local interests, regional emphasis, and the authority of a New South in the postbellum United States.

"The strongest evidence of human progress is the conquest of science over error and superstition." [1]

"... But Man, proud man. Drest in a little brief authority, Most ignorant of what he's most assur'd. . . "[2]

## A Prelude: the Context of Public Health in the Postbellum South

Throughout the 19th century, infectious diseases spread rampantly throughout major port cities, the vital organs of American commerce. Regionalism contributed greatly to the disparities in public health in these cities during the postbellum era. Different climates and economies yielded conditions that were conducive to different diseases and preventive measures. [3] Smallpox and cholera plagued northern cities in the latter half of the nineteenth century while the South experienced frequent malaria and yellow fever epidemics.<sup>[4]</sup> Rapid urbanization in the northeast catalyzed increased sanitation efforts and improved health there; however, progress in the South was glacial during Reconstruction, and yellow fever continually struck the region.<sup>[5]</sup> Before the discovery of disease transmission by mosquitoes, state and local officials in the U.S. understood that climate was a contributing factor to epidemics. [6] Sanitary officials knew that heavy rains in the summer often preceded outbreaks; therefore, they concluded that a hot and humid climate principally contributed to the spread of disease.[7] Not coincidentally, humid locales in the South with areas of stagnant water also served as ideal breeding grounds for mosquitoes. A second contributing factor to these epidemics was contact with foreign vessels, passengers, and materials, which often preceded outbreaks.[8] Therefore, quarantines functioned as the foremost preventive practice against imported disease in the South. [9] The strict regulation of quarantines by Southern states impacted international shipping and profitable imports, spurring vocal advocacy by businessmen for the implementation of sanitary and public health measures, rather than intrusive quarantines, for the prevention of infectious disease. [10][11]

As Southern states suffered port closures and lost profit under quarantine regulations, resentment against the Northern ports that benefitted from these commercial losses grew. The South's bellicose history with states' rights and federal supremacy echoed as debates emerged over the national government's authority to regulate these previously state-imposed commercial quarantines. In 1879, Congress passed the National Quarantine Act and established a National Board of Health in order to standardize quarantine practices across states.[12] Southern states and their commercial sectors supported this act; however, Dr. Joseph Jones, president of the Louisiana Board of Health, emerged as an outspoken critic of the national board, as he engaged in a rancorous debate over the federal government's right to regulate guarantine, which has contributed to the standard historical characterization of Jones as a major contributor to the national board's demise in 1883.

Most accounts of changing public health policy in the New South have painted Dr. Joseph Jones's unfavorable historical portrait with broad strokes. Often characterized and dismissed as an unruly leader and zealous defender of states' rights, Dr. Joseph Jones also conducted prolific public health research based on rational scientific inquiry in the decades before and after his tenure on the Louisiana State Board of Health. Ironically, his progressive and objective work in public health led to his appointment to an office in which his pride and regionalist tendencies prevailed over logic and evidence. Dr. Jones's scientific and political work addressed the national image of health and sanitation in the South. This regional gaze of the post-Reconstruction South evolved with Jones's career. His amplified pride for Southern authority during his tenure on the state Board of Health eclipsed his original focus on the local diseases and public health of the American South; however, his



### Description:

A Portrait of Dr. Joseph Jones, from the Digital Collections of Tulane University's Howard-Tilton Memorial Library. (view original here (https://digitallibrary.tulane.edu/islandora/object/tulane:16! experiences with scientific research and divided authority eventually converged at the end of his career to influence his understanding of the role of national authority in regional prosperity. Accordingly, Jones's seemingly mercurial professional opinions and political opportunism over the course of his career exemplify his contradictory roles as an objective researcher trying to improve public health in the South and as a Southern administrator conflating regional pride with effective authority and regional distinctiveness in an era marked by the increasingly national character of health regulation in the United States.

#### Dr. Joseph Jones: Public Health Expert and Advocate in the New South

The public health research and advocacy of Dr. Joseph Jones in the decades preceding his tenure as President of the Louisiana Board of Health illustrate his regionally-motivated fascination with the improvement of health in the South. A native of Georgia, Joseph Jones was a clinician, professor, and researcher in his home state until the advent of the Civil War. He served as a Confederate medical officer for the duration of the war, during which he kindled a growing interest in public health through his research in prisons and hospitals. [13] Soon thereafter, he moved to New Orleans to further study infectious and endemic diseases that specifically plagued the region.[14] Jones advocated for several city-wide public health improvements during his early career in New Orleans, including compulsory smallpox vaccinations, water purification, and improved drainage systems.[15] In the precarious Reconstruction era, state governments appropriated meager funding for public health improvements that attracted little public interest and infuriated businessmen fearful of the financial ramifications of public health regulations.<sup>[16]</sup> In this era, contagionists and anticontagionists held different beliefs about the transmission of disease. New Orleans businessmen, recognizing the detriment of quarantines to commerce, vocally advocated for the anticontagionist stance, which identified inadequate sanitation as the root of disease and denounced the efficacy of quarantines.[17] Jones's beliefs strayed from the two common stances in this debate, as he simultaneously believed that disinfection was imperative for the improvement of public health<sup>[18]</sup> and that regulated quarantines could be effective against known disease-bearing foreign shipping vessels. [19] Jones's vision for sanitary measures like water purification and disinfection as well as his moderate opinions on quarantine grated against the mainstream tendencies of the state and commercial sectors at the time.[20] This disregard for the interests of parties outside his own scientific realm was exemplary in Jones's approach toward sanitation and the prevention of disease in New Orleans.

Jones's expertise on endemic and epidemic disease and sanitary practices led to his appointment to the state Board of Health in 1877, whose principal responsibility was the governance of quarantines in the port of New Orleans.<sup>[21]</sup> As a member of the board, Jones advocated vociferously for sanitary practices as the principal precautions against disease; however, he also considered specific and regulated quarantines to be effective in cases of imported disease by foreign shipping vessels. In 1879, Jones, still a contributing member of the Board, testified to Congress on the efficacy of national quarantine regulations, strongly supporting an efficient national system and the implementation of a quarantine station at Ship Island near New Orleans.<sup>[22]</sup> By supporting national regulation, Jones, a Southern health authority, expressed his consideration for the most effective public health practices for the South, whose distinct diseases and circumstances, rather than the ensnaring vision of independent regional authority, still guided his opinions. His appointment to the presidency of the state Board of Health in the following year marked a distinct shift from the objective perspective which had guided his career up to that point. Jones's magnified personal pride and regionalist tendencies during his term as president of the Board of Health manifested the sway of his authority and political opportunism over his professional opinions.

## A Distinct Defense of the South: Dr. Joseph Jones and Regional Authority

Jones's career as a sanitarian and public health researcher led to his appointment to the Louisiana Board of Health and to the presidency of this board in 1880. During Jones's term, the Board of Health worked to drain stagnant water in New Orleans and to purify drinking water,<sup>[23]</sup> however; the debate over nationally regulated quarantine and the authority of the National Board of Health over the state board overshadowed the sanitary improvements in New Orleans during Jones's tenure.<sup>[24]</sup> Jones's heightened concern about the perceived competence of his state board and national image of New Orleans usurped his previous focus and opinions on regional health improvements; consequently, his efforts to maintain a sense of distinct regionalism and legitimacy for Southern authority impeded national health regulation.

Jones's stance on quarantine regulation during his conflict with the National Board was a reaction to declining national confidence in the South's ability to administrate health policy. In the decade preceding his term on the Board of Health, national newspapers, including the *Chicago Times*, the *Washington Post*, and the *New York Times*, criticized the South for inadequate sanitary measures in major cities. [25] Local publications in New Orleans, Memphis, and Atlanta also scolded state and local governments for their ineffective boards of health and inadequate sanitation enforcement. [26] Jones revealed an acute awareness of this reputation during his term, writing that "no city in the world has suffered more [obloquy] than New Orleans in reputation for health, and more especially in regard to its epidemics of yellow fever . . . The rapidly advancing millions of the great valley look with increasing interest upon the sanitary condition, quarantine laws and regulations of New Orleans and Louisiana." [27] He abhorred the critical eye of newspapers toward the South, claiming that the press wove vicious lies about the condition of New Orleans and the detrimental impact of quarantines on commerce. [28] Further indicting the media, Jones claimed:

When the press is used as the grand channel for the communication of facts and truth to the people, it becomes at once the highest and most powerful educator of the masses ... when, on the contrary, it suppresses facts and perverts the truth, for the gratification of personal spite and malice, and for the advancement of mercenary interests, it becomes an enemy to the highest and best interests of Commonwealth. [29]

Jones expressed a deep resentment against the press, as he simultaneously acknowledged the national impact of the media and condemned the perpetuation of what he viewed as a baseless but interesting and profitable narrative about the South.

Jones's insistence that the press intentionally distorted and contrived the narrative of health in the South did not align with regional reports on commerce and effective health regulation, underscoring his divergence from objective reasoning in his defense for autonomous regulation. While the efficacy of quarantines in the port of New Orleans fluctuated, their commercial ramifications consistently affected trade with foreign nations. The decrease in Brazilian coffee imports in New Orleans between 1859 and 1882 serves as a prime example of the impact of quarantines on Southern ports. [30] In 1859, more than 95 million pounds of coffee were imported into the port of New York as compared to over 66 million pounds imported into New Orleans. [31] In 1882, after the imposition of strict quarantine regulations on New Orleans, over 342 million pounds of coffee were imported into New York while almost 30 million pounds were imported into New Orleans. [32] As evinced in this reported data, quarantines significantly hindered trade in the Southern port, and shipping traffic rerouted to Northern ports. The nascent effort to improve the sanitary conditions of the city failed in the 1880s.<sup>[33]</sup> The attempts of the New Orleans Auxiliary Sanitary Association, comprised largely of businessmen, to implement new drainage and sewer systems and to outlaw privies in the 1880s did not succeed due to the cost and magnitude of tasks supported solely by this auxiliary organization. [34] The narrative about the effect of sanitary conditions and quarantine on disease and commerce that Jones so fervently wished to dismantle emerged from facts and failures in the region. In his prideful attempt to protect the reputation of the region by dismissing or denying this narrative, Jones unsuccessfully grasped for renewed legitimacy of regional authority at the expense of public health improvements.

Jones's unyielding defense of his state's authority during his conflict with the National Board of Health converged with his disavowal of the narrative of the incompetent South to underscore his prideful and regionalist tendencies that obscured a rational perspective on uniform and national quarantine regulations in the South. Upon becoming president of the state Board of Health in 1880, Jones, a supporter of both sanitary improvements and shipping guarantines, guarreled with the New Orleans Chamber of Commerce over guarantines and the federal government over jurisdiction. Disregarding the argument by merchants that strict guarantines and fees directed ship traffic away from New Orleans and were detrimental to the port's import revenue, Jones continued to support quarantine restrictions and fees on shipping vessels, arguing that they resulted in more prosperous commerce in the long-run.<sup>[35]</sup> Reversing his previous stance on a national quarantine system, he asserted that the regulation of quarantine fell under the police powers relegated to the states in the Constitution and not under the regulation of interstate and international commerce executed by the federal government. [36] Jones and the National Board of Health engaged in a heated debate over the right of the national organization to implement and manage a quarantine station at Ship Island near New Orleans. Contradicting his previous testimony to Congress, Jones claimed that a quarantine station would be an ineffective preventive measure and an outright offense against his Board of Health, accusing the National Board of "a systematic effort to undermine and destroy the influence of the Board of Health of the State of Louisiana."[37] Constant bickering between the state and national boards over funding procedures divided port authorities, and the efficacy of a proposed quarantine at the mouth of the Mississippi gradually led to Jones's victory and the National Board's acquiescence.

Despite the National Board's effective work in Memphis and regional support for its establishment, financial disorganization and delayed communication between the national organization and Southern states diminished the board's reputation.<sup>[38]</sup> As public support and interest waned, Congress did not appropriate funding for the National Board in 1883, rendering the board defunct. [39] After the dissolution of the national board, disapproval of Jones's leadership grew among New Orleans businessmen, who largely supported a national quarantine system in the wake of the 1878 yellow fever epidemic that incurred financial ruin upon the city's commercial sector. As their support for a national health authority solidified, this commercial sector became increasingly dissatisfied with Jones's emphatically regional view of public health.<sup>[40]</sup> This vocal antagonism from powerful members of New Orleans preceded his resignation from the Board of Health in 1884.[41] Jones's fluctuating stances on quarantine regulation indicate an apparent division in his professional motivations before and during his leadership of the state board. In the years preceding his appointment, Jones envisioned the use of sanitation and quarantines for the improved health of a city constantly plagued by disease. During his tenure on the Board of Health, Jones's defense against any threat to his authority or to the perceived competence of his state government consumed his professional agenda. His appointment to the Board of Health did not extinguish his principal interest in improving the public health of New Orleans: however, it did heighten Jones's awareness of the South's perceived image as well as the perception of his own leadership. Jones's ascendancy to a political position amplified his regional loyalties and personal pride, whose influence compromised his objectivity as a scientist and public health expert. During his tenure, Jones's efforts to construct an independent and capable regional reputation overshadowed any previous efforts to improve its sanitation and to prevent disease. In his pyrrhic victory over national authority, Jones ostracized the state and region and impeded the uniform health regulations that the majority of the South supported. His defense of the legitimacy of the state board brewed further skepticism over its efficacy and objectivity.

# In the Remaining Years: Remorse and Reflection on Authority

Jones's successor, Joseph Holt, masterfully guided New Orleans toward both improved public health and an improved public image while supporting the uniformity of a national quarantine system. In contrast to Jones, whose frequent conflicts over the influence of Southern businessmen and the authority of the state cast a shadow on his leadership, Holt mediated the Board of Health's harmonious involvement with the local commercial sector as well as the growing movement toward national health regulation. Jones's recognition of the differing efficacy in the two presidents' leadership and his own return to an objective researcher's perspective contributed to his new understanding that Southern authority must abide by national regulation in order to be both effective and legitimate. After stepping down from the Board of Health in 1884, Jones continued to conduct public health research and wrote extensively on public hygiene and the cause and prevention of malaria in the South. [42] Dr.

Jones's successor, Dr. Joseph Holt, successfully improved sanitation practices on quarantined vessels and gained the support of the commercial sector, which contributed to the state legislature's increased funding for state quarantine.

During Holt's tenure, the U.S. Supreme Court's ruling on Morgan's Steamship Co. vs. the Louisiana Board of Health affirmed the constitutionality of the state's collection of fees from quarantine vessels. [43] This ruling in combination with more successful preventive measures in the port contributed to the improved popular opinion and the legitimization of Louisiana's Board of Health. As he began to rebuild the board's reputation, Holt strongly advocated for national quarantine regulation, viewing it as a responsibility of the federal government. He described the "obligation[s] of protecting commerce while promoting the general welfare and insuring domestic tranquility by providing for the common defence against foreign pestilence." [44] He also noted the dismal effect of mixed authority on the efficacy of quarantine regulation. [45]

During Holt's distinctly successful term on the Board of Health, Jones reversed his opinion on national quarantine, suggesting his recognition of Holt's effective authority as well as his own previous misguidance. In 1887, Jones delivered an address on public and international hygiene to the Ninth International Medical Congress in Washington, D.C. In his address, he strongly advocated for national quarantine systems, citing the inefficacy of divided authority in the prevention of disease in New Orleans. Revisiting his old conflict with the National Board, Jones alleged that "the efforts of the general government to legislate on health matters have been spasmodic. . . Health laws are often too ambiguous, of doubtful utility, and wanting in the essential elements of clearness and power of immediate execution;"[46] however, he conceded in the same address that "the effects of divided authority and of the uncertain sounds of a multitude of councilors [are] shown at the present day in the deplorable condition and high death rate of many American cities, but most conspicuously in New Orleans."[47] Three years after stepping away from his presidency of the board, Jones simultaneously recognized the ramifications of conflict over divided authority and the necessity of a nationally regulated system of quarantine for the improvement of health in New Orleans. Toward the end of his address to the Congress, Jones admitted "that laws were made for the guidance of the governor as well as the governed . . . that an upright officer has no discretion in the execution of the law, which is the indestructible and inexorable guide to his acts." [48] When juxtaposed with his previous zeal for the dismantling of federally legislated health regulation, this admittance of the supremacy of the law over the authority of a public official reveals a fundamental change in Jones's personal pride as well as in his perspective on regional public health. As he simultaneously stepped away from a position of authority and witnessed a more effective example of it, Jones tempered his pride and his political opportunism, and his opinion on public health regulation returned once more to a rational consideration of effective procedures, administration, and outcomes for the health in his region.

#### An Epilogue for Dr. Jones: an Afterword on Health and Authority in the New South

Widespread disease and unsanitary urban conditions sustained a morbid form of Southern distinction in the post-Reconstruction era. National attention magnified the image of the South as a diseased and putrid swampland, and disease served as a "lens through which other negative aspects of the southern image were projected — . . . [including] poverty, economic stagnation, ignorance, irrationality, resistance to modern science, and the usual defensiveness and hypersensitivity."<sup>[49]</sup> Dr. Jones, through his understanding of what constituted regional distinction and through his subsequent embodiment of these specific aspects of the Southern image, incarnated the conflict between public health progress and the preservation of regional distinctiveness.

Throughout his career, Dr. Joseph Jones abided by his firm belief that the southern United States was wholly distinctive in its health problems, preventive measures, and regional authority. While this regional view guided his prolific research on disease and advocacy for a cleaner New Orleans, his zealous dedication to autonomous regional authority escalated during his political opportunity to defend the legitimacy of his state's governance of public health. His defense of his state's right to regulate quarantine contradicted the opinion of the majority of Southern states. Jones clung to the independent and capable reputation of his state's authority at the expense of effective and uniform national regulations as well as public support and trust in the state board. After the succession of Holt, who simultaneously improved public health, gained the support of the commercial and state sectors, and supported uniform national regulations, Jones recognized the detriments of divided authority and regional seclusion evidenced in his own leadership. Toward the end of his tenure as president, Jones wrote:

If by the application of all the facts known to science, the sanitary condition of New Orleans can be so improved . . . it is not unreasonable to believe, when we consider the extent and extraordinary fertility of the basins of the Mississippi and Missouri, that New Orleans is destined to become the greatest emporium, not of America only, but of the world. <sup>[50]</sup>

So affixed to a fading image of regional distinction, Jones could not see the advantage of a movement toward national cohesion until the failure of his own unwavering loyalty to the separatism of his region tarnished the same legitimacy and authority he had tried to preserve. As political opportunity encroached upon his rational inquiry into regional public health, Jones's attachment to a mirage of regional superiority and to his own pride in sustaining that phantasmal belief overshadowed his scientific work. His vision for a healthy South was incongruent with his personal and regional idealization of independent and capable administration. The portrait of Dr. Joseph Jones's professional life resembles a mosaic of disjointed and often contradictory interests, priorities, and loyalties that converged to form an exemplary representation of health progress in the New South, caught between the urgency to address the grotesquely perennial presence of disease, the necessity of nationally regulated health policy, and an unextinguished hope for regional prosperity and distinction.

- [1] National Quarantine and Sanitary Association. *Report of Committee on External Hygiene*. (New York: Edmund Jones & Co., Printers, 1860), 4.
- [2] Shakespeare, William. Measure for Measure, 2.2.144-146.
- [3] Duffy, John. *The Sanitarians: a History of American Public Health*. (Urbana and Chicago: University of Illinois Press. 1990). 139.
- [4] Ibid., 139-140.
- [5] Ibid., 144.
- [6] LeHardy, Julius Caesar. Rational Method of Preventing Yellow Fever on the South Atlantic Coast. (Augusta,
- GA.: J.M Richards, Stationer and Commercial Job Printer, 1889), 10.
- [7] Ibid., 9
- [8] Forrest, William S. Great Pestilence in Virginia: Being an historical account of the origin, general character, and ravages of the yellow fever in Norfolk and Portsmouth. (New York: Derby & Jackson, 1856), 283.
- [9] Duffy, The Sanitarians, 144.
- [10]lbid., 134.
- [11] Dickerson, James L. Yellow Fever: a Deadly Disease Poised to Kill Again. (Amherst, NY: Prometheus Books, 2006), 58.
- [12] Humphreys, Margaret. Yellow Fever and the South. (New Brunswick: Rutgers UP, 1992), 64-65.
- [13] Breeden, James. "Joseph Jones and Public Health in the New South." (Louisiana History: The Journal of the Louisiana Historical Association, vol. 32, no. 4, 1991), 343-344.
- [14] Ibid., 345.
- [15] Ibid., 347-348.
- [16] Ibid., 346-347.
- [17] Duffy, The Sanitarians, 134.
- [18] Breeden, "Joseph Jones and Public Health in the New South," 355.
- [19] Ibid., 358
- [20] Ibid., 346-347.
- [21] Ibid., 356.
- [22] National Board of Health. Annual Report of the National Board of Health, 1879-1885, Vol. 882, 11-12.
- [23] Breeden, "Joseph Jones and Public Health in the New South," 357.
- [24] Ibid., 361.
- [25] Ellis, John H. Yellow Fever & Public Health in the New South. (Lexington: The University Press of Kentucky, 1992). 60.
- [26] Ibid., 61.
- [27] Jones, Joseph. Contagious and Infectious Diseases. Measures for their Prevention and Arrest. Small-pox, Scarlatina, Diphtheria and Yellow Fever. (New Orleans, 1884), 11.
- [28] Jones, Outline of the History, Theory and Practice of Quarantine, 29.
- [29] Ibid.
- [30] Holt, Joseph. Prevention of Yellow Fever: Commercial Relations with Brazil, as affected by Quarantine Regulations. Brazil and New Orleans. (New Orleans: L. Graham & Son, Printers, 1886), 5.
- [31] Ibid.
- [32] Ibid.
- [33] Ellis, Yellow Fever & Public Health in the New South, 92.
- [34] Ibid
- [35] Jones, Joseph. Outline of the History, Theory and Practice of Quarantine. Relation of Quarantine to Constitutional and International Law and to Commerce. (New Orleans: E.A. Brandao & Co., Printers, 1883), 30. [36] Ibid., 27.
- [37] Jones, Joseph. Investigation and Refutation of Certain Statements and Charges Made to His Excellency, the President, and to the Senate and House of Representatives of the United States of America, by the National Board of Health in its Annual Report for the Year 1882. (New Orleans: J.S. Rivers, Steam-Power Printer, 1883), 11.
- [38] Humphreys, Yellow Fever and the South, 64-65.
- [39] Ibid., 65.
- [40] Breeden, "Joseph Jones and Public Health in the New South," 366.
- [41] Ibid., 346
- [42] Breeden, "Joseph Jones and Public Health in the New South," 366-367.
- [43] Ibid., 359-360.
- [44] Holt, Joseph. Quarantine Control. State or National? The Question. (New Orleans: L. Graham & Son, Printers, 1893), 3.
- [45] Holt, Joseph. Pestilential Foreign Invasion as a Question of States' Rights and the Constitution. The Failure of the Maritime States Demands a Common Defence. (New Orleans: L. Graham & Son. Printers, 1892), 16.
- [46] Jones, Joseph. Public and International Hygiene: An Address. (New Orleans: 1889).
- [47] Ibid.
- [48] Ibid.
- [49] Savitt, Todd, and James Harvey Young. *Disease and Distinctiveness in the American South*. (Knoxville: The University of Tennessee Press. 1988). 70-71.
- [50] Jones, Outline of the History, Theory and Practice of Quarantine, 29.

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