

Sawbones 312: Quarantine

Published March 1, 2020

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour, and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from... That weird growth. You're worth it!

[Theme music plays]

Justin: Hello everybody, and welcome to Sawbones: A Marital Tour of Misguided Medicine. I'm your co-host Justin McElroy!

Sydnee: And I'm Sydnee McElroy! Justin... [sighs] A lot of people are talking about quarantine.

Justin: Yeah. I don't know why, though.

Sydnee: You don't know why?

Justin: [scoffs sarcastically] I don't get it.

Sydnee: No?

Justin: I don't follow the news. Not a big news guy.

Sydnee: Not at all?

Justin: Love sports.

Sydnee: Literally... No news?

Justin: I keep the boob-tube tuned to sports!

Sydnee: We did a podcast... A week—

That wasn't last week. Was it last week? Recently.

Justin: I do a lot of podcasts, Sydnee—

Sydnee: On Coronavirus—

Justin: Mainly about sports.

Sydnee: You don't remember it?

Justin: Was there a touch-down involved? Or that sort of... Three point line?

Sydnee: No. No. A lot of people are talking about quarantine because as I'm sure you're aware... The novel Coronavirus, COVID-19, as it has now been dubbed...

Justin: [clicks tongue] No. I don't know, guys.

Sydnee: You don't know about that?

Justin: I don't know. I just feel like something a little bit— I'm glad the distinction between Coronavirus and uh, this... New thing? Is being drawn. Just so it's like not all Coronavirus?

Sydnee: Yeah?

Justin: I'm certain the fine people at Corona are stoked [laughs] to try to reduce their brand, uh... Crossfire, there. I'm sure they're jazzed about that, but COVID-19 just doesn't like trip off the tongue. I don't know.

Sydnee: No. Well. I mean, there are bigger problems in the name, really. I think if you, you know—

Justin: I mean— I can't impact any of them, so I might as well whine about one that's a little bit smaller scale, right?

Sydnee: We didn't really talk about in our first episode about Coronavirus, what was being done specifically in china and then now here, to try to contain the spread of the virus.

Justin: Mm-hmm. [Affirmative]

Sydnee: And uh... I wanted to touch on that some, but I thought like having sort of an understanding historically, of how we've used quarantine might be helpful?

Justin: Mm-hmm. [Affirmative]

Sydnee: To kind of see where we're coming from now, and what the... What I think a lot of people are concerned about, rightfully so: the potential pitfalls, of some of the ways that this is being addressed.

I know there have been some articles about this recently, too. This is a hot topic, and so... Let's talk about it.

Justin: Alright, let's do it.

Sydnee: So we have... I'm certain—

And there's documented evidence from like ancient writings from Hippocrates and people that we've been trying to find ways to contain— Or like if somebody's sick, keep them away from other people. For a long time. Informally, without any real understanding of germ theory of disease, or anything like that.

But the first real formal attempts, the beginnings of quarantine as we know it, really start in the plague epidemics throughout the 14th century. That's really where the true story of quarantine begins. And I'm not saying people didn't try before, but that's where this story starts.

And when we say quarantine, what we're really talking about is the attempt to restrict the spread of some sort of disease, some sort of infectious disease, by means of restricting the movement of people or things.

Justin: Okay.

Sydnee: Right? So that way the disease doesn't go anywhere, cause the people or the stuff doesn't go anywhere.

When we talk about the plague itself, and we've done a whole episode on it before, there were no— At the time, in the 14th century- Any effective treatment strategies. Like once you got it, it was just kind of... Well honestly, pray. That was really what a lot of people did.

Justin: Right.

Sydnee: And there were things people attempted, but the best you could do is try to stay away from it. So—

Justin: Right. Cause other than that, it's like "Strap a chicken to your arm and hope for the best."

Sydnee: Exactly. So there were some places that did things that were like, what are actually called “Sanitary Cordons”, where you would set up like armed guards at an entrance, at the main entrance road to your city, or town, or village, or whatever.

And essentially, they were just like militarily enforced, and it was “If you try to come in to our city, and we don’t— Like if you’re a stranger and you’re trying to come in, we’ll kill you. So don’t come in. Or we’ll shoot you. Or, well, stab you. Or—”

Justin: How is that different from a quarantine?

Sydnee: Well, a quarantine is more restricting, as opposed to like just, um... Sectioning off an entire town, to try to prevent disease from getting in? A quarantine is taking infected people and preventing them from going places.

Justin: Okay.

Sydnee: Like keeping them somewhere. Whereas this is like “We don’t have the disease in our town, so we’re not letting anybody in.”

Justin: Got it.

Sydnee: And sanitary cordons are also... You know, that term is also being used if you look at what is happening currently, in certain parts of China, where you just cordon off an entire area that has cases. So, it’s not that everyone within that area is sick, but the entire city or province is cordoned off?

Justin: Mm-hmm? [Affirmative]

Sydnee: That’s a sanitary cordon. It’s not a quarantine, cause not everyone in it is sick.

Justin: Okay. Got it.

Sydnee: You know? You’re kind of trapping the sick and the healthy together.

Justin: And that’s not the case with quarantine? Like can you be quarantined even if you’re not sick?

Sydnee: You can be quarantined if you're not sick, but you would hopefully be quarantined with other people who... You should—

A real quarantine should keep sick people with sick people, and healthy people with healthy people, and not mix the two.

Justin: Okay.

Sydnee: Now... As you've probably already guessed... That's almost impossible to do.

Justin: Got it.

Sydnee: There are ways to make you do it better, but that's almost impossible to do. So at this point back in the plague days, you would just say "Okay, put some people with weapons at the entrances to the city, or town, and don't let anybody we don't know in."

And as you can imagine, this might keep out sick people, but it would also probably keep out anybody you didn't like. Any races, or religious, you know, orders you didn't like. So it was often used as an excuse to just discriminate. And you know, there was a lot of like racism and bigotry that played into this kind of thing.

Justin: Yeah.

Sydnee: Who is a "stranger"? And who isn't? And this was also bad, because it encouraged sick people, if they didn't know where to go, to just kind of wander. To try to find a place to be, and to spread disease further, you know?

Justin: Right.

Sydnee: Those that were sick within a town were placed in like makeshift little camps and things basically, to keep the sick people from the healthy people. But the real first quarantines were done— The term itself actually comes from Italy. From 14th century, specifically in Venice.

There was a lot of fear that plague could be brought in by ships, into Venice. It was a big port. A lot of ships coming in. And so what they started doing is requiring that all ships would dock, would sit and dock somewhere for forty days before the passengers were allowed to disembark. So.

Justin: Oh.

Sydnee: Basically, you just keep them there for forty days.

Justin: Mm-hmm?

Sydnee: Either on the ship, or as we'll get into, in a certain containment facility separate from the city, until the forty days have passed. And at that point if you weren't sick, they thought you probably were fine. And then they let you come in.

The term "Quarantine" comes from the Italian "For forty days". Quaranta Giorni.

Justin: Huh!

Sydnee: So that was eventually shortened at "Quarantine".

Justin: Well that's interesting, at least.

Sydnee: Yeah! And that's where "Quarantine" comes from.

The, uh... If you did have a boat come in that thought they might have somebody with plague on it—

And you counted on the people on the ship, the captain to be honest—

You would fly a flag, and they would look on the church tower of San Marco. They would look for the flags coming in. And there were different ones.

Nowadays, the flag that means "This ship could contain disease, might need quarantine" is a yellow and black flag. They call it the "Yellow-jack", sometimes. Back in the day, some were yellow, some were black. There were various ones.

Justin: That's good. Mix it up! Mix those symbols up!

Sydnee: [laughs] I say that because nowadays, I believe a plain yellow flag means "No disease". So... It's confusing.

Justin: They should just do a Mr. Yuck.

Sydnee: [laughs]

Justin: That's easy. Everybody knows what that means!

Sydnee: Uh, one—

Justin: Or skull and crossbones! Is that maybe where that came from? Probably not.

Sydnee: I thought that was from pirates.

Justin: Yeah.

Sydnee: Yeah. So the captain would be taken from the ship in a life boat to shore, and they would talk to the health magistrate through like, a confessional kind of situation. Like through a window. [laughs]

So that nobody would get sick, and they would have to go over, like... What is going on, on the boat, what is... You know. You have to show proof, like is everybody healthy? Is everybody fine? Where did all of the stuff on your boat come from? Is it from somewhere where there's a known outbreak of anything?

If there was any concern, then they would proceed to a quarantine station, where you would be isolated for a period of time. Again, usually forty days. And this grew to be adopted by a lot of other places throughout Europe, as the method for allowing ships, and trying to prevent spread of disease.

As far as like, why forty, in case you're curious?

Justin: Yeah?

Sydnee: Um... It may be Hippocrates wrote about forty days as being an important period of time for some acute illnesses. The number four has a lot of significance. There's some biblical tie-ins.

Justin: [laughs]

Sydnee: I think the short answer is: We're not really... We're not really sure why forty was chosen.

Justin: This is so early; I mean they're guessing about all this stuff!

Sydnee: [laughs] They're guessing. It was later shortened to thirty, but quarantine still stuck as the name.

Justin: Yeah.

Sydnee: So, um—

Justin: Thirty feels healthy, thirty feels good. Still, wow. What a boring few— I mean... Boring!

Sydnee: Yes.

Justin: I can't imagine.

Sydnee: And this is why they eventually established these hospitals, these plague hospitals. The first was in 1423 on the island of Santa Maria di Nazareth, near Venice. And it was called a "Lazaretto."

And basically, you would have a compound where like the ship would pull in, and you could let people who seemed okay, but you wanted to monitor for signs of disease, go to one place. Sick people went to another place. They had separate areas for goods, where they could be decontaminated and they had like a whole procedure for decontaminating the merchandise. Like stuff you couldn't get wet, had to just air out. Basically they didn't—

I mean you know, they didn't know how disease spread—

Justin: Right.

Sydnee: So it was like, just ventilate it for 48 hours, and maybe that's good.

Justin: Let it breathe.

Sydnee: Let it breathe. Other stuff would just be continuously run under water, for a couple days.

Like "Is that something? Did we?" [laughs]

"Is that good? Did we do something?"

Justin: Wow. Wasteful? Seems wasteful.

Sydnee: There was like a hospital of sorts there, so that people who were actually sick were given some sort of medical care. And usually, these places were like on a separate island, or over a mountain range. Like somewhere geographically isolated from the city that set them up—

Justin: Right.

Sydnee: You know, that you were trying to protect. There were similar precautions that were eventually taken in the U.K, but again, in response to plague. Early quarantine was largely the result of plague. But we didn't see that in the U.K until like the 1600's.

In the U.S, in the colonial U.S, You would start to see this in response to more smallpox and yellow fever. You started to see some quarantining procedures, very similar to what we just described. The way that ships were brought into port and like quarantined off, and places for them to stay for a while to be monitored before they were allowed to disembark, and that kind of thing.

And there were also places where like patients with smallpox were forcibly quarantined to their own homes. That was another... Yeah. Way that quarantine was used.

Justin: Better than a pirate ship. I mean at least they got the Xbox in there.

Sydnee: Well... We're in the 1600 and 1700's, so.

Justin: I mean Xbox... One. [laughs]

Sydnee: I don't know when it came out— [laughs]

But I don't think...

Justin: The first Xbox, okay I see where we're confused. Not the Xbox One, the first Xbox.

Sydnee: Oh, okay.

Justin: Was the 1600's, around that—

Sydnee: Was it?

Justin: A little, give or take. Give or take, give or take.

Sydnee: As the former game journalist, I'll trust you.

Justin: It's actually, "The Hexbox". The church had it, and it's where the kept all the...

Sydnee: Mm-hmm? [laughs] Do you feel good?

Justin: Reports of witchcraft.

Sydnee: Do you feel good about that?

Justin: Hmm... No.

Sydnee: Okay.

Justin: I don't. Hmm.

Sydnee: Hmm. Okay.

Justin: Huh.

Sydnee: So throughout the 1800's, quarantine really became a tool that was mainly directed at cholera. That was the newest scourge, and it caused death and devastation that was terrifying to a lot of countries.

And so, there were a lot of those same procedures that had been used previously against plague, and to a lesser extent against smallpox and yellow fever, were put in place again to try to keep cholera out of areas.

And so, again quarantines and lazarettos, and cordons, and some more oppressive policies were established to try and limit the spread of cholera. And this is where we really start to see—

And this is something that you'll see as a theme—

Whenever people are afraid of something—

Justin: Mm-hmm?

Sydnee: A threat, especially an infectious disease, which can seem—While it is very real, there's an element of, um... It seems uncontrollable I think cause you can't see it?

Justin: Sure.

Sydnee: It's a very, I think it's a very frightening thing for a group of people, a society, to experience. Oppressive governments can take advantage of that.

Justin: [gasps sarcastically]

Sydnee: I know, shocking! [sarcastically]

To enact policies that target people who are already maybe marginalized by society, and would be easy to further oppress and marginalize. And so you see that people facing homelessness, or poverty, or sex workers, were often targeted by these quarantining policies, to basically say like “If I see you on the street, I’m gonna say that you could be out there spreading disease or whatever, and you’re going to be arrested.”

And you could really direct a lot more aggression and violence towards these marginalized people in society, at these times because people were so afraid for themselves, they’re not thinking about anybody’s personal rights—

Justin: Right.

Sydnee: Or freedoms. And so... Seizing on that, authoritarian leaders became more oppressive in all their policies. Not just relating to health. And this was a, at this specific point in history—

Right now I’m not talking about the current situation.

Although—

Justin: At least not directly.

Sydnee: [laughs] Although as you may see, there are echoes of this.

At this point, when we’re talking about like the 1800’s, if you think about what had just occurred in the United States of America. Now, newly formed, United States of America.

Justin: America, yeah. Amazing. Freedom. Beautiful. Eagles. The whole bit.

Sydnee: [laughs] This was not a time when the world in general— Many parts of the world I should say, not all- Were at a place where oppressive authoritarian regimes were very welcome. Like if you think about trying to enact these policies in Europe, or like in France in particular. Like the French revolution had just occurred.

Justin: Right.

Sydnee: Personal liberty was in vogue. So all these cholera quarantines and procedures actually lead to a lot of political upheaval, riots. You know, uprisings.

A lot of problems from that, because people... "No, you don't get to tell me what to do. You don't get to tell me where to go."

Justin: Right, we just got out of that.

Sydnee: We just fought this!

Justin: We're free. We can do what we want.

Sydnee: And it didn't work very well for cholera. There are isolated incidents where we see that maybe quarantine was somewhat effective. Especially like a really small island—

And this happened a couple of times. If you were part of a small group of people who live on a tiny island and you basically just like scare away anybody who tries to come on the island with like weapons—

Justin: Yeah?

Sydnee: Then I guess quarantine could work, but with cholera, it just didn't work very well. For the most part.

And this of course led to panic. There was no coordination on a global level. There was no like scientific coordination to try to figure out. Like some people thought that it was communicable, other people thought it wasn't, and nobody was really working together very well to share information or anything, because um... Of all these quarantines, where it was just like "We'll shut the doors. Isolate ourselves."

Justin: It's very isolating, I was about to say. Like I think that it fosters that sort of like... "Me above everyone else" sort of...

Sydnee: Yes.

Justin: And makes you view others as potentially hostile.

Sydnee: And it will prey upon whatever prejudices already exist within societies and individuals. So what you see in times like this, is that... Cholera gets blamed on whatever race is being oppressed or marginalized within that specific society.

Justin: Right.

Sydnee: And they get targeted with increased policies, and oppression, and deportation or whatever.

Justin: Yeah.

Sydnee: Just because we already have those underlying prejudices, and now this enables our fear to run rampant. And, uh... This was kind of the way things went with cholera, until eventually we figured out the germ theory of disease, and that people could, um... We knew how things were communicated, you know. How a bacteria was given from one person to the next. We understood the spread of cholera.

And once all of that fell into place, we could actually come up with effective strategies to limit it's spread, outside of just like "Bar the door". And then we had it all figured out, right?

Justin: Yup! That's it!

Sydnee: Forever. For the rest of human history, we've figured out all disease, and how to stop it, and everyone was healthy forever.

Justin: The end, of Sawbones. Wow. What a great run, what a great series. At three-hundred and something episodes, amazing.

Sydnee: Except of course, we didn't.

Justin: Oops.

Sydnee: None of that was true.

Justin: Oh. What isn't true?

Sydnee: Well, everything was true, except for the end where I said it was all better.

Justin: [laughs] What actually happened?

Sydnee: Well I'm gonna tell you what happened next, but before we do that... Let's go to the billing department.

[theme music plays]

[ads play]

Justin: So how did we narrowly avoid fixing everything?

Sydnee: [laughs] Well, it wasn't really our fault. It was that our concept of what could cause disease shifted. So we had gotten used to the idea of cholera, and how it was spread, and we had understood through water and we understood, you know... Kind of, what we could...

Sort of, what we could do to protect ourselves. More or less. We still didn't understand everything, yet, right?

Justin: Right.

Sydnee: But we were getting better. In the midst of a world war, a new infection emerges, that people were not prepared for. And that is, we are in 1918 and influenza overwhelmed us as a species.

Justin: Yeah.

Sydnee: Yes. People did not know how to handle—

And it came at exactly the time when you would have trouble... You know, organizing a coordinated response, right? So we're in the midst of World War One. More soldiers are dying from influenza, what would eventually be called the Spanish Flu.

Justin: Hmm.

Sydnee: Although, do you know why they probably got the blame for that? Think we may have said this in our episode.

Justin: It sounds familiar, but remind me.

Sydnee: It was all over the place, right? Everybody was getting the flu. It wasn't just in Spain. But a lot of other countries weren't wanting to report it, because of war.

Justin: Right.

Sydnee: And they didn't want anybody to know.

Justin: They wanted to look cool and tough in front of all the other countries!

Sydnee: And Spain reported it.

Justin: Hmm.

Sydnee: So. [laughs]

Justin: They snitched, basically.

Sydnee: They were honest! [laughs]

Justin: So they get a flu named after them.

Sydnee: But when you have the movement of, you know, troops across borders, there's no way you can control where people are traveling. You know, the governments are in disarray. There's no worldwide cooperation. Everybody's already panicking. Everybody got sick.

And in the U.S specifically, the response to the influenza epidemic of 1918-1919 was— I mean it varied. It was not a coordinated federal one size fits all kind of solution. In some cities, it was quite severe. Schools shut down, churches stopped services, theatres closed. There were no public meetings, there were no—

I think I saw at Yale, there were no more meetings, no more group meetings or anything like that.

Justin: Yeah.

Sydnee: At some places like they wouldn't even do confession at church anymore. Because you're talking closely through those little... You know. Through the little gated... I should know the name of that thing. In the thing.

Justin: The thing. The thing!

Sydnee: In the thing. [laughs] Through the fancy gate that you talk through.

Justin: You have a fancy grate, gate that you talk through?

Sydnee: The fancy grate. The fancy grate. [laughs]

You— There weren't funeral services, in some places. Like basically any kind of gathering—

Justin: Right

Sydnee: Was eliminated. And other places were a little more flexible. They were really worried about what that would do to business. You know?

Justin: Oh right, cause a shutdown like that keeps customers away.

Sydnee: Exactly! So places that were a little more concerned with that, didn't do all of that. Doctors didn't know what to tell people. They said, like isolate yourself as much as you can.

Justin: [In a sarcastic voice] I don't know. It's bad.

Sydnee: Hope for the best. You know?

Justin: Right.

Sydnee: And government policies throughout the world, ranged from completely oppressive to nonexistent. And this was the first time where we really saw the media play a big role, you know?

Justin: Oh, yeah.

Sydnee: And... I don't want to say adding to the panic, but in spreading the awareness that there's something to panic about, I should say. [laughs]

Justin: Right! [laughs] Yeah.

Sydnee: It's not the media's fault for telling the truth. The flu is bad, people are dying.

Justin: Right.

Sydnee: That is just the truth. It's just they make sure everybody knows it. And this of course would be the first of the influenza, you know. Seasonal flu—

Well I mean, the seasonal flu was probably already happening. But this would be our awareness of it. That the flu is something we're gonna have to continue to deal with. And the first of the influenza pandemics, of the twentieth century.

By the thirties, we understood the causative agent, and then eventually we had a vaccine. And I think that that has changed kind of the way we look at the flu. Because something we talked about in the first coronavirus episode, is that... People are scared of this in a way that I don't see them be afraid of the flu?

Justin: Right.

Sydnee: And you can get down into “Well the mortality is probably higher, and so maybe there’s good reason to” and all that, but also you’d think if you were scared of this, you’d be motivated at least to go get the flu shot.

Justin: Sure.

Sydnee: And not everybody is, and I think that maybe we’ve become comfortable with the idea of the flu.

Justin: Hmm. So it— we’re immune to it because we hear about it so much and talk about it so much that we’ve lost our fear of it?

Sydnee: Yes. Which is not good.

Justin: No.

Sydnee: Not that— I mean, fear without action is not like a healthy response, but if it’s fear that drives you to preventative action—

Justin: Get your shot, and stuff.

Sydnee: Yes. Then, it’s good. What really changed things in more recent years—

Because I mean we’ve certainly had other flu pandemics.

Justin: Sure.

Sydnee: Most recently H1N1.

Justin: Swine flu.

Sydnee: Yes. But SARS is what really... I think that SARS really kind of changed the game for a lot of people. So, 2003 we already mentioned SARS, occurred in China, and it spread very quickly. It was transmitted very quickly, it had a high mortality rate. We didn’t have a vaccine. We didn’t have any way to treat it. It was scary. But it did not seem—

The strategies among different countries that got hit really hard by SARS really varied. And it’s interesting, because you see like a lot of these quarantining, like cordoning off buildings, check points on roads. I mean in china there were even like, they installed web cameras in private homes.

Justin: Mm-hmm?

Sydnee: To monitor people for signs of infection.

Justin: Geez...

Sydnee: Yes. And Canada, it was more of a voluntary quarantine.

Justin: Do you remember that— Like this is within our adult lives. Do you remember this?

Sydnee: Mm-hmm, yeah. How do you not remember it?

Justin: Uh... I don't have a—

I thought you would say "No, I don't. I can't believe I missed this too." Is kind of what I thought you would say.

Sydnee: It was... You could especially specifically in china, the measures that were taken were really, really aggressive. There were severe punishments... I don't know how many of them were enacted, but they could be if you broke quarantine.

And again, as we've talked about... Anytime this happens, it is... If it is useful to a system to oppress certain populations, certain aspects of the population, this is an opportunity to do so. Without warrant.

Justin: Because you suddenly have-- It's a perfect storm, right? Of like... We have these people we want to oppress, everyone's afraid—

Sydnee: Yes.

Justin: And you have this like opportunity to sort of capitalize on that fear and panic, by you know. Telling people... Making these restrictions.

Sydnee: Right. And I mean, I think you could draw a lot of correlation between this and what happened in the United States following the September 11th terrorist attacks.

Justin: Absolutely. Yeah, absolutely.

Sydnee: To a lot of civil liberties, you know. So we already know, like if we look to SARS, and the way that china responded to SARS back in 2003—

And the thing is, like... It's been credited, their quick response has been credited with restricting the spread of SARS.

Justin: Mm-hmm?

Sydnee: To some extent, although it didn't completely, of course. It was in other countries.

Justin: Cause that one was bad. That one's like a 10% mortality rate, right?

Sydnee: It's higher, yeah. And so it was worse, but it—

Justin: And then MERS was like 30.

Sydnee: MERS was much higher, but it did not seem to spread as well.

Justin: Yeah. Maybe because it was... Like 30.

Sydnee: Yeah. Also it was harder to get, from person to person. I don't think they ever proved—

Justin: It was from camels, right?

Sydnee: Yeah, I don't think they ever proved that it was definitively being spread from person to person, as much as from animal to person. Or if it was, it was much harder.

Justin: Right.

Sydnee: So now with coronavirus, in response to that we've seen a lot of similar actions, and you can read all of these first-hand accounts—

Justin: Right.

Sydnee: A lot of them are anonymous, but a lot of first-hand accounts from people who are currently in China, specifically in the parts of China that have been most effective in the Wuhan region, and in Hubei. Where the entire— First the city, and then provinces were put under sanitary cordon.

I think eventually, there's like over... They were saying 50 million people were restricted under these—

Justin: [exhales slowly]

Sydnee: But I think it's way more than that, at this point.

Justin: Yeesh.

Sydnee: They actually, they took actions—

Like the communist leaders in Wuhan and Hubei were fired and replaced with bosses who were stricter. The way that it read in the article I was reading said that they were parachuted in? I don't know if that's literal.

Justin: [laughs]

Sydnee: Perhaps.

Justin: That would be pretty rad.

Sydnee: [laughs] But they were more military background—

Justin: Right.

Sydnee: Leaders—

Justin: Okay.

Sydnee: To... Basically they have started going door to door to, as they put it in their terms "Round up" people—

Justin: [exhales]

Sydnee: Who are suspected of having coronavirus, and to pace them in either—

They have makeshift hospitals, that have been formed throughout the various regions, as well as what they're calling "Quarantine hotels".

Justin: Right.

Sydnee: So like places to go get medical care if you're sick and then places to just put you if we're not sure if you're sick. And some of this is voluntary, and then if it's not voluntary, then it's...

Justin: It's...

Both: Involuntary!

Justin: Right.

Sydnee: And the problem to this is obvious, as has been reported. I'm not-

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This is not groundbreaking, coming from me. You can read numerous news reports on this. Because right now we're not testing everybody and we're not sure who to test, people are getting quarantined whether or not they actually have it with other people who may or may not have it.

Justin: Right.

Sydnee: And so, there were numerous people who have said like "I was held and tested with like ten other people. Three of them had it, they were put somewhere else, and then the rest of us were sent elsewhere. But like for a while, we were all in one place together, for several days. We all occupied the same space."

Justin: Right.

Sydnee: So.... When we mix people who do and don't have—
We're gonna spread it.

Justin: Right.

Sydnee: So we're gonna facilitate spread of the disease this way. The other thing is, we're gonna facilitate spread of other things. Like what if nobody has COVID, but somebody has the flu?

Justin: Right.

Sydnee: It is flu season.

Justin: Right.

Sydnee: So—

Justin: We're creating, by packing people in like that, we're like creating opportunities for—

Sydnee: Yes—

Justin: Any disease.

Sydnee: So there's gonna be some concern with that, and um... And a lot of this, like there's no way to... There are neighborhood committees within different areas. I mean, this is something that's been around since Mao, in China, where they will like...

They'll come to your door, like within—

They're like a liaison between the government and directly your community. Your neighborhood.

Justin: Right.

Sydnee: And they will—

I mean, they'll come to your door and enforce your testing, and enforce your quarantine, and enforce...

Justin: [exhales in shock]

Sydnee: Family members to, you know, stay apart and all that kind of thing. If necessary. And... Because this is all so scary, you also see in situations like this, people run.

Justin: Sure. Well, yeah. I mean—

Sydnee: They try to escape before they can get quarantined.

Justin: Right—

Sydnee: Because it's scary.

Justin: And that's bad too. For obvious reasons.

Sydnee: Yes. Yes, for obvious reasons. And, you know... What you're starting to see is that we can... If we are not careful with how we apply quarantine and other public health procedures, we can oppress marginalized people, or we can cause harm, or we can violate personal freedoms to an extent that we're doing more harm than good.

And there are lots of examples of this throughout history. I won't go into detail, but there have been cases. In 1892, we did this with typhus in New York, with the Jewish immigrant population. In 1900, we did this with Chinese immigrants suspected of having the plague in San Francisco. As recently as 1986, there were camps set up in Cuba for patients tested positive for HIV.

Justin: Geez.

Sydnee: And then in more recent years, we've seen Kaci Hickox the nurse who was helping with Ebola in Sierra Leone. Returned in 2014, and was put into like a tent in a... Where was it? In like a library or something for several days? Because Chris Christie wanted to quarantine her, and... Like even the CDC was like no? And...

Anyway. We've seen this happen. The U.S has not had a federally mandated quarantine since smallpox in the 60's. So when they first got the U.S citizens from the Diamond Princess recently, from that cruise ship—

Justin: Mm-hmm?

Sydnee: And had them placed in a facility for fourteen days after they got home? That action is huge in terms of like historical significance. That's essentially a lazaretto—

Justin: Right.

Sydnee: Is what they've done.

Justin: Well, at a certain point, your... It's detainment. I mean like you're detaining people—

Sydnee: Yes!

Justin: Against their will.

Sydnee: Yes.

Justin: You know.

Sydnee: Yes, and the question is, if like... Are we going to—

Are taking these draconian actions, is it going to be effective? Are we going to slow the progression of the infection to the extent that we can stop it, and what are we willing to... Sacrifice in that pursuit?

And that's the thing, is: We're not doing this in a vacuum.

Smart people in public health and ethics have sat down in the past, and in a giant conference come up with a set of ethical principles. If we are going to apply quarantine or any public health measures, you balance personal freedom and providing for the safety of the common good.

And as long as you are constantly aware of all those ethical principles, there is a way to do this. You just have to be aware of them, because you have to make sure that you're limiting personal freedom as little as you possibly have to.

Justin: Right

Sydnee: Only what is absolutely necessary. That you do not discriminate. That it is not used to oppress you know, certain segments of the population. That you follow scientific evidence when you do it. Of what is actually gonna work, not just what we emotionally feel like might be helpful. That it is—

That you get compensation for losses incurred. So if you're forced into quarantine and you miss work, that we compensate you. That we provide you with food, and safety, and communication with your family and all that.

Justin: Sure, all that stuff.

Sydnee: And total transparency. Total governmental honesty and open transparency is... Fundamental to applying this in an ethical fashion.

Justin: Okay. So you're saying that this is happening for America at basically the worst point it could have, in nearly all of American history?

Sydnee: I think that it is very concerning—

Justin: [laughs]

Sydnee: Um... And this is just—

I'm trying to be completely objective with the information I am conveying. I think it is very concerning that Mike Pence has been put in charge of this effort, because the HIV outbreak that occurred in Indiana when he was governor was, in large part, a result of him not following scientific evidence.

And instead, reacting to like... Political pressures and emotional reactions to many things, but specifically the needle exchange program. That can help to prevent or lessen the rate at which HIV occurs. And he did not listen to evidence. So he has a history of not following one of these principals I just named.

And I think that's very concerning. I'm also very concerned that all the messaging from our government is supposed to come from the CDC through

Mike Pence, or any other medical/scientific organization, is going to go through... Politics, first.

Justin: Right.

Sydnee: Why? Why? I mean, that's very concerning to me. Isn't that exactly the criticism we've been leveling at China? That we don't know if the information we're getting is true, because all of it comes through the state sponsored media? And we are concerned that perhaps it's not honest? It...

Why would we have state sponsored media—

[laughs]

Justin: Yeah.

Sydnee: I know it's not that, but it feels that way, right?

Justin: I mean it's— What's the difference, at a certain point? I mean—

Sydnee: It's not—

Justin: If the media's not gonna be able to talk to anybody else, it... It doesn't...

Sydnee: This isn't the way that science works. This isn't the way that—

This is not the way that public health ethics dictate this should go. We all need to know the truth. Whatever it is. Whether it's scary or not, we need to be constantly being told the truth, so that we can be then educated on how best to handle that.

Prepare for it, and move forward in a safe, rational way, as opposed to just what we've done in medieval times which is "Freak out, and put troops along every border, and open fire on anybody who looks different than us who tries to come in", because none of that will work, and will cause a lot of harm.

If this makes you worried about who you should go to for info, I still think—

Justin: I don't know why it would!

Both: [laugh]

Sydnee: The CDC and the World Health Organization are still working to actually try to give situation updates and reports on what is happening, regularly. And they've been doing this prior to—

Justin: The WHO would not fall under this Pence stuff, right?

Sydnee: No, it would not.

Justin: Okay.

Sydnee: No. No, it's separate. And you can—

I mean this is easily accessible online. I look every single day, at the—

Justin: Maybe multiple times a day. Would you say you look multiple times a day, Syd?

Sydnee: I do look multiple times a day. Yes. The World Health Organization, the CDC websites. You can find peer reviewed journal articles from doctors and scientists. If you're not sure, ask... Your doctor! [laughs]

They—We have access to all this stuff where we can look up and help explain, even if it's something that's not gonna directly impact you. I'm always happy to answer questions about it, which probably a lot of us in medicine are getting these days. Or just somebody, if you have a friend who's like skilled at like—

Who reads studies and things like that, who knows statistics, who's in any branch of the sciences where they have to read these things a lot, can probably help interpret that data.

Justin: What in the government, is a good place to turn to, to—

Sydnee: No.

Justin: Aw, I messed up.

Sydnee: I wouldn't— No. Not the government.

Justin: After we told them not to. Okay, got it.

Sydnee: I'm gonna—

A lot of people say don't look at the media, at times like this because they'll just scare you? But I would actually make a case that, um... The media is our friend. [laughs]

And they're trying, not always, but if they're doing their job well, a good journalist is trying to get to the truth and hold the government accountable for what that truth is. The only concern with that, is that they're also trying to get you to watch their channel, or buy their paper, or click on their website.

Justin: I would say don't watch 24 hour a day news—

Sydnee: No—

Justin: News about—

Sydnee: [laughs]

Justin: Something like this. An ongoing issue like this. Personally, but that's my own bias.

Sydnee: Well, because they're also gonna report the things that will get your attention.

Justin: Right.

Sydnee: And the things that will get your attention aren't necessarily like the hard cold facts that you need. It's not that they're not there, it's not that they're lying, they're just also going to tell you some maybe really wild stuff that will scare the crap out of you.

Justin: Right.

Sydnee: And you don't need that, you just need to be informed.

Justin: I will say that for whatever it's worth to people, um...

[clears throat]

Because of what we do, and Sydnee's own personal interests, I would say, we talk a lot about this in this household and follow it really closely, I would say. And for whatever it's worth... In terms of coronavirus, and correct me if I'm wrong but like, we're not panicked about the virus itself.

Sydnee: No, no.

Justin: Like we're still not panicking, and we read and look at this stuff as much as anybody. Like we're not panicking here, we're concerned about the government aspect of this, which is why we wanted to do this episode.

Sydnee: Yes.

Justin: Because that sort of overreach has a potential—

And the more you know, that it's probably not... Important for you to be panicked about COVID-19, the more you'll be able to respond to and sort of like, make sense of what's coming from the government.

Sydnee: Yes. Yes, because I do think there are reasonable things, as it has been said now by many people in the scientific community... COVID-19 is probably already here in the U.S.

As to what numbers? I don't think we know yet, but the more we learn about it, and the more that we see that more people get a very mild, perhaps even asymptomatic presentation—

Justin: Mm-hmm?

Sydnee: Meaning that they had it and they didn't know... Who knows where it is, or how long it may have been here. And I don't say that to scare you, I say that to- to...

Let's move on to the next phase. I think um, the idea that we were going to just contain it— Well? It looks like that hasn't worked.

Justin: Mm-hmm. [agreement]

Sydnee: So how do we best respond? Well, you've heard a lot of recommendations from the CDC. There's no sense in buying a mask. Save the masks for people who are sick, and for healthcare professionals who are taking care of people who are sick.

Don't buy the masks. Wash your hands. Don't touch your face. And if you're sick, stay home.

Justin: And vampire cough, everybody! Come on!

Sydnee: [laughs] Vampire cough and sneeze. And if you're concerned, please go see your doctor. Please go get checked out if you're worried, if you're sick, and you're not sure, and you're scared. Go talk to your doctor.

Those are the reasonable actions that you can take right now, uh... Anything else, I mean panic will not help us. It will not help others, it will not... Make us better prepared. Um—

Justin: Yeah, I would say your civic duty right now—

And I understand that there are absolutely people that are listening to this who are immunocompromised, or are very close to someone who is, or you know, elderly folks and absolutely, like—

I understand your concern. This is not to say that like, you should not be worried about this thing, but... When it's not...

Like, you need to counterbalance it against the extraordinary measures that are being taken.

Sydnee: Mm-hmm. [agreement]

Justin: Is that fair?

Sydnee: Yes. Yes, and I think—

I can't see the citizens of this country standing for the types of measures that are being taken in China. It's hard for me to envision... Our citizenry, with our kind of philosophical leanings being... Okay with it?

Justin: I didn't think—

But I didn't think "The Masked Singer" was gonna be a hit, and yet here we are.

Sydnee: [laughs] But I don't know!

Justin: Here we are, now.

Sydnee: I don't know, but um... But the important thing is there is no need to panic. This is, you know. We have dealt with things like this before. You deal with the flu every year.

If you have not gotten your flu shot, please go get your flu shot because it's important to control the things you can control in situations like this, to reassure yourself that we do have control over some things in the world. And one of them is your flu shot. And you can get that.

And in the mean-time, look for true sources of information. Don't just blindly follow, and don't um... Don't use this as an excuse to—

I don't know. Take actions that like further marginalize people or stigmatize people, or—

Justin: I don't think the people that are doing— that are listening to this show! [laughs]

Sydnee: Well don't fall victim to that-

Justin: Right, I got you—

No, no, no—

Sydnee: You know? Don't—

Justin: I'm teasing. I tease, I tease—

Sydnee: Those lead- There's been a lot of stories about how this has led to racism against, especially like people from various parts of Asia, and—

Justin: Right. Absolutely.

Sydnee: And it's just... That doesn't help! You're not helping.

Justin: Yeah.

Sydnee: You're not helping.

Um, thank you by the way, uh... Eugenia Tognotti wrote "Lessons from the History of Quarantine, From Plague to Influenza A" in a paper, um article that I used extensively throughout the research for this. So, I just wanted to thank her.

Justin: Yeah, and we'll be—

I would say, staying current. Not every episode of Sawbones is gonna be about—

Sydnee: No.

Justin: This, but I mean obviously as it becomes a necessary, um... We have done chains of episodes for dumber reasons than— [laughs] A possible pandemic.

Sydnee: Yes.

Justin: Um... That is going to do it for us. Thank you to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. We certainly appreciate it. And uh, thank you to you for listening. We uh, we're so happy that you're here.

Sydnee: Thank you.

Justin: But that is going to do it for us. So until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head!

[theme music plays]

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