

Sawbones 171: Immigration Medicine

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Clint:

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 song plays]

Justin:

Hello everybody and welcome to Sawbones, a marital tour of misguided medicine, I am your co-host, Justin Tyler McElroy.

Sydnee:

And I'm Sydnee Smirl McElroy, formerly Sydnee Ann Smirl McElroy, for... no.

Justin:

No.

Sydnee:

Anyway, I'm Sydnee.

Justin:

Hey Syd.

Sydnee:

Hi.

Justin:

How's... how's tricks?

Sydnee:

I mean, pretty good. My voice sounds better.

Justin:

Yes. Yes.

Sydnee:

Or worse, I don't know. I got some compliments last time.

Justin:

[laughs]

Sydnee:

Maybe I should get sick more often.

Justin:

Maybe. Or you could take some sick classes like to get that timbre-

Sydnee:

Yeah?

Justin:

...as they say.

Sydnee:

Is that a thing?

Justin:

Yeah.

Sydnee:

Did you- Wait. Did you?

Justin:

You remember how I used to sound when I started podcasting.

Sydnee:

[laughs]

Justin:

[in a Muppet-like voice] Hey you all, hello everybody!

That was... that's my natural voice, this is all a put-on.

Sydnee:

And you- you have a degree in theater. At any point in your like, education, did you learn how to put on a sick voice?

Justin:

Mm-hmm, yeah I can do a sick voice instantly at any time.

Sydnee:

Really?

Justin:

Mm-hmm.

Sydnee:

Can you—

Justin:

[Doing sick voice] Hello everybody, I'm real congested, welcome to Sawbones.

Sydnee:

I should note that not only was that voice very bad, but also it... you... it necessitated that you hold your nose.

I don't know how many different characters you played that could just hold their nose.

Justin:

Obviously I would get a... some sort of clothespin or something.

Sydnee:

[laughing] To wear the entire show?

Justin:

Yeah.

Sydnee:

Then they just cover it with stage makeup, like camouflage it like your skin tone so that it would blend in.

Justin:

Are you doing a podcast today, or are you just going to harangue me for 30 minutes? Either one is fine.

Sydnee:

Well—

Justin:

Those checks spend the same.

Sydnee:

[laughing] Which one do you think people would enjoy more?

Justin:

I think you'll want to tell about... talk about... you spend a lot of time working on these shows, Syd, I hate to throw all that hard work away.

Sydnee:

Sure, sure. Well, Justin, I think this week it would be good to continue our-our... I don't know, our theme of shows that are more timely, of shows that have to do with things that are happening right now.

Justin:

Mm-hmm.

Sydnee:

Because when there are me- sort of medical? This is kinda... It was... it was a lateral move to the medical topic—[laughs]

Justin:

Mm-hmm.

Sydnee:

...in this regard, things happening in the news. I think it's always helpful to learn more about it, to be educated about it.

Justin:

Uh, just...

Sydnee:

So that you can understand that event.

Justin:

Just so we're clear, not a political episode, an educational episode. And if that feels political to you, I am sorry.

Sydnee:

[laughing] No, my goal is just to inform you. And in this case, a lot of people have been talking about the immigration process.

Justin:

Right.

Sydnee:

There's been a lot of interest in the legal process of immigrating to this country and I'm certain that there's a very interesting history podcast that someone could do about that...

Justin:

Or a legal podcast, maybe on *Court Appointed* they can cover—

Sydnee:

They should do that.

Justin:

Yeah.

Sydnee:

Yeah, and cover the history of how we got to the very rigorous, thorough, lengthy process of immigrating to this country currently.

Justin:

Mm-hmm.

Sydnee:

But, I am a doctor. I don't know anything about that. What I know about is medicine.

So thanks to one of our listeners, who I only know by their twitter handle, @milesOfpages, I... So whatever your name is, I thank you, for this topic.

Who suggested, what were the medical exams like in the past for immigrating to the U.S.?

So, specifically at Ellis Island.

Justin:

I don't know.

Sydnee:

Well, I didn't either, but now I do and I'm going to tell you all about it.

Justin:

All righty, expand my mind.

Sydnee:

And I'll tell you too, what we do now, which is not nearly as interesting because it's probably a lot more familiar.

But, between the years 1885 and 1920, about 21 million immigrants entered the United States.

Justin:

Whew.

Sydnee:

That's a lot of people.

Justin:

Mm-hmm .

Sydnee:

And about 75% or so of those people entered through New York Bay at Ellis Island. That's a lot of people coming through Ellis Island.

Justin:

Mm-hmm .

Sydnee:

And obviously, as I've alluded to, there was a legal process that they had to go through, at Ellis Island.

I'm going to focus though on the medical part that took place there.

The initial number of doctors, by the way, who were assigned this task, to screen everybody medically coming through, was pretty low. I think it was probably underestimated how many they really needed.

And you never... there's not this time where everybody goes, "I think we need more doctors." Yes, they get more, but more people are coming through, so it... I don't think they ever really caught up.

Like in 1892, there were six doctors for about 200,000 people

Justin:

Hatchi Matchi!

Sydnee:

In 1916 there were 25 doctors, so they had a lot more, but about a million people, so...

Justin:

So that is... So we had 200,000 people for six doc- That's 33,300, you know, like repeating, per doctor-

Sydnee:

Per doctor. And then divide that, that's over a year.

Justin:

When it's a million people and 25 doctors, it's 40,000.

Sydnee:

40,000—

Justin:

Things got worse.

Sydnee:

Now that's over the course of a year, so each doctor only had to take care of 40,000 people in the year.

Justin:

[sarcastic] Yeah, that's not bad.

Sydnee:

[sarcastic] That's not bad.

Justin:

[sarcastic] That's not bad at all.

Sydnee:

No. I probably don't take care of 40,000 people a year, I'm just going to... I feel... I feel a little bad about myself now.

Justin:

Well...

Sydnee:

I'm underperforming.

Justin:

Get out there.

Sydnee:

The inspections, the medical exams really started abroad, so if you didn't live in the U.S. and you wanted to immigrate to the U.S...

And a lot of these people we're talking about, since they entered through Ellis Island, were probably coming from Europe. So—

Justin:

Mm-hmm .

Sydnee:

So that's the majority, not everybody, but the majority were coming from Europe.

So you went to buy your ticket for whatever steam ship line you were gonna come across to the U.S. on.

And at that time, you were going to get a medical exam by a doctor who was employed by the steam ship line.

Justin:

Mm-hmm .

Sydnee:

The reason is that the reputation of the different steamer lines was very much dependent on the health of the passengers that they were bringing to the United States.

So if you got a reputation for bringing over passengers who were very sick, who were maybe going to get turned away—

Justin:

Mm-hmm .

Sydnee:

... because of contagious diseases.

One, that was bad for you financially, and two, anybody who was evaluated at Ellis Island and deemed too unhealthy to come into the country, went back at the expense of the steamer line.

Justin:

Right.

Sydnee:

So it was in your vested interest to make sure that you screened people for certain contagious diseases.

Justin:

Well and also a boat trip like that, that's just a hotbed for—

Sydnee:

Exactly.

Justin:

... disease spreading around, you know?

Sydnee:

Exactly, and again, I don't- I won't go into this a lot, but the conditions, especially if you were not traveling first or second class, if you were just in steerage class, were not...

People were crammed in, I don't even think there was a limit. I think it was how many people we could fit.

Justin:

Mm-hmm .

Sydnee:

So it wasn't a really comfortable situation. And if you did have anything that was contagious, probably everybody was going to get it.

So you got a brief exam at that time, they would perform something that they would deem a "disinfection", which probably just meant like a very thorough shower of some sort.

And vaccinations that were appropriate.

Justin:

Mm-hmm .

Sydnee:

And give you documentation of those so that you could present those after your trip as well.

Justin:

That seems very manageable so far. It all seems very reasonable.

Sydnee:

Yes. Yeah. Once... So you've made your boat trip, you've got your exam, you've made your boat trip, you have arrived in the harbor.

Justin:

I can make it there, I can make it anywhere.

Sydnee:

Exactly.

Justin:

Lady Liberty.

Sydnee:

You've seen Lady Liberty. This is a very inspiring moment. I shouldn't just brush past it.

Justin:

Yeah.

Sydnee:

Okay, all right.

Justin:

This is good. I need this because I feel like there's a lot of bureaucracy coming, so please, please, Sydnee, just let me enjoy this one moment.

My family and I, for generations have worked so hard.

Sydnee:

[laughs]

Justin:

And now we've finally arrived here, at a new chance, a new opportunity...

Sydnee:

Right.

Justin:

... to make it, and please just let me enjoy it.

Sydnee:

Are you done enjoying it?

Justin:

No.

Sydnee:

Okay, uh—

Justin:

I thought I would be, but it's really hitting me hard.

Sydnee:

Can I keep talking while you're enjoying it?

Justin:

No, I'd rather... Okay, I'm good.

Sydnee:

All right, okay.

So, at this point, the boat is in the harbor. State quarantine authorities would actually board the boat before anybody was allowed off—

Justin:

Oh! Wait, no, it's back. [pause]

Okay, now, see I got a little—

Sydnee:

Okay. Alright. Good.

Justin:

... I got a little worked up again thinking about it.

Sydnee:

Just calm yourself down.

Justin:

Okay. I'm trying.

Sydnee:

Okay.

Justin:

I mean, I'm trying, it's just overwhelming.

Sydnee:

I'm going to play that Daniel Tiger jingle where it tells you to squeeze yourself and then take a deep breath—

Justin:

[laughs]

Sydnee:

...when you get too excited. [laughs]

So the state quarantine authorities would board the boat first, and kind of do a quick exam, just really kind of a walkthrough, and look at everybody in the first and second-class cabins.

So these were the upper-class cabin passengers.

So they would just kind of wander through, looking for obvious signs of contagious diseases like plague, yellow fever, typhus, smallpox, cholera, that kind of thing.

And then one of the public health service doctors, who-

All of this, all of these exams by the way, were by public health service physicians, they were working for the government- and inspectors, would go cabin to cabin, largely focusing on the second class cabin.

Justin:

[click-click]

Sydnee:

If you were in a first-class cabin, you didn't get much of an inspection at this point.

Justin:

You probably had syphilis though. Probably.

Sydnee:

Well. No, not necessarily.

Justin:

Probably you had secret syphilis, I feel like.

Sydnee:

[laughs] I mean a lot of people back at this time had secret syphilis, so...

Justin:

Mm-hmm, mm-hmm, mm-hmm, so you agree?

Sydnee:

Not just the first class passengers on these boats.

Justin: But—

Sydnee:

There were a lot of Americans with secret syphilis, so...

Justin:

Yeah, a lot of those first-class passengers had secret syphilis.

Sydnee:

Just a lot of people with syphilis.

Justin:

And I can tell you, I bet more had secret syphilis than when they left. I'll tell you that.

Sydnee:

[laughs]

Justin:

You know how first class gets.

Sydnee:

So they would focus more on the second-class cabins, and just kind of go around and do a brief check on everybody.

And anybody who was obviously ill would be sent straight from the hospital, straight from the boat to a hospital that I'm going to tell you about.

And after that check, they were pretty much good. The first and second class passengers were like, good to go.

Justin:

[click-click] Yeah.

Sydnee:

So if you were in first or second class, you weren't scrutinized... too much.

Justin:

Mm-hmm .

Sydnee:

A little bit, but not too much. You still had to have that initial medical exam though.

Justin:

Sure.

Sydnee:

Now, everybody else had to go through the immigrant station at Ellis Island.

Justin:

Mm-hmm .

Sydnee:

And these people were evaluated more.

So the first thing they would have you do after you got off the boat was enter the hall and carry your bags yourself. You would be- you would collect your own luggage and then carry it up a fairly long staircase.

Justin:

And get this: this was before the roller bag was invented. So just try to think about that too.

Sydnee:

That's true. People are lugging like those big old steamer trunks, you know?

Justin:

Yeah. Yeah.

Sydnee:

Like, I'm picturing *Far and Away*, *Titanic*...

Justin:

Back when we made those trunks really heavy.

Sydnee:

Exactly.

Justin:

Which, I guess they had to be durable for the long journey, but...

Sydnee:

Right, and these were like real ones that you actually carried luggage in, not like cute ones you buy on ModCloth. Like—

Justin:

Right. Like real ones.

Sydnee:

Like real steamer trunks.

So you would haul your steamer trunk up a very, not a very long staircase, but fairly long for carrying your luggage after a long boat trip.

And this is where what they would call the "six-second physical" would begin.

This was a time in medicine where the majority of physicians believed that as doctors we have this magical ability to just kind of look at someone and after six seconds, know if they're sick or not.

Justin:

You... Look at me in the eyes, don't look away. Deep down in your heart, you believe you have this too.

Sydnee:

[indignant] No!

Justin:

Please admit it.

Sydnee:

I do not believe that.

Justin:

Admit it.

Sydnee:

I- I have- I'm just going to say...

Justin:

[loud staccato clapping]

Sydnee:

[laughs] ...that I mean... I probably would be better than the average non-medically trained person...

Justin:

One would hope, yeah.

Sydnee:

[laughs] That there was a... people would say, doctors would say at the time that you could, just by looking at a person, instantly tell if they had any one of 60 specific diseases [laughs]...

Justin:

Okay, well that's obviously fake.

Sydnee:

... that you could tell just by looking at them.

The doctors, who were members of the public health service who were assigned specifically to do this-

And by the way, their reputation was at stake as well, I mean they're government employees and they're screening people to enter their country...

Justin:

Mm-hmm .

Sydnee:

And so, they took this very seriously. They would stand up above, along the railing and look down—

Justin:

[laughs]

Sydnee:

...on the people who were coming up the stairs and that was where your physical exam was beginning.

Basically if you hauled your luggage up the stairs with no problem, you carried on to the next station.

If you, you know, had to stop, catch your breath, if you were struggling on the stairs, if somebody was needing to help you or carry your luggage for you, you were probably going to be pulled aside for extra medical screening.

Justin:

I mean, we're laughing about this, but keep in mind those numbers that we circulated at the beginning, like, some amount of triage had to be taking place, right?

I mean, that seems a little heartless but like, you did have to make some calls like that I'm sure.

Sydnee:

That's exactly it and they... That was... A lot of people who would just be bounding up the stairs, carrying their luggage no problem, they were assuming, were young and healthy.

And this was a very, unfortunately, a very utilitarian view of humanity in the sense that they were looking for people who can work hard.

I mean, that was part of the... Yes they're looking for contagious diseases, but they're also kind of thinking, "How will you help the American labor force?"

Justin:

Mm-hmm .

Sydney:

Which is not something I certainly, as a doctor, think about when I'm taking care of my patients today.

But these public health service physicians would have had that in mind. Like, "We want good strong workers."

Justin:

Mm-hmm .

Sydney:

"Not just healthy people."

So, once you got to the top of the stairs, if they saw you have any problems, you were going to be pulled aside.

If not, then you continue across what was called the "Great Hall."

This was just a longer hallway that you had to walk, and at the other end there would be inspectors with desks who were going to ask you some more like, official, "What are you doing here?"

"Hey, what are you doing here? What do you want? What do you want to do here? You got a job? What's the next step?"

Those kind of questions.

Justin:

So far this sounds eerily similar to *America's Next Top Model* auditions.

Sydnee:

[laughs] You walk up some stairs and across a long hallway.

Justin:

You walk down a long hall, Ms. Tyra watches as you come in. Or I guess Rita Ora now, I don't know.

Sydnee:

And then later they put you in a giant plastic bubble and make you walk across a catwalk in a pond.

Justin:

Yeah.

Sydnee:

Yeah. No, they didn't do that part.

But as you walked across the great hall, anything they might not have picked up just watching you walk up the stairs, there were still physicians lining that hall watching you walk.

So... and they were watching you from different angles. So they were looking at your gait.

They would actually make you, if you were like carrying your child and it looked like your child was of an age where they should be walking, they would make you put your kid down and have them walk too.

To make sure that they didn't have any reason why, you know, at their age they couldn't walk.

They were actually screening for that.

Justin:

Mm-hmm .

Sydnee:

They would also look at like, facial symmetry, so they were looking at your face from different angles. Looking for things like goiters, so they would look at you from your side to see if you had a protrusion in your neck.

A goiter is you know, on your thyroid gland, which is right in the- right in your neck, and it would be a big swelling so...

Justin:

Mm-hmm .

Sydnee:

... a large swelling in your neck.

And they would look for those things right away too, if they saw anything abnormal, again, you were going to be pulled aside for more in-depth screening.

They also would do quick exams on a lot of people. As they were walking though they would stop them to check just like, their vision.

If you got pulled aside for more screening, then they were probably going to listen to your heart and lungs, although not everybody would have necessarily gotten that exam. You know...

Justin:

Mm-hmm .

Sydnee:

Just a quick listen, look in your ears, or at your teeth.

A lot of people would have been pulled aside to look at things like skin and nails and scalp.

Justin:

Mm-hmm .

Sydnee:

For a lot of different like, fungal infections of the scalp, or dermatologic conditions, that was something that people were pulled aside and very quickly evaluated for.

The teeth being a sign of general like, health maintenance and well-being—

Justin:

Yeah.

Sydnee:

...and that kind of thing.

Justin:

Yeah, that makes sense.

Sydnee:

And these were all very quick exams that you could do. You know, you need a light and a pair of eyes, maybe not even a light if the room's bright enough so...

Justin:

Mm-hmm .

Sydnee:

All the while, they're also evaluating your behavior.

Because another reason that they could pull you aside for additional screening is if they were concerned about any kind of psychiatric diagnoses that maybe are not physically apparent but by erratic behavior or if they're asking you questions.

If they pull you aside and say like, "We want to look at your teeth" or "We want to look at your nails", if your answers don't add up, or if something's... if you say something strange, you could be pulled aside for that as well.

Justin:

Mm-hmm .

Sydnee:

This is particularly thorny as a lot of these people may not have spoken English.

Justin:

Sure, right.

Sydnee:

So evaluating someone's behavior or answers to your questions certainly, or following direction ability, if you—

Justin:

I mean, even language barrier aside, you're talking customs, and like... I mean literally but also figuratively, customs that differ from country to country.

Sydnee:

Exactly.

Justin:

Who knows? You know, they don't know the proper etiquette or whatever.

Sydnee:

Yeah. Yeah, no, exactly.

And so this was a big... this was a thorny area as well.

Justin:

Mm-hmm .

Sydnee:

The last exam that everybody got was the eye exam for trachoma, which is a bacterial infection of the eye.

It's caused by Chlamydia trachomatis, which yes, that is that chlamydia if you were wondering.

Justin:

[snorts]

Sydnee:

And it can cause [laughs] an eye infection...

Justin:

The popular cool one everybody knows.

Sydnee:

The chlamydia you've all heard about, the chlamydia we know and love.

So you would have your eyelids actually lifted to look underneath.
Because it wasn't always apparent just looking at your eyes, you have to look under the eyelids.

So they would either use—

Justin: And it- Every—

[crosstalk]

Sydnee:

Oh, go ahead.

Justin:

Sorry, I just meant, I- There's another fact on my sheet that says, "Every day the doctors would put everybody's name in a hat..."

Sydnee:

[laughs]

Justin:

"...and whoever lost had to check under eyelids for chlamydia that day and they would kind of switch it up."

Sydnee:

[laughs] The eye men were actually pretty feared.

Because trachoma was not an uncommon infection to have, and you didn't want to get turned away by the eye men, and so it was a very intimidating...

Like everyone knew the eye screening part comes last. And they would either use a buttonhook to lift up—

Justin:

Ew, argh!

Sydnee:

Yeah. Lift up your eyelid, or just a dirty index finger that has touched everyone else's eye today, by the way, and closely examine the eyelid, looking for an infection.

That to be fair, if you got, left about three fourths of the people who got it blind, so was a very serious infection.

Justin:

Mm-hmm .

Sydnee:

And at the time we didn't have great treatments for it. They were things like surgery and applying really corrosive, dangerous medicines to the eye.

Justin:

Ugh.

Sydnee:

So we didn't have a great way to treat it. So they were looking for that. Now we would just treat it with antibiotics, by the way.

Justin:

Mm.

Sydnee:

Although, to be fair, it's still the cause of blindness for about 1.9 million people worldwide.

Justin:

Phew. Hatchi Matchi.

Sydnee:

So the last guys you'd face for normal screening, if you were not pulled aside for additional screening, were the eye men. And if you passed that you were pretty well to go.

Justin:

But...

Sydnee:

But, let's talk about additional screening too.

Justin:

Yes. I want to hear it. What happened if you got pulled aside?

Sydnee:

Well Justin, I'm going to tell you all about that. But first why don't we head to the billing department?

Justin:

Let's go!

[ad break, theme music plays]

Justin:

Okay, Syd, so I was in line, but I got pulled aside. What's it looking like for me now?

Sydnee:

So first of all, in order... Because there were so many people that were coming through, and the area where you got pulled aside...

I mean, there were many places where you could've been stopped and the decision was made that you needed a further examination.

So instead of pulling everybody aside and having them wait and then gather them up later, they would mark you with chalk as you walked through—

Justin:

Mm-hmm .

Sydnee:

... if, at the end they were going to pull you into a series of private exam rooms that kind of lined that great hall that I described.

Justin:

Mm-hmm .

Sydnee:

So depending on the chalk letter that was placed, kind of on your right upper shoulder area of your sleeve.

Depending on what letter, that communicated to the physician who would be doing the further examination what to focus on, what the concern was.

So if it was just generally they're not sure, but you seem sick, they would just put an EX on your arm.

Justin:

Okay.

Sydnee:

Meaning, "Do a further exam, I feel like there's something... I have that doctor sense that tells me—

Justin:

Yeah, the tingling.

Sydnee:

...tells me this patient is sick."

Some of them were very simple, like a B for back problems if you looked like you were having a lot of trouble climbing the stairs or carrying your trunk.

Things, eye specific problems, either just an E for look at their eyes.

C for specifically conjunctivitis, inflammation of the eye.

CT if they thought for sure you had trachoma, just by looking at you.

And then things, again, we'd expect.

F means their face. Look at their face, I think something's wrong with it.

FT means their foot.

There were things like G for goiter.

And K for hernia, which I guess is just 'cause H was already taken for heart.

Justin:

And K... I don't know.

Sydnee:

For hernia. I don't know.

And H for heart.

L for lameness, meaning that you were having difficulty—

Justin:

You sucked.

Sydnee:

...walking or [laughs].

Justin:

Just like you sucked.

Sydnee:

No. [laughs].

Justin:

[As bro-ish immigration doctor] "Too lame for America, get him out bros!"

Sydnee:

[laughs] Like one of your legs didn't work.

Justin:

All right, that [crosstalk].

Sydnee:

Yeah, not really a word we use now, in that way.

Justin:

Yeah.

Sydnee:

There are better words now.

N for neck.

PG for pregnancy.

Justin:

[laughs]

Sydnee:

SC for scalp.

And then some things like S—

Justin:

[laughs incredulously] Jesus, pregnancy? Like what... Is that a reason to get turned away?

Sydnee:

Maybe.

Justin:

[incredulous] What?

Sydnee:

Are you traveling alone? Are you a woman alone who has nobody that can vouch for your married condition? Because if so, this may be the end of the line for you, sister.

Justin:

Ugh.

Sydnee:

Yeah. I know.

S for senility, so... That also just meant if somebody seemed really old, and maybe—

Justin:

Too old for America.

Sydnee:

[laughs incredulously] Too old for America.

Justin:

[sarcastic] It's a cool, non-lame, hip country with no pregnant women allowed. It's the cool country.

Sydnee:

[laughs] P for pulmonary problems, that's lungs.

X was for insanity, so if they did think you had some sort of- And again, if you were having trouble communicating, they may have... you may have unfortunately gotten marked this way.

And then if they thought that it was very bad, they would actually circle the X. So a circled X was about as bad as it could get on your shoulder.

Whatever mark you had, you would be sent to one of those private exam rooms and then they would, like I said, do a further evaluation, like a real physical exam like you might expect at the doctor's office when you go.

They would interview you a little bit, ask you some questions, especially if they were concerned about your behavior.

Maybe have you solve some basic puzzles or show you a series of pictures and ask you to interpret like, "What is happening in these pictures?"

Justin:

Mm-hmm .

Sydnee:

That kind of thing. In general, try to figure out, "Is there a reason why this person, absolutely, we do not feel should be let into the country?"

Justin:

Hmm.

Sydnee:

And if you passed that exam, then you were sent on to the legal inspection part. And if you didn't, then this again may have been the end of the line for you.

Justin:

Mm-hmm.

Now would they have taken special precautions against the kind of... Like, would they have been aware that a ship like this from another country would be a potential risk for...

Like a disease vector, if I'm using that term correctly? Like is that something they would have been aware of and taken precautions against at this point do you think?

Sydnee:

No, no, not necessarily.

I mean we're- we're still just you know, latching on to the idea of hand washing in the last 100 years.

So no, they wouldn't have known specifically like, "Well, they're coming from here and this is very prevalent right now there..."

Justin:

Okay.

Sydnee:

"...so we need to worry about this."

I mean, and things, one, when you think about diseases that only exist in certain places, at this point in history it wasn't always so clear.

Two, news didn't always travel very quickly. So if there was an outbreak somewhere you may not have been aware of it in the port right away.

Justin:

Yeah.

Sydnee:

No. They just check everybody for everything basically.

Justin:

Makes sense.

Sydnee:

And some of that is a bias. They assume if you come from certain countries, they're just going to assume that you're healthier as well.

Justin:

Mm-hmm .

Sydnee:

So that was another totally not fact-based, just a racial bias that a lot of the inspectors would have had.

Justin:

Yeah.

Sydnee:

Now, it should be noted that obviously people got wise to the system and so if you were smart you would try to wear something, like word would eventually make it back to the countries where people were coming from.

You would try to wear something that you could quickly turn inside out or cover if you got a chalk mark. Because if they didn't see the chalk mark, it's not like...

You know, the doctor who marked you may be all the way down at the other end and wouldn't see that you turned your shirt inside out and took off.

Justin:

Wow.

Sydnee:

So that began to happen too.

So, one thing that's interesting is that you could also get a mark for SI, which meant special inquiry.

Now this is not a medical fact, but I did think it was kind of interesting.

So if you got marked SI, you didn't have to get a special medical exam.

It just meant that when you got to the legal part, when you actually met the inspector who was going to ask you the questions about what you're going to do here—

Justin:

Mm-hmm .

Sydnee:

Ask them some extra questions, because as a doctor, I don't know...

Justin:

They got that sneaking suspicion—

Sydnee:

I just think—

Justin:

Yeah.

Sydnee:

Yeah. "I think they're sneaky, I think something's going on."

So if this happened, you were probably going to be asked these three questions. Well, two and then if you're a woman traveling alone, three.

So, if you are a woman and you're by yourself, they're gonna ask you, "Who sent for you?"

Justin:

Ew, gross.

Sydnee:

Exactly.

If you say that you have a fiancé, if you say that you have a man who can vouch for you in the states, you're going to wait there until he shows up.

Justin:

[sarcastic] Cool.

Sydnee:

They're not letting you through until a man will claim you.

Justin:

And you know he's just going to honk outside—

Sydnee:

[laughing]

Justin:

...he's not even going to come up to the door. That's the worst part.

Sydnee:

There were cases when sometimes they would even insist that they witnessed a marriage there before they would let the couple leave.

Justin:

Just like they'd both always dreamed how it would go. That's every little kid's fantasy.

Sydnee:

I don't know why men have been so terrified of single women throughout all of human history, I don't know what power we wield that we are so terrifying, but there you go.

They would ask you, "Do you have a job waiting?" And "Who paid your passage?"

And these questions were because there was a lot of... you would sign an agreement abroad with someone in the States who was willing to pay to bring you over and give you a job.

But a lot of it was illegal because they were going to pay you next to nothing. I mean—

Justin:

Right.

Sydnee:

You know, it was like an indentured servitude situation, more or less.

Justin:

Right.

Sydnee:

Which was illegal, but also if you didn't have a job that was going to be problematic too, so it put people in a lot of uncomfortable situations.

Justin:

Mm-hmm .

Sydnee:

So why, after all these exams, why wouldn't they let you through?

Trachoma was one of the biggest reasons you wouldn't be allowed through. You would be sent back to where... to wherever you originally came from.

So was tuberculosis, if it was obvious that you had TB you were not going to make it past Ellis Island.

Any obvious sexually transmitted infection was a reason not to make it past Ellis Island.

Favus, which is a fungal skin infection, especially of the scalp, that would be a reason that somebody wouldn't be allowed in.

And eventually they were kind of divided up into specific lists. So Class A stuff is a lot of what I've already mentioned. It's nonnegotiable. It was contagious, there was nothing you were going to be able to do or say.

And oddly this included things like severe psychiatric disease and epilepsy, which of course are not contagious.

Justin:

Nope.

Sydnee:

Class B stuff was not contagious, it wasn't even fatal, it was just stuff that they decided might make you less productive, less of a good American laborer.

So if you were old, if your vision was bad, if you had varicose veins, if you had hernias, if you had very obvious spinal deformities, these might be reasons where they just say, "You know what? I don't know that we're going to let you in."

Justin:

Mm-hmm .

Sydnee:

Or they might just make note of them.

And then it would be weighed into the overall decision when you met with the inspector for, you know, the next phase of this, these illnesses might be weighed into the equation.

So let's say you're missing a finger, or you're anemic, or you're very short, which also was a reason...

Justin:

[incredulous] What?!

Sydnee:

Yes.

Justin:

"Gonna bring down our average. You gotta get out."

Sydnee:

[laughs] Exactly, which would be noted on your piece of paper as you pass to the last station where if they also had some questions about your employment and all this.

They might go, "Well and also you're really short, so never mind."

Justin:

[snorts]

Sydnee:

And it's worth noting by the way, that a lot of this that I've just described is what was happening at Ellis Island.

The exams at the borders, like specifically at San Francisco where people were entering, I think, at Angel Island, and at the Texas border, were a lot more in depth in general.

They included being stripped, in groups, and disinfected.

Justin:

Ugh.

Sydnee:

And checked for lice, and it's because... I mean, racism. It was racism. I mean that's why.

Because it was discrimination based on these preconceived notions of who was healthy and who was more likely to be clean and so...

Justin:

Okay.

Sydnee:

So this is- this is more applying to Ellis Island.

Over time, as we began to restrict the number of immigrants that could come from each country, which eventually happened, we'd say you can only send so many from here and so many from here.

Private exams with an American consul abroad were conducted and this actually increased the number of people who were excluded from ever even coming.

So a lot fewer were turned away at Ellis Island than were turned away by the doctor who was examining them abroad.

Justin:

Yeah.

Sydnee:

Overall out of everyone inspected, about 80% who went through Ellis Island would just be sent straight through.

Justin:

Mm-hmm .

Sydnee:

Would not be turned away for any... not even sent for further examination. Just walk straight through.

Twenty percent would be pulled aside for additional evaluation and maybe go to the contagious disease hospital, which was actually right next door.

And there you would be either evaluated further, or treated, or some of them... And actually overall less than 1% on average would actually be sent back.

Justin:

Well that's heartening, at least, I guess.

Sydnee:

Yeah. Of the people who were evaluated here. Moreso abroad.

Justin:

Sure.

Sydnee:

Some people might get stuck in that contagious disease hospital for years.

Because if you said you could pay for treatment, and whatever you had was communicable, but also treatable, we would let you go to this hospital and be treated.

But if you couldn't pay, we didn't really know what to do, so you'd get stuck there for a while. And then maybe eventually let in or eventually sent back.

So there were people who just kinda chilled at this contagious disease hospital for, sometimes years.

And again, if you were sent back it was at the expense of the steam ship company, so they had a vested interest in not letting that happen.

Justin:

Right, right, right.

Sydnee:

Which led to corruption, unfortunately.

But even though that seems like a low number, everybody knew somebody, who knew somebody, who knew somebody, who was sent back—

Justin:

Right, right, right.

Sydnee:

... and the stories, if you were, were really heart wrenching.

Because you can imagine, if your kid was sick, one parent would have to go back with the sick child, because they weren't going to let the kid in, but they weren't going to let `em travel back alone.

So like families were ripped apart.

So even though it wasn't a lot of people, when it happened it was so devastating, obviously. It scared a lot of people coming in.

And a lot of people feared the public health service docs as a result of that.

Now, the process that you go through medically, to immigrate to the U.S. is a lot more like a regular checkup.

There are certain doctors who have been approved by the U.S. government to do these immigration exams. I actually work with some, who do these exams.

Justin:

Are they still on the government dole? Like doing them, are they still being paid- I guess they are, right?

Sydnee:

They get paid... I mean, they are not employees of the government, but you get paid, specifically, a set fee for doing these exams.

Justin:

Mm.

Sydnee:

Does that make sense?

Justin:

Yeah.

Sydnee:

So, you get paid for these immigration exams, and you have to be certified to do them. I am not, but like I said, some of my colleagues are.

They do a very thorough history and physical exam, just like you might have at your first appointment with your primary care doctor.

They're going to ask all about your medical history, every time you've been in the hospital, every illness you've ever had, what medicines you take, all that stuff.

Justin:

Well they're a lot more geographically diverse too, because air travel, right?

Like people [crosstalk]—

Sydnee:

Exactly.

Justin:

They don't have that concentration of people at Ellis Island.

Sydnee:

No, no. And you can do these exams, of course, abroad by one of these doctors who've been certified.

Or if you're already in the U.S. but you're going through like a green card process, you may be doing it here as well.

Justin:

Mm.

Sydnee:

Either way, they're going to ask you a bunch of questions about your medical history, they're going to do a complete physical exam on you. Again, just like you'd have a complete physical at your doctor.

And then they do check for certain things, in particular, still tuberculosis, by doing a test for tuberculosis, maybe more than one, depending on where you're from and what your vaccination history is.

Syphilis, gonorrhea, leprosy, those are big things that they look for and have to be managed appropriately, treated appropriately, before they're gonna let you come over.

Chronic illnesses cannot keep you out, but they are still taken into account kind of in the overall picture.

And then they look at things like chest x-rays, and they'll ask you screening questions for things like drug or alcohol abuse as well.

And then you've got to have of course your vaccination record. And—

Justin:

[sarcastic] Ugh, how crue—

Sydnee:

I—

Justin:

Oh, no.

Sydnee:

What?

Justin:

Vaccines are safe. I forgot.

Sydnee:

Yeah...

Justin:

Sometimes I forget that vaccines are completely safe.

Sydnee:

No, the vaccines are amazing and good, and if you haven't had your vaccines, I mean, you can just get them.

Justin:

Yeah.

Sydnee:

Like just get them and then you're fine.

Justin:

Yeah.

Sydnee:

And you should get them anyways. So that's great.

Justin:

Great.

Sydnee:

And they're the vaccines that... just what you would expect if you grew up in the United States, they're probably the vaccines that you already have on your record 'cause we give them to you as kids.

Justin:

Yup.

Sydnee:

So it's basically just a really thorough checkup. That's it.

Justin:

Great. Well it sounds better than it used to be, certainly.

Sydnee:

Yeah. I would say so, Justin. Way better.

Justin:

Yeah.

Sydnee:

And obviously it's a much more longer... It's a much longer and more intricate process than walking through a hallway and having doctors look at your eyes with buttonhooks and then a guy firing questions at you, so...

Justin:

Mm-hmm .

That's going to do it for us this week, folks.

Thank you so much for listening, we hope you've enjoyed yourself.

If you want, you can subscribe to our show on iTunes or rate or review it there, that's really helpful for us.

Or take a moment this week and recommend it to somebody. Tweet about it or whatever. Whatever makes sense for you, we'd really appreciate it.

Thanks to the Taxpayers for letting us use their song "Medicines" as the intro and outro of our program.

And that's going to do it for us I think. But until next week, my name is Justin McElroy.

Sydnee:

And I'm Sydnee McElroy.

Justin:

And as always, don't drill a hole in your head.

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