

TRANSCRIPT

Musings on the Impact of Covid and on Being LGBTQ

Zoom Meeting

Wednesday, April 22, 2020 | 4:00 pm - 5:00 pm

Leah Fygetakis:

All right. Welcome to everybody who is joining us today. Some of you are folks who identify as LGBTQ. Others of you are allies and some of you are doing LGBT-related work that might be direct patient care or research. Some of you work primarily at Harvard Medical School, and some of you are from our affiliative institutions. So, we have a broad audience, and again we're just very pleased that you're able to join us today.

Leah Fygetakis:

My name is Leah Fygetakis and I'm the manager of LGBT programs within the office for Diversity Inclusion and Community Partnership, and I'm going to be your host for today's session on musings on the Impact of COVID and on Being LGBTQ, which will be led by Dr. Marshall Forstein. First, I just have a few housekeeping items. I want to let you know that we have muted you for now, because we have a larger number of participants than we were expecting, which by the way, we're so pleased. This is wonderful. We did make some alterations to our program. After Dr. Forstein's brief presentation, we're no longer going to have discussion as one large group. Instead we'll come up with some type of hybrid experience and we hope that will approximate the spirit of what we had intended.

Leah Fygetakis:

I'll explain this new format a little later after Dr. Forstein has finished his remarks. Also, in the advertising announcements that you may have received and the calendar invitations, we had informed you that we would be recording Dr. Forstein's remarks and that we would then stop recording. But, since we've had to alter the discussion part, we decided to make an audio recording of the entire session for those who are unable to attend. So, let me just ... One moment for technical... Okay. So, again I just want to reiterate that this is an audio recording, not video so that your identity and participation isn't going to be known.

Leah Fygetakis:

So, at this point, I'd like to introduce our speaker. Dr. Marshall Forstein was educated at Middlebury College and taught high school English for five years before attending medical school at the University of Vermont. He did his internship at Pacific Medical Center in San Francisco in 1980, and his psychiatric residency at MGH from 1981 to '84, where he began treating people infected with HIV. Dr. Forstein joined the faculty at Cambridge Health Alliance in 1984, and has served as their director of outpatient services, training director, since 2002, and as acting chair of the department for four years until September of 2019, when he became the vice chair for education and training for the department of psychiatry. Additionally, from 1990 to 2002, he served as the medical director of mental health and addictions at Fenway Community Health. Dr. Forstein has published and taught nationally and

internationally on HIV, AIDS and sexual identity, and is an associate professor of psychiatry at Harvard Medical School. He has also worked at the division of palliative care as a core faculty member for many years.

Leah Fygetakis:

So now, I'm going to welcome Dr. Forstein, and I'm turning it over to you.

Marshall Forstein:

Thank you very much Leah. Good afternoon everybody. I appreciate the fact that people are taking time out of what I know is an incredibly busy schedule for everybody to come together, and I'm really delighted to spend some time thinking about this with you all. And hopefully my remarks will be relatively brief and I'm hoping that in the discussion we'll get to questions and some comments that you'll all have to really help us frame. The reason I'm calling this musings is because we're in the middle of something that none of us had anticipated and expected, and so I think that anything that I'm thinking or saying is definitive as preposterous, frankly. So, I want to emphasize that while we won't be recording your faces, I would caution everybody that whatever we talk about in this discussion, one should be safe and comfortable and feel okay about whatever you choose to share with the group.

Marshall Forstein:

When Leah invited me to participate, I shared with her that I've been reflecting recently a great deal about my experience as a resident dealing with first days of the AIDS epidemic, which was precipitated by obviously my emersion into the COVID epidemic, which has taken Cambridge hospital by storm. And the AIDS epidemic has some lessons to teach us, it also has some things that are quite different, and I'll talk a little bit about that later.

Marshall Forstein:

But just to give you some context. When I was 15, and a adolescent, I would never have imagined where I would be today. The world was a very different place, I grew up in the 50s, in the 60s, and it was at a time where gay and lesbian people would just become invisible. I had no real role models, I was fortunate to have a family that was incredibly supportive. But I think that the context and the perspective of seeing how far we've come in some ways as a LGBTQ community, and in other ways we're still really far behind the rest of the world, is really important for us to sort of pause and take a moment. Which is why I think thinking about this epidemic currently, in the context of the previous epidemic that my age generation went through, can be quite hopeful and sobering in how we think about our role as medical professionals, Allied Health, people who really keep the programs going that you're all involved in.

Marshall Forstein:

And I can tell you that I was a first year resident in Mass General, I was on inpatient services, and I got asked to see a patient who was psychotic, who was diagnosed with what was just becoming called, it wasn't called the AIDS epidemic, it was a quiet immuno efficiency, it was called the GRID, Gay-related immune deficiency, it was also quite new and different. As an intern in San Francisco in 1980 I saw a patient who later I realized was infected with the virus, because he had an immune system collapse during my internship. But as a first year resident in Mass General, I was asked to see this patient, not because I was an expert in HIV or AIDS, but because I was gay. And because I was an openly gay resident

at Mass General, and this was identified in the press as a gay disease, the assumption was that I would know something about this that nobody else would know.

Marshall Forstein:

The logic of that was confusing at the time for me, it so happened that I was quite interested in AIDS, as it was presenting in the gay community, because I was aware that this was something that we had to pay a lot more attention to than the newspapers and the press were actively thinking about at the time. And early on in the epidemic it became quite clear to me that there was some things that the epidemiology taught us very quickly. We knew from epidemiology that AIDS was not casually transmitted, because there would have been millions and millions of infections very quickly.

Marshall Forstein:

The slope of the curve was quite different in what we've seen with COVID, which is different in the sense that COVID is a contagious disease. AIDS is contagious only through certain specific sexual and intravenous drug using practices, exchange of blood, so forth. So there are similarities and differences. For GLBT people though, I want to reconcile what was it like being in that epidemic, and what did we learn from it with what's going on today, and what are the special things that our communities should be thinking about.

Marshall Forstein:

Remember that the beginning of the AIDS epidemic, from 1981 to 1995, that was a death sentence to be told that you have AIDS. There were no treatments until 1995 that sustained life the way they have since then. And this was a quite lethal epidemic, but it was more drawn out. The difference between that and COVID obviously is that people are dying now of COVID, but they're dying quickly generally speaking, not over the two or three years that people with AIDS had to linger and see their significant others waste away and die of the immune collapse.

Marshall Forstein:

When I started to pay attention to this epidemic as a resident in MGH, I was warned by several faculty members not to get involved and get associated with this gay-related immune deficiency syndrome, which is what it was being called when I was a resident. Because it would so-called ruin my career. Fortunately I had a couple of mentors at MGH who were fantastically supportive, recognized that I was not only interested in this because I was a gay man, but I was interested in it because the science of it, the social psychology of it was fascinating to me as a psychiatry resident.

Marshall Forstein:

And so I dove into this epidemic, and quickly became known in the Boston area as someone who was willing to treat patients with HIV, as we later began to call it. I had been out as a gay resident, although it had not been a big issue at MGH until a certain few faculty members made it such. But I had been thrust out of the closet in medical school, and so I had been already dealing with the sort of isolation and invisibility of being out as a gay person at that time. This is remember from 1976 to '80 when I was a medical student. And as I moved through my internship I met my husband, later husband, and we then moved to Boston in 1981 in the height of the AIDS epidemic. And I can tell you that neither one of us was a stranger to loss and grieve, and the fact that we were immersed in an epidemic that was clearly destroying a large section of my peer group.

Marshall Forstein:

My partner and husband then, who was African American and a psychologist, and I were both working very intensively in the gay and lesbian community at the time, and dealing with the impact of AIDS on our community, both professionally and personally, and then in our patient populations. And for those of you who come from other parts of the country, you're aware that the great social acceptance that we've experienced in Massachusetts, and particularly in the [inaudible 00:12:48] Boston area is not replicated across the United States. Even today when I go speak to different programs across the nation, the reception in certain states is quite hostile to being out and gay. And I know that there are medical students and residents in many medical schools who are not out and gay, because they're afraid of the consequences on their programs or their path through medical school or professional schools.

Marshall Forstein:

So I think it's important for us to celebrate the advantages we have in the Boston area, but also to be quite aware that in much of the world this is still an issue that we have to be very conscious about. Anyway, to get to the heart of this. A few weeks ago I was reading the Globe, and there was an account by a young African American man about his experience of having to wear a mask. And he was pointedly describing the conflict he felt, the fear he felt of walking into a bodega or a grocery store, covered up his face, because of the risks of what that meant historically in the racism controversies of our time. Where masked black men walking into a store could have easily been shot, rather than asked, "How can I help you?"

Marshall Forstein:

As my husband had taught me over many years about his experience growing up black in the streets of Oakland, and as we adopted our children, one of whom is Latino American, I was acutely aware of the risks of being identified as a minority in the Boston natural area, and this goes back to the early and mid '80s and then later on. But I was struck by the account by this young man who was talking about his ambivalence about wanting to commit to the safety and the isolation that the mask offers, versus the fear and anxiety that was rekindled in him as he was trying to be a good citizen so to speak.

Marshall Forstein:

And it made me think about, what is it that then are special issues for the LGBTQ community, and particularly for the LGBTQ community of color. Because I think that those are very separate issues in people who are dealing with dual minority status, or triple minority status. And what I recalled from my experience in the AIDS epidemic was the sense of stigma, isolation, the fear that those of us who had been visible would be driven back literally by our masks into the closet. That we would be invisible. I had the further experience of this unfortunately. About almost a year and three quarters ago my husband died of cancer, and I was suddenly forced back into an invisible status, how was I to be identified as a gay man at this point? Especially walking down the street with my Latino son, clearly father son. I was starting to be assumed to be a heterosexual man. It was an interesting dilemma for me, having spent 50 years, 60 years out of the closet.

Marshall Forstein:

So, I this question of clarity of what does it mean to become invisible again, to mask ourselves, to cover over. These aren't the issues that I wanted to kind of poise as problems. I also want to say that one of the things we learned from the AIDS epidemic was the coming together of a community of mostly to start with AIDS activists and AIDS professional, I mean health professional who were gay and lesbian,

transgender people who really pitched in to take care of people who are affected with HIV and AIDS. And now it's a different kind of epidemic, it's affecting everybody. But the notion of how do we as a GLBTQ community retain community, how do we build that community back when we're separated by technology and this distancing that we have to do. I think these are important issues for us to think about what are the special issues that we as a community need to face. There are other similarities, but the biggest one that I'm aware of is the fact of the stigma. That people with HIV, and the stigma that the professionals who dealt with HIV patients carried into their professional careers.

Marshall Forstein:

I can tell you that as a resident, once I got known to be taking care of AIDS patients, when I go down to the bowls of MGH for the midnight meal, where all the residents gathered for a meal, suddenly people stopped sitting at dinner with me. People stopped thinking that I was a safe person to be around, because of the fantasy that somehow, not only was I gay, but I was treating people with HIV, and that that mean that I was unsafe or contaminated myself. And I experienced that enormous impact of stigma, and sought refuge in my GLBTQ colleagues and patients and friends who helped me to survive as the outsider in the medical establishment.

Marshall Forstein:

So I want us to pay attention to the impact, how is for instance the grief, the loss of patients, what's it like for GLBTQ health professionals to be isolated on the wards where their sexuality is irrelevant, but the need for them to be acknowledged as participating in the work is not insignificant. We need to be who we are in whatever format we serve in our healthcare position. We know the long-term impact of illness, loss, grief, death and dying. We know the impact of what it means for our GLBT people to be forced back into families that have not necessarily been supportive.

Marshall Forstein:

I've been dealing with a young man who left college, came back to the Boston area, and is living now in a home with very unaccepting religious parents who basically he hides out in his room and spend most of his time alone. But fortunately on the internet now are able to make contact with people. And I was thinking this afternoon with my residents we were talking about the sort of difficulty of using Zoom or something to connect. And I said, "Imagine what it might have been like 50 years ago, before we even had this technology to create virtual communities." So I'm encouraging you all to pay attention to what resources do we have to regain community, to really find safe places, to deal with the re-traumatization, the re-stigmatization of being GLBTQ in this epidemic, even though the epidemic is not identified obviously as a GLBTQ specific epidemic.

Marshall Forstein:

We also need that realize that epidemics tend to force a retrenchment of civil liberties and rights and privileges. You can hear it in the national conversation, the resurgence of ultra right-wing movements, even the highest level of our government has made it more and more uncomfortable for people who are immigrants, people of color, people who identify as minorities of any kinds. So what do we do as a community? How do we establish these social interactions that protect us and help us through these shared experiences? And how do we support getting people into the kind of appropriate mental health support that they'll need.

Marshall Forstein:

Remember that, the surge may be coming to a peak, or starting to decline over the next few weeks or months, but the mental health surge is going to be long term. We are still treating people who were traumatized by the AIDS epidemic. I do not expect that the impact of this epidemic mental health wise is going to disappear any time in the next year or so. And that people who've been traumatized previously are going to have to deal with this for a long, long, time. So I want to stop here and really open up the discussion and challenge you to think about how has it affected you all? What are the issues that you're dealing with? How can we formulate ideas to go forward as a community, and certainly I want to hear as much from you about things that you think the faculty can start to pay more attention to, and people in residency programs and so forth.

Marshall Forstein:

So, let me stop. I really appreciate the opportunity to tell you some of my thoughts, and I'm really hoping to learn from you all about what you have wisdom about being in the positions you're in. So thank you very much.

Leah Fygetakis:

Thank you very much Marshall. Your title starts with the word musings, and indeed you've given us many textures and dimensions to think about. So, for those of you who are in this session with us, I'd like to take a moment to describe how we're going to proceed with our hybrid format. It's a cross between a traditional Q&A exchange, and that will be interspersed with a type of fishbowl activity, where one of you may volunteer to share a personal experience, to which Marshall will respond. And the two of you will have a short conversational exchange as the rest of us listen in.

Leah Fygetakis:

One of the purposes of this session was so that we could come together as a community and talk more personally. So, even though we're too large to have a discussion as a whole group, we believe that the fishbowl approach will allow us to at least share a few of our personal experiences on how COVID has impacted us. Marshall will have to leave at five o'clock, but we will try to get to as many of you as our time allows. So, here's how we're going to do this. You'll be opening your chat areas where you can submit two types of items for us.

Leah Fygetakis:

And I'm going to share a little humor with you here and say that one of the byproducts of the COVID crisis and its impact on me, is that I have to fight squinting and getting eye strain in trying to read material off of my small laptop when I'm used to working on a monitor that sits at my workstation at Longwood that's three times larger. So, you all can help me save my eyesight if you will follow the format please that you see on the slide before you. And I'll leave that up for a while. To review what we're asking is, in the chat area, if you have a question, write the word question, and then you can follow that with the text of what you want to ask. And if you'd like to share something personal about how the COVID epidemic has affected you, then start your chat entry with the word experience, followed by one succinct sentence that describes the theme of your experience. And you can see a couple of examples of what we're looking for on the slide. So you might say experience, something that happened while providing patient care.

Leah Fygetakis:

I'm going to now ask that everybody keep ... I'm sorry, once you've written in your questions and your experiences, what I will do is, I will read the questions, and with experiences I will read the entry, what the entry says. And then I will ask that it will be claimed by whoever wrote it. And to try to maintain your anonymity, I'm not going to call you by name, I'll just read off what you wrote under your experience. If it's yours, then please unmute yourself, and then you can flesh out what you wanted to share with Marshall and all of us. And we ask that everybody else just still keep your microphones muted. All right, so I'm pausing, and let's start having some questions and chats in here for and experiences for Marshall.

Leah Fygetakis:

Well, we have one question, one experience. So, right now what it says is, one thing I found is that nobody says hello as we pass one another on the street, even though we're wearing masks. There is this added element of everyone being suspect in this crisis. My hope is that such would build empathy, but my fear is that it won't. Can we learn from a shared crisis? If you wish, go ahead and unmute yourself, if you want to claim that as yours, and Marshall, what are your thoughts?

Marshall Forstein:

I think it's a true observation. I live about 800 feet from Franklin Park, so I have the luxury of going up to the park, wearing a mask which I made out of a bandana, and take the dogs up. My son and I go up there several times during the week, and we started to notice the same thing. So, we started saying hello to people, even waving, saying, "Hi, how are you doing?" And people start reacting. I think rather than waiting for people to say hi, let's do it, let's make it a normal thing when we pass people. Sometimes it's a nod, sometimes it's a wave of the hand. I think if you smile even with a mask, your eyes tell people that you're smiling. But I do think that the question about, will this epidemic push empathy back to the closet? Will people feel more at risk, suspect? I think these are really important issues to think about. And I would say it's our responsibility, I think GLBTQ people have been on the forefront actually of pushing social norms, so let's keep doing it.

Willy Lensch:

Thank you very much for that Marshall, and it's good to see you, even in a small pixelated form, and you too Leah. And everyone else on the call, and I'll identify myself, I'm Willy Lensch from the Dean's office. I'm very pleased to see so many people on this call. I hope that everyone is doing well, and if we make eye contact, I'm going to tell you hello.

Marshall Forstein:

Good to see you Willy.

Leah Fygetakis:

Thank you, I'm glad you could join us, Willy. We have a question, it says, "Is there a particular toll that the social distancing, social isolation takes on the LGBTQ community? Even that we'd had to fight for the right to congregate and to be ourselves in public." If anybody wishes to claim that, please unmute yourself.

Joanna Hamilton:

My name is Joanna Hamilton, I'm an employee at Dana-Farber, and I'm one of the co-chairs of the LGBTQ employer resource group. This was my question, and something I've been thinking about a lot lately with the cancellation of Boston Prime, and trying to think about how we can still foster and uplift

our community, even when we can't be together in person. And it has reminded me of the immediate aftermath of the Pulse nightclub shooting. That that felt so excruciatingly painful for the loss of life and the tragedy, but because it hit us in a very particular place of we're taking up space in public, and that's not something we've always been able to do.

Marshall Forstein:

I think those are really astute observations.

Joanna Hamilton:

Thank you.

Marshall Forstein:

I think that, I would go back to lessons learned from the women's movement, from the movement of civil rights, that being out there, claiming our space is always ... Nobody said the giving up of control or authority to people. It's always been wrested from them, and in non-violent ways we have made enormous progress in terms of finding these places like Boston Pride. I think there's no reason that we can't do more online hangouts with people, there can be. I've started something with my ... The American Psychiatric Association annual meeting was canceled this year. On this Sunday night I am having a hangout with seven people who traditionally I would go to dinner with at each of the annual meetings. We are all going to be cooking something special, not that we can share it, but we can eat together.

Marshall Forstein:

And we've all agreed that we'll spend the two or three hours that we would normally hang out in a restaurant together, online together. These are gay and lesbian psychiatrists who I have gone to dinner with for 30 plus years, every single year. And we said we are not going to miss it just because of this epidemic. So I would encourage you all, you're all much better than this technical stuff than I have ever assumed to be. And I would say that we need to create new venues, virtual hangouts, virtual places. I also think that writing about our experiences, pushing *The Globe* and other literary magazines to really speak to the issues that we're experiencing. I think the more that people share their isolation in writing, writing music, writing poems, having group hangouts.

Marshall Forstein:

I do think we will have to put up with this for a while, and so we have to be creative. There will be a social toll, I am much more concerned about those people who tend to be isolated, tend to have depressive moments, tend to be more anxious when they're out in public. These are the people that might feel this particularly concerned about offering additional help to over this next year, which is going to be I think the timeframe for continued re-traumatization of things.

Marshall Forstein:

I would ask you all, especially the younger crowd. Pay attention to the elderly So-G people. I think elderly LGBTQ people get very isolated, many of them in nursing homes, or an out. How do we help them? How do we make families regroup? You all have what we call chosen families. Let's get those chosen families together on a regular basis and form these kinds of ways of trying to stem of the tide of isolation. But we will have some consequences from this, and we have to be ready to stand up as a community and take care of people who aren't quite so resilient and don't have the resources.

Marshall Forstein:

I also want to remind you that there's a huge GLBTQ community of homeless people, of poor people, minorities who are dealing with racism in a new light because of the increased risk for people in shelters and in low income housing. And we need to mobilize all of those resources to help people that are less fortunate.

Leah Fygetakis:

Thank you. We have another entry here. It says, "I'm currently working at a COVID-19 taskforce at a major hospital, and one thing I've noticed is that there have not been a conversation on resources for LGBTQ community. I am Hispanic, but also part of the LGBTQ community. My question is, whether there are any resources hospitals can do or write to patients via handouts and or website links. My mic is broken, and I won't be able to ask. And any collaboration through The Rainbow Times perhaps that could be made?" So, Marshall, they can't unmute, so go ahead.

Marshall Forstein:

Yeah, I think all these are great questions, and I think, like for instance, at the Cambridge Health Alliance, where we have a gender and sexuality clinic, we are trying to put out in Spanish, Portuguese and English and Haitian Creole some guidance for LGBTQ people in the course of the epidemic. How to create maybe even a further group for people who just want to be in a support service for instance, and not trying to deal necessarily with a mental health issue. I do think that we need to cross the Harvard programs and maybe join resources.

Marshall Forstein:

The big question is whether people feel empowered to bring this up in whatever venue they are working in now. My experience was, as a resident feeling pretty powerless, I found a family member who could give voice to my concerns and share that burden with me. And I think that I think in each of the hospitals there are GLBTQ faculty, and I would go to them and say, even if they're not particularly working in the same area that you are, saying, "Can you help me voice this concern on the taskforce? Can you help me figure out how to get resources put in writing to send out? Can we put into our daily COVID newsletters that are going out from most hospitals something about the special concerns of LGBTQ people?"

Marshall Forstein:

And frankly I think if any of you tend towards the ... Like to write, writing about how important this is for people to pay attention to would really go a long way to helping.

Leah Fygetakis:

Right, thank you. We now have another question. I'm not in healthcare specifically, but it seems as though there is a lot of support for our healthcare workers more than ever during this time. There are also some concerns that many are not supporting our healthcare workers, and that has indicated by recent protests. How are those in healthcare feeling about their identity seeing this?

Marshall Forstein:

I assume this is about the identity, the LGBTQ identity, that there's a-

Leah Fygetakis:

Does somebody want to unmute and claim this?

Marshall Forstein:

Yeah, I'm not quite sure I understand what the question is.

Jose Martinez:

This Jose Martinez, that was my question. I'm just kind of curious about the dual identity of being LGBTQ, but also as a healthcare worker in general. How is that, the image of the person in scrubs against the truck. And how does that play into all of our identities. And I'm just kind of curious how healthcare workers specifically are feeling about seeing stuff like that when all the focus is trying to help everyone, but it seems as though there's not enough support there.

Marshall Forstein:

You know, it's an interesting question, and I have been putting together and just set up a program for volunteer therapists for the Cambridge Health Alliance so that every employee now has access to a mental health professional if they choose. What's interesting about medically trained people is that they're pretty stoic. And here's my guess. It's very hard for surgeons, it's very hard for primary care docs, it's very hard for nurse technicians in the OR, for nurses who are so busy, just getting through the day to take time to really think about the emotional toll it's taking on them. Because they're all working overtime.

Marshall Forstein:

And healthcare workers as a group tend not to be ... Let me just say that unless you're in the mental health field, you tend not to make your own mental health needs your priority. Which is why we're reaching out on a daily basis to people setting up buddy groups, letting people know that there are resources. My guess is that people are coping as best they can while they're in the thick of it. As the surge starts to lessen, and as the overtime and the incredible drain on people's energy begins to dissipate somewhat, then people are going to start feeling the emotional toll.

Marshall Forstein:

And I'll share with you what happened in the early days of the AIDS epidemic. Those of us who were treating people with HIV, whether it be mental health wise or medically, as I was in a clinic where we were doing both. We were working unbelievable hours just taking care of people's basic needs, trying to find housing, trying to find food, taking care of their depression, their anxiety, their cognitive impairment in my case with patients. And I have to tell you, in my private practice where I was doing probably at the time maybe 10 or 12 hours a week on top of my full-time hospital job, within about three months all of my patients died, because they were all HIV infected patients.

Marshall Forstein:

And I have to tell you, I went through an incredible grieving process, stopped seeing new patients for a year. And ended up doing more teaching and education, training, because I had to process all of that grief as a psychiatrist, losing my entire private practice within three months. That taught me something very, very critical about how to stand up support for medical and healthcare workers, which is we have to provide access without a question being asked. Instant access, support services. But what happens over time is, people slowly began to face the experience, and then if the services are there, people will reach out.

Marshall Forstein:

My job is not only to reach out to other docs and nurses and techs and social workers and psychologists, but to also reach out to people who have minority status, whether it be sexual orientation, gender identity, or race or ethnicity, and say, "Let's see if we can align people with others who can identify and really provides pure support for that as well." So I would call upon all of you to think about what role could you play in a peer support role, if not in an actual therapeutic professional way.

Marshall Forstein:

And part of that would be standing up ongoing support groups for people just to hang out, talk about the toll. The first step is acknowledging as a field, which we're starting to do by having these newspaper articles about people. I would love to profile somebody from the So-G community who could talk about what their experience is like. I'm trying to write something myself about this question of, what does my sexuality actually mean right now? How does it play into the work that I have to do as a psychiatrist? Do people feel guilty about asking for help if they're not COVID positive? Because they just feel isolated and lonely.

Marshall Forstein:

We have to really get through the guilt feelings. And this hearkens back to my memories of what we called the names of the hyper skilled on the AIDS epidemic. I wrote a piece about, I don't know how many years ago now about my experience in the AIDS epidemic. And in that I wrote, for the first time acknowledging that I met my husband in 1980 in San Francisco, when 15% of the gay male population was already HIV positive. And I am clearly aware that had I not met him at the time I did, it is possible that myself and him, although I wouldn't have known it at the time, would have succumbed to the AIDS epidemic. That has never been far from my mind, and it's why I am so much of an advocate of extra precaution for the COVID epidemic. Because I don't want people dying who don't have to die from this.

Leah Fygetakis:

I am going to just mention that since we've touched upon mental health, that our office, Diversity Inclusion and Community Partnership is holding a webinar on national wellbeing and mental health. I believe it's tomorrow, but you can just go to our website, our DICP website at Harvard Medical School. And you'll be able to see when that's taking place and register.

Leah Fygetakis:

We have another entry here. It's kind of an experience question. Many LGBT individuals are single, or don't live in traditional family units. For this reason social distancing seems more challenging for our community than it maybe for many in family units. There also seems to be acceptance by society for people to quarantine with family units, but judgment about those who might want to quarantine with friends or their chosen family. So Marshall, I'm going to ask you to share your thoughts around this, and this person wishes to remain anonymous.

Marshall Forstein:

I think it's an excellent point. I think there are lots of GLBT people who are living together as roommates, or share a building where they live in different apartments. My son, who lives down in Fall River, who's gay, and his friend who lives in the building next door, are spending a lot of time together. They're masked, they both of them have been tested, because both of them had some medical problems. Both

of them are negative from COVID fortunately, but I think what will happen in the next month hopefully is that testing will be rolled out in a much more community basis.

Marshall Forstein:

At that point I think it would be perfectly reasonable, even before, if people are asymptomatic and doing fine, and they're taking precautions and washing hands, and even not sharing food implements and things like that. You have to really be in close contact and be communicating the virus respiratorily to communicate this. So I think people take certain risks, and I would advocate that people start to think about those chosen families who's safe, who's not been tested, who's not really at risk because of their behaviors for the last five weeks. If you've been quarantined for five weeks and are healthy, you still might be an asymptomatic carrier, but you're at low risk for transmitting it unless you don't wear a mask and come in very close contact. I think this is chilling people's wishes, but not their desires to have close sexual intimacy with each other, and physical intimacy. We have to pay attention to the toll that that's taking on our community as well. I would suspect that there's much more going on virtually in terms of sharing emotional needs and they probably rest beforehand.

Marshall Forstein:

So I think as testing gets rolled out and people can be assured that they're negative or they've already developed the antibodies that it turns out that that's helpful and preventive, I think we can move into a new phase of this housing together or sharing time together. We will see some changes over the next four to six months I think as we understand the epidemiology and the science of this in a much more clear way. So be hopeful about that, and I think take risks that are reasonable, but assure yourself that we don't have to be isolated, even if it's for the time being something we have to put off in the physical sense for a little bit longer.

Marshall Forstein:

I've been a real advocate of testing on a community basis. Unfortunately getting the tests out and making them cheap enough and available enough is putting hospitals in a position where they're trying to protect both the protective garb and the testing itself to preserve patient care decision making. But that will loosen up I believe over time.

Leah Fygetakis:

I want to re-invite you one more time. We do have a little time left if you have any other experiences you'd like to share, or questions for Marshall. Please go ahead and enter those in the chat area. And in the meantime, Dean Reede is with us, and she has kindly let me know that I can share that the Mental Health and Wellness for Healthcare Providers webinar is indeed happening tomorrow at 4 PM. And you can find more about the program in our website, dicp.hms.harvard.edu. Thanks Joan for sharing that with us.

Speaker 6:

Hey there, this is [inaudible 00:48:14], sorry to interrupt. Through the chat I shared the registration for this mental health webinar if anybody's interested.

Leah Fygetakis:

Great. At the end I will put the function on to let people see it. Are there any other questions from our participants? There is. I am hearing there is a discussion, we might be in a future world, divided between immunes to COVID-19, and those that are not. How do you see this relating to the AIDS epidemic?

Marshall Forstein:

Yeah I mean, this is exactly what we experience. And of course with the AIDS epidemic we also had some telltale physical science that people who identified, whether they liked it or not, I had patients who had facial wasting, the development of protease inhibitor, change in body morphology and dysmorphia. And people who are either AIDS positive or AIDS negative. There were even ads in the gay journals, particularly sex ads that said, "HIV negative only." There's an interesting discussion about segregating people by COVID positive, COVID negative. Will it be the new thing that people put on their websites, or on their business websites, saying, "My business is run by COVID negative people." People will perhaps be tested in certain occupations. I fear that the testing will segregate people the way that the AIDS testing did early on.

Marshall Forstein:

But, I think we counter that by learning more about the science. We do have to develop herd immunity, and we do have to develop rampant upscale testing so that people know their own status. Whether or not they choose to share that or not, or how they use that will become an individual thing, and there will be social pressures to share that. If somebody is COVID positive, but immune, and not likely to be shedding virus, which can be detected by further PCR testing down the line. Then it may become an on issue. But I do think that we're going to be going through some social sort of re-calibration of how people relate to each other.

Marshall Forstein:

My hope is that we will take the best of our empathy and our capacity to be human. And to learn from the AIDS epidemic that by vilifying and ostracizing people we didn't learn anything, and we didn't get anything out of that. This is where the whole new mindfulness and self-compassion movement can be quite helpful. We have to understand that being COVID positive is not the scarlet letter that Hester Prynne had to deal with in Scarlet Letter.

Marshall Forstein:

So, I think these are really valuable things to be considering now. I'm an advocate, I'm a kid from the '60s, my attitude is, let's move ahead in the right direction as a community and try to be out in front on some of these things, writing about them, warning people about things. And sharing our stories as much as we can. I think it's a difficult time for everybody, and I would urge people to recognize that right now we have to cope, we have to try to be as resilient as possible. And we have to remember that our community has gone through the most incredible epidemic back in the '80s and '90s, and we're still dealing with people dying of AIDS. Our community is dying from cancer, and heart disease, and smoking, and lung cancer, and all sorts of things.

Marshall Forstein:

So, this is just one more disease that we have to sort of stand up to and say, "Let's not make it more than it is." It's an infectious disease that will have some answers coming down the pipe hopefully with a vaccine or antibody testing and so forth. But in the meantime we have to guard against what is sort of

the limbic response, which is to divide and separate us versus the other. That's the danger more than the disease itself. And that's just my personal opinion by the way.

Leah Fygetakis:

Thank you, Marshall. It seems that we have gone through our questions and experiences that folks had. So please let me give you the opportunity if you have ... I'm sorry, there is one more question, let's do that. Demographics affecting communities, like Provincetown, pitting residents versus visitors to the communities and the impact that this will have this summer. This is probably of interest to the group, no doubt in some way. And if you'd like to claim that, go ahead and unmute yourself.

Peter Sadow:

Hi, so this is Peter Sadow, I'm one of the pathologists at Mass General. And you know, there's been a lot of discussion on community forums about places like this, like Provincetown, which essentially has been a retreat for our people over the years, and a lot of businesses have actually already said they're going to close for the summer. A number of the events planned for the summer are canceled in advance, and a number of the residents who live there year round are quite fearful of non-residents coming in and spending time there, and what effect it's going to have in the summer. And particularly for marginalized people, our community who look to Provincetown as a refuge for ourselves, I think this is probably going to have some impact, especially for students who might be looking forward to spending time there at the summer.

Marshall Forstein:

It's a great question. I don't pretend to have any answers. I know that part of it will be sort of a community response that will determine sort of how accessible hotel rooms and rentals will be. And what the people who actually have control over the businesses in Provincetown will have a lot to say. I would suspect that a group of commerce people are already probably thinking about the consequences. I know this is already a conversation that was discussed in Martha's Vineyard and Nantucket in terms of how they're going to deal with the summer influx. I have no good answers to this frankly. I do think it's a great concern about how do we safeguard community space for people who need to get away from this as well. It's a great question.

Leah Fygetakis:

Well, I think this is bringing us to the end of our hour. So, I would like to thank you very much, Marshall, for sharing your musings and your wisdom with us today. And I'm sure if we had microphones on, you would be hearing a lot of thoughts. But I will tell you that I'm getting an awful lot in the chat saying, "Thank you, this has been great."

Marshall Forstein:

I appreciate that.

Leah Fygetakis:

Yeah, so.

Marshall Forstein:

I really appreciate the opportunity. And you all have had incredibly good questions that should be followed up with.

Leah Fygetakis:

Yes.

Marshall Forstein:

We need action. Again, I'll be the proponent. As I get older I get more radical. And I get more impatient with we got to take charge when people don't give us the power. I unfortunately have to run to a leadership council.