

# THE POSITIVE SIDE

## HIV Criminalization

What you need  
to know

## The Overdose Crisis

How did we  
get here?

## The ABCs of CBD

Our experts  
weigh in

# Stigma, Sex & Safety

Positive trans  
women tell  
their stories

# Stigma, Sex & Safety

**We've come a long way on transgender rights in Canada, but trans people still face stigma in housing, employment and healthcare. Are things getting better? Two trans women living with HIV, Cassidy Quinn and Isabella Gamk, share their unique stories.**

BY DEIDRE OLSEN

PHOTOGRAPHS BY KAMIL BIALOUS AND CARLOS OSORIO

**On** World Aids Day 2017, 26-year-old trans adult performer Cassidy Quinn disclosed publicly on Twitter that she had been diagnosed with HIV. People were largely supportive, but she attracted the interest of porn tabloids, including notorious gossip website TheRealPornWikiLeaks.com. Despite this, she continued to work in the industry, provoking a much-needed conversation about HIV stigma and prevention.

When Quinn found out she was HIV positive, she was at the height of her career. She had recently undergone breast augmentation, was working regularly and would soon learn she was nominated for several industry

awards. This major revelation about her health caused upheaval for someone who was carving out a place for herself in porn.

Quinn grew up in Saskatoon, Saskatchewan, where she was the captain of her high school football team and involved in every sport imaginable. She says her teenage self was an “emo jock” with black-and-blond hair and lots of piercings who performed toxic masculinity to fit in. In 2011, she moved to Vancouver to pursue culinary arts at the Art Institute of Vancouver. Eventually, she was working as a fine dining chef at *Le Crocodile*, an acclaimed high-end French restaurant. It wasn't until 2014, at age 22, that she realized

she was transgender. “One day it just kind of clicked. I was sitting outside on my porch reading stuff and then it all fell into place,” she says.

Quinn reached out to people in the queer community who told her what to do and where to go. She ended up at Three Bridges Community Health Centre, where she's been a client ever since. When it comes to accessing gender-affirming care, her experience has proven straightforward. “In B.C., there are pretty much no barriers. It's consent-based,” says Quinn. “Sometimes, it takes a long time. They have to go through your background and do all these tests.” But she was able to access hormone therapy after

five months. “I’ve been there for five years. Same doctor and same clinic. I see my counsellor there and that’s where I got my STI tests done when I was regularly working [with other performers],” she says.

Quinn decided to move on from her culinary career, terrified of the judgment that would ensue following her transition. “I quit work because I was scared that no one would accept me, especially in the kitchen, which is male dominated and full of Gordon Ramsay types yelling at everyone.” After quitting, she lived off her savings and started escorting.

of a support system. In turn, this contributes to high levels of poverty and homelessness, causing them to enter the sex industry as “a means of survival.” Sex work can put trans women at higher risk for violence and incarceration, but one positive finding was that some trans women “felt appreciated as real women by their male clients.” Often, this was missing from their daily lives.

“I had no idea what I was doing and my safety was always in jeopardy,” says Quinn. She started dating another trans woman, who did porn, and this introduced her to a different, safer

front cover of DVDs, [and] the backs of playing cards and calendars.”

In the summer of 2017, Quinn spent two months recovering from breast augmentation in Long Beach, California. She then returned to Vancouver, where she lived with her partner of two years, with whom she was in a polyamorous relationship. Quinn says she was neither working nor having sex while she recovered, but as she began to feel better she felt like sleeping with a cis man—something she does only once in a while as she’s mostly interested in women.

After perusing Grindr one evening, she met with a man for an evening of fun. Despite taking precautions, Quinn came down with symptoms of the flu within a week (a common experience for people who have recently contracted HIV). She was supposed to leave for Los Angeles but her agency encouraged her to get tested before taking off. That’s when she found out she was HIV positive.

“I got retested three times and cancelled my trip to L.A. My partners were all there for me at the time,” she recalls. “My local clinic was really awesome. My counsellor, the doctors and the nurses were all in the same room with me, consoling me. They knew me, so it was hard for them too.”

Quinn says that when she has visited other testing centres she hasn’t received such kindness and compassion. “I wasn’t expecting it, as someone who is a sex worker and trans. But in the end, everyone [at my local clinic] was there for me,” says Quinn. She went to the hospital, where her viral load was tested and found to be 1 million copies per ml. After going on antiretroviral medication, she quickly became virally suppressed.

For people living with HIV who are undetectable, the virus is sexually untransmittable. So long as someone like Quinn continues taking their medication and remains undetectable they can have condomless sex without passing on HIV. For an undetectable HIV-positive adult performer, this means they could hypothetically continue working in the porn industry without transmitting the virus. But, in

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In 2013, researchers at the City University of New York looked at systemic discrimination experienced by trans women who view sex work as their “only viable career option.” They found that these women are often unable to keep jobs because of discriminatory hiring practices, workplace harassment and lack

form of sex work. While all forms of sex work carry risks, working in a structured environment with a reputable company made Quinn feel less vulnerable to abuse. A year later, she was in the United States filming for several major adult production companies. After that, she says, her career blew up. “They started putting me on the

the “straight” corner of the profession, industry protocols lag behind the science. Since coming out about her HIV status, Quinn has been shooting solo scenes; while this isn’t equal treatment, she’s still with her agency and continues to work. This, she says, is a sign of progress.

After several cases of on-set HIV transmission during the AIDS epidemic of the late 80s and early 90s, the Adult Industry Medical Health Care Foundation (AIM) was created to provide monthly STI testing to performers in the United States. However, in 2011, AIM was shut down following a massive leak of adult performers’ medical information.

In the wake of this, the Performer Availability Screening Services (PASS) system was set up, which provides a database of STI testing services for adult performers. If a performer contracts HIV, the entire industry temporarily shuts down to ensure it is not spread (this happened after Quinn tested positive). Because HIV-positive performers are barred from the PASS system, many gay production companies have not opted in. Instead, they rely on their own measures for onsite safety. These can include PrEP, treatment as prevention, or condom usage.

Most positive performers, Quinn says, are blacklisted for life and disappear from the straight scene forever. People living with HIV are still heavily stigmatized in the porn industry, despite modern treatment. But by going public and facing this head on, she hopes to advance a larger conversation about how to treat adult performers who are undetectable.

Within the span of five years, Quinn came out as both trans and HIV positive, joined the porn industry and became an award-nominated adult performer. This is no easy feat for someone living on the margins, but it’s a sign of changing times.

**T**hings were different for Isabella Gamk, a housing activist based in Toronto’s Church-Wellesley neighbourhood. The 59-year-old has

been living with HIV for more than 30 years. In 1992, while working in Vancouver, Gamk was formally diagnosed and told she’d probably been living with the virus for five to 10 years already. In 2016, Gamk came out as trans, after a lifetime of knowing she was a woman.

Gamk grew up poor, one of seven children raised by a single mother in Havelock, Ontario. From an early age, she supported her family by working on farms in the area. Later, she spent

latter. Her calm response surprised the doctors treating her. “I thought I was dying of cancer. What’s the difference?” At the time, she viewed an HIV diagnosis as a death sentence. Thirty years later, though, she’s still here.

Gamk was prescribed AZT and told to avoid medical clinics because her immune system was fragile. At the time, she didn’t feel connected to the AIDS epidemic that was devastating the gay and trans community. In the years that followed, she navigated a

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time between B.C. and Ontario in pursuit of employment in the trades. In the mid-80s, Gamk and her partner at the time lost a newborn child, who lived only minutes. Things didn’t get any easier when, a few years later, her estranged father died of cancer.

While living in Vancouver in the early 90s, Gamk developed a rash on her shoulders and back that wouldn’t go away. At first, doctors thought it was lice and later, impetigo. But Gamk thought she was dying of cancer, like her father had. Eventually, she underwent tests to see if she had either cancer or HIV. The results came back, to her relief, determining she had the

life of illness, substance abuse, homelessness and suicidality.

When Gamk came back to Ontario in 1994, her mother helped her find somewhere to live. She settled in at 127 Isabella Street, the address of a residence for people living with HIV (formerly associated with Casey House, Canada’s first and only stand-alone hospital for HIV-positive people).

Gamk says that disclosing her HIV status has been key to keeping herself safe throughout the years. It’s when she hasn’t told people and they have found out and responded angrily that danger has presented itself. She advises young people, even if they are



undetectable, to be open about their HIV status where and when they feel safe to. For women like Gamk and Quinn, the double stigma of being trans and HIV positive makes them especially vulnerable to abuse.

Gamk hasn't had sex with anyone in more than a decade, despite being undetectable. When the opportunity presented itself a couple of years ago, a man got dressed and left following her disclosure. But this, Gamk says, is preferable to the risk of an altercation were she to keep her HIV a secret. She will continue to disclose her status to any potential sex partners—despite being unable to transmit the virus—given the stigma that persists.

In addition to the struggles associated with living with HIV, Gamk has faced adversity in her journey to transition. “I struggled with thoughts of suicide and attempted five times. The last attempt was about 10 years ago. If I hadn't started hormones, I might have tried again in the last couple of years,” she says. According to the Centre for Suicide Prevention, more than 10% of all trans people have attempted suicide in the last year and 22% to 43% of trans people have attempted suicide in their lifetimes.

In the early 2000s, Gamk visited the Centre for Addiction and Mental Health (CAMH) in the hopes of starting hormone therapy. But the experience turned out to be a terrible one that delayed her transition. “I did try to get on hormones about 15 years ago. But they shot me down,” recalls Gamk. “They told me that I couldn't afford it, they didn't think it was going to be a good fit for me and I needed to live as a female for two years before they'd even consider giving me hormones.” Gamk's experience differed significantly from Quinn's; when it comes to accessing treatment, rules about waiting periods have now been relaxed.

A 2014 UNAIDS report showed that 19% of trans women around the world are living with HIV. On top of this, the risk of contracting the virus is 49 times higher for trans women than for the general population. This is supported by Canadian research: In Ontario, the Trans PULSE community-based

research project found that trans women are disproportionately affected by HIV. In the study, interviews were conducted with both HIV-positive trans women and service providers to better understand the relationship between the two; these showed that trans women faced barriers to care such as “negative interactions with healthcare providers, deficits in provider knowledge, gender-segregated programs, and frequent pathologizing of trans identities.” Such barriers foster hostile health environments and deter trans women from accessing important services.

It's because of negative interactions with health professionals that Gamk didn't end up transitioning until 2016. “Three and a half years ago, I was fading away. I was down to 128 lbs. I'm 6'5½” barefoot. I overheard someone talking about taking hormones and gaining weight. I told the doctor,

‘You know, I always wanted to be a girl. I want to get on hormones.’” By finally being able to access hormone therapy, Gamk not only gained weight but finally achieved her dream of transition.

Fast forward to 2019, and Gamk successfully underwent vaginoplasty—a surgery that constructs a neovagina using penile tissue—at a private clinic in Montreal, covered by Ontario's provincial insurance plan. Previously, the only options available for Canadian trans women seeking bottom surgery were to travel to this clinic or abroad. Recently, though, things have started to change: In 2018 the Women's College Hospital in Toronto established its Transition-Related Surgery Program and performed Ontario's first vaginoplasty in two decades. +

Deidre Olsen is a writer and editor based in Toronto.

## Resources

### National

Canadian Professional Association for Transgender Health (CPATH): [www.cpath.ca](http://www.cpath.ca)

### Alberta

Trans Equality Society of Alberta: [www.tesaonline.org](http://www.tesaonline.org)

### British Columbia

Trans Care B.C.: [www.phsa.ca/transcarebc](http://www.phsa.ca/transcarebc)

### Manitoba

Rainbow Resource Centre: [www.rainbowresourcecentre.org/resources/organizations](http://www.rainbowresourcecentre.org/resources/organizations)

### New Brunswick

New Brunswick Transgender Health Network: [www.facebook.com/transhealthnetworknb](http://www.facebook.com/transhealthnetworknb)

### Newfoundland & Labrador

Trans Support NL Inc.: [www.facebook.com/tsnl.umbrella](http://www.facebook.com/tsnl.umbrella)

### Northwest Territories

Rainbow Coalition of Yellowknife: [www.rainbowcoalitionyk.org](http://www.rainbowcoalitionyk.org)

### Nova Scotia

Halifax Sexual Health Centre: [hshc.ca/transgender-health](http://hshc.ca/transgender-health)

### Ontario

Rainbow Health Ontario: [www.rainbowhealthontario.ca](http://www.rainbowhealthontario.ca)

### Prince Edward Island

Health PEI: [www.princeedwardisland.ca/en/information/health-pei/transgender-health-services](http://www.princeedwardisland.ca/en/information/health-pei/transgender-health-services)

### Quebec

Action Santé Travesti(e)s et Transsexuel(le)s du Québec (ASTT(e)Q): [www.astteq.org](http://www.astteq.org)

### Saskatchewan

TransSask Support Services: [www.transssask.ca](http://www.transssask.ca)

### Yukon

Trans Resource Yukon: [transresourceyukon.com](http://transresourceyukon.com)