

Samson  
et Dalila  
**9**

Battlefield  
Band

**11**

Mile-High  
Meals

**15**

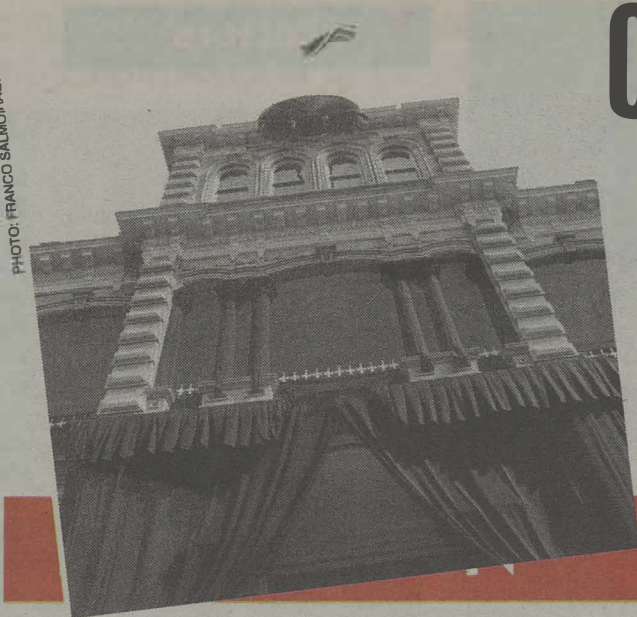


PHOTO: FRANCO SALMOIRAGHI

Overthrow Commemoration:  
*The revolution will  
not be televised*

**3**

H O L U L U

# Weekly

Volume 3, Number 4, January 27, 1993

FREE

## AIDS and Hawaii's Women

Story by LENNIE MAGIDA - Page 4

With the HIV infection rate in women growing faster than in any other group, many experts now say we are witnessing a new wave of the

AIDS epidemic.

If current world-wide trends continue, as

many women as

men will have

contracted AIDS

by the year 2000.

For the estimated

200 to 300 HIV-

positive women in

the Islands —

many of whom, AIDS workers say, have been underserved by the medical community — those statistics are devastatingly real.



**A**

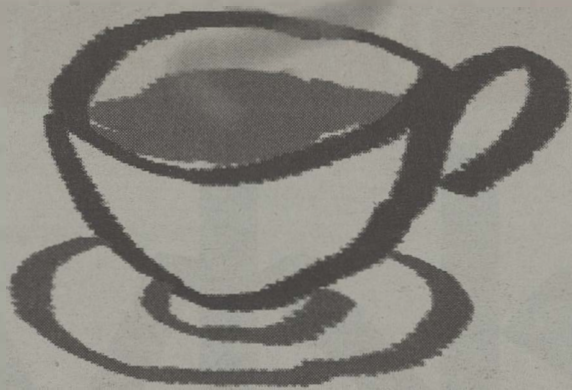


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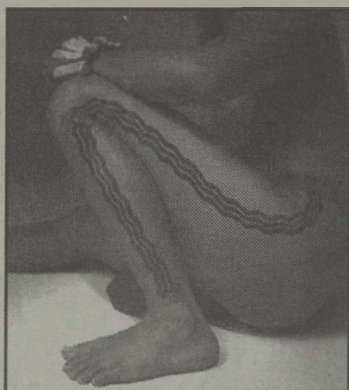
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## Letters

### Deadly digestion

May I provide some clarification to statements made in a recent letter ("The fisherman's point of view," *HW* 12/23) on sharks and shark attacks in Hawaii. The letter stated that "...in some fisheries in the Pacific, 60 to 70 percent of the tiger sharks examined are found to have turtle remains in their stomach contents." Readers might easily get the flawed impression that turtles are the overwhelming component of the tiger shark's diet. That's simply not the case. Numbers don't always tell the whole story. In this instance some basic knowledge of tiger shark and sea turtle biology is required.

The digestive tract of tiger sharks functions in such a way that only paste-like material — the broken-down remains of prey — can pass out of the stomach into the intestines. Objects that can't be broken down in the stomach are retained there for an unknown and likely extended period of time. The outer surface of sea turtles is made of a tough keratin-like substance that is completely resistant to decomposition in the stomach. Consequently, these large and clearly recognizable items are held in the stomach, while the rest of the turtle, including the meat, bones and all else, is digested. These factors over-represent turtles in tiger sharks' stomachs, and give a biased picture to persons cutting open the animals to see what they eat. It is a biological fact that tiger sharks eat a wide variety of items. In a two year study conducted by the University of Hawaii, tiger sharks in Hawaiian waters were found to prey upon the

following items (in descending order): fish, crabs and lobsters, garbage, birds, sharks and rays, squid and octopus, turtles, porpoises or whales, and humans. Jean-Michel Cousteau summarized the situation correctly following the tragic death of Mrs. Morrell on Maui. Cousteau said, "Tiger sharks are particularly dangerous to swimmers. Some sharks are more fussy than others about what they eat. Tiger sharks are known to eat almost anything and everything, and... are more likely to attack anything on the surface whether it's a piece of wood, a surfboard, a boat or a bird."

George Balazs  
Deputy Chairman  
IUCN Marine Turtle Specialist  
Group

### Pay the writer

Great article by Curt Sanburn on Molokai ("The Molokai Newspaper Wars," *HW* 12/30)! I spend a lot of time at our home there and some here on Oahu. He had a great grasp of the island-style in the piece. Please make sure he is rewarded for his efforts.  
Al Plant

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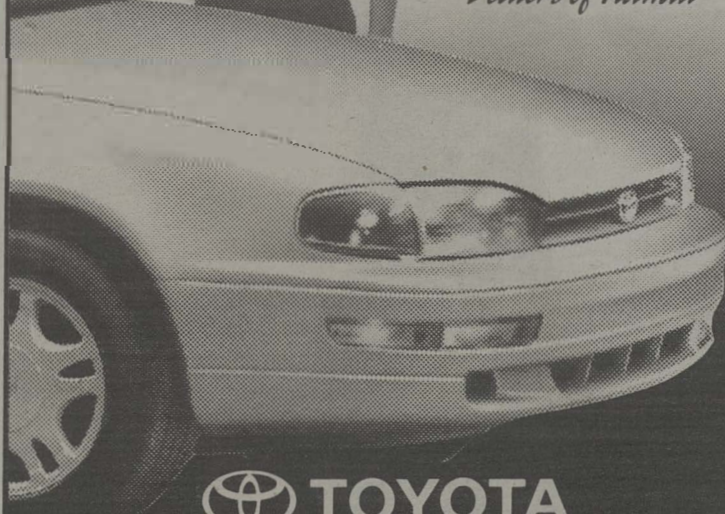
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# HONOLULU Weekly

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Linda Fong

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Was there a conspiracy of silence to keep news of the overthrow commemoration out of the national media?



PHOTO: FRANCO SALMIRAGHI

Not the nightly news: a scene from Sunday's overthrow commemoration at the palace

## Keeping the Lid On

On the night of Jan. 17, a lot of tired but inspired people in Honolulu sat down in front of their television sets to watch the national news and — hopefully — see themselves participating in a historic moment: the Hawaiian call for justice on the 100th anniversary of the overthrow of the Hawaiian monarchy. But there was nothing. Though this had been the biggest political gathering of Native Hawaiians in a century, though it marked a clear turning point in the struggle for Hawaiian rights and though the local media had been all over the event like a rash, there wasn't a word on national TV.

### CURT SANBURN

One reason for that: events elsewhere during the weekend of Jan. 15 to 17 (U.S. missiles exploding in Baghdad, Bill Clinton's pre-Inaugural posturing at the Lincoln Memorial, a train crash in Indiana) had, from a national news director's point of view, overshadowed the 10,000 peaceful Hawaiians gathered at Iolani Palace. But it may have been more than just world events that conspired to deny Hawaiians space to march across the nation's TV screens.

On Friday of the observance weekend, I ran into public relations executive and former TV news anchor Barbara Tanabe on the palace grounds. (One of Hawaii's best-connected media experts, Tanabe represents such clients as Outrigger Hotels, PRI, developer Jack Myers, and, last but not least, the Office of Hawaiian Affairs, which is spending \$130,000 for her firm's services.)

At that point, with the flap over Gov. Waihee's order to lower the stars and stripes in full swing, the town had been buzzing with talk of serious national attention. I asked Tanabe if she knew of any attempts to contact CNN or the networks. "No," she said, adding, "we didn't want to make this a commercial event."

The next day, Bill Paty, Waihee's longtime advisor and the influential director of the state Department of Land and Natural Resources, said he didn't know of any national TV coverage of the flag flap, and he hoped there wouldn't be any.

"We don't want to detract from the event itself," he said.

(As it turned out, CNN did a minute-long piece on the flag issue.

It was to be the only story on the observance to air nationally. The national print media did a bit better: Writers in attendance included columnist Lou Cannon from the *Washington Post* and reporters from the *Sacramento Bee*, *Los Angeles Times*, *San Francisco Examiner* and *Knight-Ridder News Service*. *The New York Times* ran a three-inch AP wire story on page 18 of its Jan. 15 issue.)

So here's the biggest, most solemn and most potentially news-making event in Hawaii's recent history — and two top insiders of business and government were saying up front that it would be *unseemly* to let the nation know about it?

One leader who doesn't share their shyness about the story is Kekuni Blaisdell, coordinator of Ka Pakaukau, a coalition of 12 sovereignty groups. "The events of that week," Blaisdell said, "were the most powerful statement the *kanaka maoli* [Native Hawaiians] have made since the events of 1893 to 1898 [the period between the overthrow and annexation]. But we're not going to get anywhere until we take our appeal beyond Hawaii's shores. We must have U.S. attention — *global* attention! We have to get on CNN. It's essential."

So had *anyone* in an official capacity contacted the national media?

"No, we didn't. We weren't holding this event for the media," said Ellen Blomquist, OHA's public information officer, in an uncanny echo of Tanabe and Paty's line.

Blomquist suggested I talk to the head of publicity for the Onipa'a Centennial Committee: Wendy Hee, sister-in-law of OHA Chairman Clayton Hee. (OHA was parent agency for the Onipa'a committee, a group of high-profile volunteers — among them state Sen. Eloise Tungpalan, Mufi Hannemann, Palani Vaughan, etc. — set up to organize the entire observance.)

"The committee did not do anything to draw national attention to the event," Hee said. "Our attitude was to accommodate [the national press] if they appeared, but it was not a high priority."

"We didn't do anything," said Mark Segami, Hee's predecessor as the publicity committee's chair. "Our strategy was to give out information to those who demonstrated an interest." Clearly Onipa'a's publicity strategy was a passive one. I asked Segami, a professional communicator who came to the committee from

the Governor's Office of International Relations, then run by Hannemann, if there had been any concern about media attention in early meetings. "Sure," he said, "there was concern in the visitor industry that it might give people a reason not to come to Hawaii."

As it turns out, the only attempts to contact national news media came from grassroots groups like Ka Lahui Hawai'i, the largest and most organized of the pro-sovereignty activist groups, which faxed out about 25 press advisories in October.

Ka Lahui's leader, Mililani Trask, said she had understood that the Onipa'a committee would oversee the event's press relations, and she assumed the national media would be contacted by the professionals on the press committee. Trask was shocked to learn that nothing had been done.

"It's becoming pretty clear to me that [the state] conspired not to notify the media," Trask said. "They didn't want to publicize their own negligence. State policy tries to paint Hawaii as a multi-ethnic paradise, twisting the truth to suit the needs of the Hawaii Visitors Bureau. Our whole culture is grossly commercialized for the visitor industry and this kind of intentional inaction, this black-out, is part of it."

George Ostercamp, a news producer with the CBS bureau in San Francisco, confirms Ka Lahui's publicity work and the official, state-supported agencies' lack thereof. "We didn't receive any advance notice from any official sources," Ostercamp says. "We did receive a fax from Mililani Trask and one from Lela Hubbard [a well-known local activist]. But unfortunately, there was a log-jam of events that day. To get on the air, the story needed greater urgency and better prepping."

So, if there had been no American bombs in Baghdad that Sunday, would we have seen ourselves on TV, introduced by Tom Brokaw's emphatic sympathy, marching up Mililani Street, watching the *awa* ceremony and listening to the fiery speeches? Probably not even, since it appears that at some early point a group of powerful state employees — the same people who were bending over backwards to make the state seem sympathetic to Native Hawaiian goals — had decided that our observance of the overthrow should not be seen across the nation. ■

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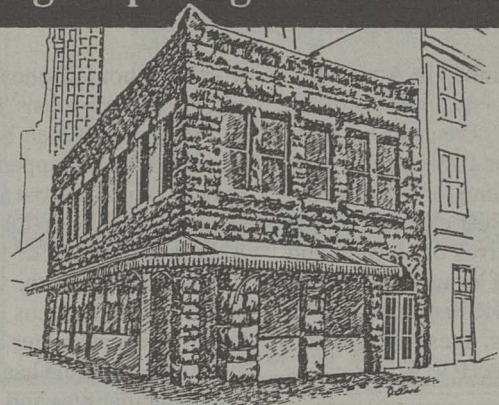
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January 27, 1993 ■ Honolulu Weekly ■ 3

# The 'We' Disease

By Lennie Magida

There's much in Amy's life that society approves of. At 28, she's been with the same man for 10 years and married to him for five. She and her 34-year-old husband Ray are natives of Hawaii, and they have lots of loving relatives here. They've added to the family, too — two little boys, ages two and six.

But Amy has HIV. And Ray has AIDS.

In 1991 Ray was bothered by persistent coughing and fevers. The doctors labeled it walking pneumonia and prescribed antibiotics, but he only got worse. A referral to an internist finally led, in November 1991, to the diagnosis of PCP — *pneumocystis carinii pneumonia*. Of AIDS-related opportunistic infections — that is, infections that take advantage of the way HIV damages the human immune system — PCP is the most common. Ray's diagnosis came one week after Magic Johnson announced his HIV infection.

Amy and Ray think they've pinpointed the time of Ray's infection: eight years ago, when he injected drugs with a friend. It was, says Amy, one of only two times in his life that Ray shot drugs.

A year and a half before Ray was diagnosed, Amy was hospitalized with unexplained night sweats, fevers, chills and rashes. "I had all these different symptoms, and they tested me for about 50 other viruses, but they never tested me for HIV," she says. "Looking back, they think that's when I got it."

Only after Ray's diagnosis did Amy get the test that told them the truth. And with the truth

— HIV infection and a husband with full-blown AIDS (though their two young sons tested negative) — "my life changed," says Amy. "My whole world shattered. I never thought I would get it. I never thought my husband would have it. But we do."

Since the diagnoses, Amy has learned that "AIDS is a 'we' disease, not a gay disease." She has gone through serious swings in her relationship with Ray, which had its problems even before the illness. She has

worried about money. She has anguished over her sons' future: How will they cope if their beloved dad dies? What will happen if unsympathetic people find out about the illness? Who will care for the boys if Amy gets really sick? If she dies?

In the midst of all the worry, Amy has also tried to focus on her own health. She eats better and tries to avoid infection; she has quit smoking both cigarettes and marijuana. Recently, she has begun speaking to small groups about HIV and AIDS. She says the activity is "therapeutic," and she hopes Ray will join her outreach efforts.

AIDS advocacy has also become important to Celia, a 35-year-old mother of two who bears some resemblance to actress Barbara Hershey. Like Amy, Celia is HIV-positive; unlike Amy, the discovery of her infection didn't really surprise her.

Both in Hawaii and on the Mainland, Celia spent years turning tricks and injecting drugs. "Like some people sell cars or some people are teachers, I shot dope," she says — though she pretty much gave up that way of life in 1980.

Celia understood HIV from early on. "I always sort of knew I had it," she says. "As soon as I started hearing about it, around 1984, I knew."

In November 1990 her son, then 22 months old, developed a type of cancer, B-cell lymphoma, that was unusual in children but consistent with HIV. The little boy was indeed HIV-positive. So was Celia. And so

was her daughter, then six years old.

But they're all still alive and, Celia says, doing quite well. Celia, who thinks her infection came from injection drug use rather than unprotected sex, thinks she has been HIV-

positive for 13 years. Last year she was hospitalized with an array of infections that blasted through her body. But she pulled through. Though she acknowledges that she and her children are "pretty atypical," Celia also says they are proof that HIV is



## AIDS and Hawaii's Women

not "an immediate death sentence."

"I'm not dying from AIDS," she says. "I'm living with HIV." But, she added, "I don't look way into the future."

Terry is yet another HIV-positive woman on Oahu, but she's new to the world of HIV infection: she was diagnosed just last June. Terry, who is employed in a hospital setting, was exposed through a needle stick. Protocol at her place of employment required periodic HIV testing after such an incident. Twice she tested negative. The third time, three months after her exposure, the result was positive.

"I guess 'devastated' is a good word," says Terry, who is 33 and single, of her reaction to the diagnosis.

For a month she did little more than cry and drink. Since then, though, she has gotten a lot of support from friends, family and from a group for HIV-positive women organized by Dr. Jane Waldron, a professor in the Department of Psychiatry at the University of Hawaii

and director of the department's AIDS Education Project. (The project is designed to educate health professionals.)

So far, Terry does not have any AIDS symptoms. "You can take a gloom-and-doom attitude, which I think most of us do when we're first diagnosed. Then you just learn to live with it," she says. "The hard part is when you realize other people are not as comfortable with it as you are. I understand, but I also don't understand, the need for secrecy."

And then there's a young mother who appears — as Celia does — in a video called *Positive Women* made in 1991 by the CHOW (Community Health Outreach Work) Project. CHOW is a federally funded program designed to help prevent the spread of AIDS; many of its clients are homeless people, drug users and their sex partners.

In the video the young mother, looking both baffled and determined, says of her illness, "I thought it was only people who did anal intercourse and shared needles who got it." CHOW Project Program Specialist

Pat LaFleur watches her image on-screen and says softly, "She's dead now."

Amy, Celia, Terry and an estimated 200 to 300 other women in Hawaii are confronting head-on the universe of HIV and AIDS, circa 1993. The young mother didn't make it through 1992. Whatever the differences among all those women — and there are many — they have each had to deal with a murky truth: Until very recently, few people have considered HIV a women's infection or AIDS a women's disease. But, in ever-climbing numbers, they are. The women they touch fit no stereotypes. And many of them don't get the attention, expertise or understanding they need.

That is something that HIV and AIDS workers in Hawaii and elsewhere have been trying to communicate for a few years now. "Women have been underdiagnosed and underserved in this epidemic," said Ruth Antone, a social worker who serves

"Women have been underdiagnosed and underserved in this epidemic," said Ruth Antone, a social worker who serves as an instructor with UH's AIDS Education Project.

as an instructor with UH's AIDS Education Project. In part, women have been neglected because relatively few of them got terribly sick during the first years of the epidemic. But AIDS professionals say the disregard of women is also due to factors that numbers can't explain. In many ways, they say, it merely reflects a systemic dilemma: "We're just not paying enough attention to women's health care in general," said Nancy Partika, executive director of The Governor's Committee on HIV/AIDS, a five-year-old, 22-member advisory group.

At their core, the reasons for the inattention are as complex as the role women play in society. But they boil down to the fact that too many women give their health short shrift, and too few other people — doctors, husbands, what have you — encourage them to do otherwise. As Partika puts it, "Women tend to defer their health care as long as possible, particularly if they have other people depending on them." HIV and AIDS, with their constant undercurrents of sexuality and mortality, add new, volatile dimensions to that widespread status quo.

Until now, the impact of HIV and AIDS on women has not shown up in headline-grabbing statistics. The number of women in Hawaii with full-blown AIDS hit 30 in the past few weeks, out of a total of approximately 933 AIDS cases. The number of HIV-positive women in the state is not precisely known; like some other states, Hawaii does not maintain such records. However, the rule of thumb is that the number of HIV cases is six to 10 times the number of full-blown AIDS cases — hence the estimate of 200 to 300 HIV-positive women in Hawaii. The state's total HIV-positive population is thought to be near, or perhaps even above, 8,000.

But in Hawaii, the nation and the world, the HIV picture is changing rapidly. "I think we're just beginning to recognize the number of women infected," says Margot Heath Chiozzi, an internist in charge of the Women's and Children's Immunology Clinic at Kapiolani Medical Center for Women and Children. As the Governor's Committee puts it, "The population of women has become the fastest growing segment of those with reported HIV infections." The AIDS Education Project's Antone

HIV is putting on a female face, belying stereotypes that it is a gay disease or a drug users' disease — and the particular local stereotype that it is a Mainland *haole* disease.

Today they account for 16 percent. And the Governor's Committee points out that nationwide, "AIDS is now the fifth-leading cause of death among women of reproductive age (15 to 44 years)."

Globally, "the proportion of HIV-infected adults who are women is rising rapidly, from 25 percent in 1990 to 40 percent by the end of 1992," committee materials report. And globally, the numbers are staggering: between 10 million and 12 million people infected with HIV (some researchers put the total as high as 40 million), including at least 4 million women and 1 million children. And the trend is skyrocketing: "By 1994, the number of women being infected with HIV will be equal to that of men, and by the year 2000 the annual number of AIDS cases in women will begin to equal that of men," according to the committee.

The increases follow a similar pattern in Hawaii. The number of women with HIV and AIDS here "doesn't sound like a lot, but percentage-wise it's jumping. We're seeing a lot more women," said Pat Paakaula of the Life Foundation, a Honolulu-based AIDS information and support organization. HIV is putting on a female face, belying stereotypes that it is a gay disease or a drug users' disease — and the particular local stereotype that it is a Mainland *haole* disease.

The proliferating infection among women is "the third wave," says Leslie Montgomery, a CHOW Project program specialist. Having witnessed the onslaught of the first two waves — gay men and then injection drug users — AIDS experts are scrambling to restrain the third wave through better education, prevention and treatment. The 1992 report and recommendations from the Governor's Committee, for exam-

ple, stated that one of the state's chief goals should be to "Ensure that all women in the state of Hawaii be educated regarding HIV/AIDS prevention education specific to women, including their rights and the services to which they are entitled under state law and through government and private sources."

Several factors are contributing to the rising numbers of infection among women. The one most frequently mentioned is unsettlingly simple: While men may have borne most of the early brunt of HIV infection and AIDS, they are now, with increasing frequency, passing the infection on to women. And when sex is unprotected, women are dismayingly good receptors of sexually transmitted diseases (STDs).

In the past year, "We've seen a lot more heterosexual transmission.... We know that women can acquire STDs easier than men," says Jesse Wells, education supervisor of the STD and AIDS Prevention Branch of the state Department of Health.

It's still true that many HIV-positive women — probably at least half of those in Hawaii — use injection drugs. Such drug use surely compounds their risk of contracting HIV — whether through injection itself, through having unprotected sex for money as a way to buy drugs or simply through, as Wells puts it, "getting loaded and having unprotected sex."

But whatever is or was going on in the life of an infected woman, the escalating possibility is that her exposure to HIV resulted from heterosexual sex. That's true of a little over a third of the cases of women with AIDS in the United States. More ominously, according to the Governor's Committee, "90 percent of all HIV infections contracted in the past year worldwide were heterosexually transmitted."

Lesbians can also transmit and contract HIV. It has been assumed that infection among lesbians is comparatively rare, but AIDS specialists admit that nobody really knows the details. "Lesbians are the least studied group of all," says Antone. "If women are ignored, lesbians are invisible." Lesbian groups in Hawaii have been less active on AIDS-related issues than their counterparts on the Mainland, she adds.

Among heterosexuals, there are a slew of reasons, both biological and cultural, that HIV transmission usually means the man has infected the woman. Because

semen can carry the infection in high concentration, "a woman is seven to 10 times more likely to be infected by a man," than vice versa, says Montgomery.

Partika notes that "worldwide, the environments that put women at risk are just on a massive scale." In too many instances, the woman is the passive sexual partner for reasons beyond the simple fact that she "receives" the man's penis and semen. She may also feel she has to comply with the man's sexual scenario — which may mean no condom use and thus no barrier to disease.

"For women, particularly when they're in a relationship where they're

says that nationwide women represented about 3 percent of all AIDS cases in 1981, 5 percent in 1985 and 12 percent in 1990.

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not on an equal footing, the lack of a technology they can afford and control and will use is a major problem," says Partika. Currently there is no reliable "barrier" contraceptive that women control. The female condom is only now going through the process of U.S. Food and Drug

Administration approval, and it's expected to cost between \$2 and \$4 — as opposed to anywhere from a dime to a dollar for a male condom. As for women keeping their own supply of male condoms on hand, Partika says, "Women carrying condoms around is not something that we

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## AIDS and Hawaii's Women

Continued from Page 5

encourage culturally. And it's even less acceptable among many of the cultures we see in Hawaii."

Montgomery too says that communicating and implementing the anti-HIV message is "particularly hard with some ethnicities in Hawaii." Samoan custom, for example, frowns on even mentioning genitalia, she says. And in Hawaii's numerous Asian ethnic groups, "women have often been raised to make nice. They haven't been raised to say no or to be assertive." Likewise, says Waldron, HIV-positive women from such backgrounds have particular trouble telling their families about their infections.

The difficulty that can hamper crosscultural AIDS discussion is one reason Amy has begun speaking to groups of women: "I think they'll listen to a local girl," she says.

As essential as knowledge and assertiveness are, there are still no guarantees. Women who question their partners' sexual and drug history may not get the real answer. In the CHOW Project video, Waldron says bluntly that "when people talk in their most intimate relations about themselves, they lie." For example,

a man may have had one or two homosexual encounters — perhaps in prison, perhaps as simple experimentation — but he would not consider himself gay or bisexual and would not mention the incidents to female partners. And Montgomery warns of "weekend warriors," such as the man who commented, "I shot drugs every weekend for eight years and my wife never knew it."

Aside from the stark reality that more women are getting infected, there are other reasons that the count of women's HIV and AIDS cases is getting higher. One is the evolving understanding of what constitutes AIDS. As researchers and other health professionals are increasingly realizing, it's different for women.

Historically, the medical profession has relied on opportunistic infections as criteria for an AIDS diagnosis.

That diagnosis, fearsome and stigmatizing though it may be, is critical for infected people who are sick and who need the financial support of Social Security or Medicaid — which can't kick in without a firm diagnosis.

But conditions that may serve to diagnose an infected man may not be relevant to an

infected woman.

"Women's infections are different," says Amy. "Men don't get cervical cancer." Antone says that women "start getting a lot of pelvic inflammatory diseases and other

diseases of the reproductive tract. They also get a lot more allergies and asthma, and a lot of women get very bad sinus problems. But mostly what you're looking at is female disorders." That includes, in many cases, recurrent yeast infections, which physicians here are just beginning to flag as a possible HIV indicator.

A development that may help women is the expanded list of criteria for AIDS diagnoses that the federal Centers for Disease Control put into effect Jan. 1. One significant benchmark is a count of less than 200 for what is known as the CD4 T-cell. As Antone explains, "T-cells are the part of your immune system that tell your body to fight germs. The HIV infection is very attracted to and fits the T-cell, so T-cell by T-cell your immune system is destroyed."

Even if a woman does focus on her own possible HIV problem and seek medical help, she may not find up-to-date expertise — or even adequate concern.

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Another new criterion is invasive cervical cancer. That may ultimately prove important for people like Amy, who had to be treated for a precancerous condition discovered after she had an abnormal Pap smear. "There are lots of diseases that women get before the T-cells go below 200, and one is cancer," Amy says. Other new CDC criteria, according to the Life Foundation, are recurrent PCP, pulmonary tuberculosis and "any clinical indicator disease."

Though AIDS professionals here are happy about the expanded criteria, they still worry about breaking through the ignorance and inaction they see in hormone-mad adolescents, worried young mothers and short-sighted physicians alike.

Unlike gay men, who have become extremely organized and outspoken on AIDS issues, women — at least in Hawaii — have not. "Women with AIDS lack the support groups available to gay men," says the Governor's Committee. "Women are a more diverse group and don't necessarily connect socially, so the medical establishment must make a greater effort to reach them." In Hawaii, women in rural Oahu and especially on the Neighbor Islands have the additional obstacle of distance between them and the most complete care and support facilities.

In Hawaii, Antone says, "All the [HIV and AIDS] services are geared basically to serve gay men. So one of the struggles here has been to get services for women. And when you get services for women, you get services for children. But there's not enough money or workers or consciousness."

The relative inertia by and for women exists despite the fact that HIV-infected women — like Amy and Celia — all too often find themselves at the heart of a family HIV tragedy: an infected partner, infected children, or both. Or perhaps, at least in part, it exists because they find themselves in that position.

"Women tend to be caregivers," says Waldron. In her support group, she says, are "several who have buried their husbands and have had to care for their children. Some have infected children, and that's where their energy goes. They don't tend to take very good care of themselves, and they don't put themselves as a priority very easily."

Celia is one who has had to grapple with the fact of her children's infections. "As a mother I'm real sorry to have put this on my children," she

says. "I don't feel guilty, I just feel real sorry." At the same time, though, motherhood has kept her from wallowing in her own problems: "I have two children who are infected as the result of choices I made. I need to be all here for them. I need to be reasonable rather than hysterical."

Amy's children are uninfected, but keeping their lives normal has nonetheless been hard. After Ray got sick, the family moved back to Oahu from Maui and now lives with about 10 other relatives. Ray, who Amy says always had at least two jobs, hasn't worked since his diagnosis — a change that hasn't escaped the six-year-old's notice.

The marriage, troubled before because of Ray's cocaine use, has also had its ups and downs, Amy says. In the early days of his AIDS, Ray "totally humbled himself," she says. But when medication began making him feel better, he became "his normal arrogant self." Amy understands that because Ray can't control AIDS, "he tries to control little, stupid things." But when he tried to resume his old going-out ways, she put her foot down: "I told him, 'I cannot watch you kill yourself."

We already have something that's going against us, and to watch you do this shit, I just can't take it."

Sometimes, Amy says, she looks at Ray and thinks, "You asshole. You did this to me. I didn't ask for this." Had she infected Ray, she says, "I think he would be really, really, really angry at me, and I think he would show it."

Even if a woman does focus on her own possible HIV problem and seek medical help, she may not find up-to-date expertise — or even adequate concern. "A lot of physicians do not take seriously what women's complaints may be," says nurse practitioner Lisa Mendez. Mendez has, for the past year and a half, been clinical coordinator for Kapiolani Medical Center's Pediatric Immunology Program, part of a program serving HIV-infected women

and children. "It takes a persistent woman. And there are still a lot of women who think that if the doctor's not saying anything, then nothing's wrong."

But the problem may be in the doctor's ignorant assumptions and misreading of symptoms. Says Mendez, "A lot of physicians are not putting two and two together. They say, 'Oh, I've known this family for years,' or, 'Oh, she's well-dressed.'"

People involved with HIV and AIDS here stress that positive trappings of a woman's life — whether they be a longstanding monogamous relationship, an apparently clean drug-use slate, a stable home environment, money, nice clothes or virtually anything else other than years of abstinence from sex, drugs and sources of blood — are by no means guarantees of immunity to HIV. Chiozzi, the internist who heads the Kapiolani immunology program, says too many women "have the underlying assumption that if [a sex partner] is in your social group, you're safe."

AIDS professionals and HIV-infected women have long wish lists to help quell the already rolling

"third wave." Waldron, for example, would like "every ob-gyn to do a risk assessment on every patient."

She and others want more preventive education, for adolescents as well as adults. They want more research into female-controlled barrier contraceptives and into drugs that can help the particular infections that show up in HIV-positive women. They want resources for, and coordination with, drug-abuse treatment, child care and other programs.

But most immediately, they want people to hear and understand the basic truth about women and HIV. As Waldron puts it, "I don't think people think women are at risk. But unless you're dead, you may be."

*(The names of all persons with HIV infection and AIDS in this story have been changed.)*

Women who question their partners' sexual and drug history may not get the real answer. Waldron says bluntly, "when people talk in their most intimate relations about themselves, they lie."

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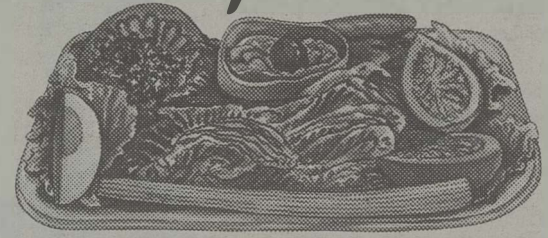
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# Snagging the Studmuffin of Gaza

If life has seemed drab since the holidays, cheer up: Hawaii Opera Theatre's 1993 season is upon us, affording Island residents an opportunity to heighten the senses once again. Taking time out from a hectic rehearsal schedule, HOT Director Mario Ramos explains why he decided that HOT's production of Camille Saint-Saëns' *Samson et Dalila* — the first of three HOT operas this year — should focus on Dalila's point of view.

## KARYN KOEUR

"If it's told as Samson's story," says the Brazilian-born Ramos, who came to HOT in 1991 from the Fort Worth Opera, "then it's about a woman using the power of her love to betray him. But if it's Dalila's story, it's about a woman using whatever tools she has at her disposal to destroy a people she perceives as a threat to her religious beliefs."

At the outset of the biblical opera, the Israelites are in bondage to the Philistines, and Samson rouses them to rebellion. Antagonized by their foes, who worship the god Dagon, the Hebrews break their chains and gear up for a battle for freedom. At the height of the rebellion, Dalila seduces Samson — the enemy of her people — and he surrenders to a night of passion.

And that's where the *real* trouble begins. "Dalila had caught the studmuffin of Gaza," Ramos says, "but

it only lasted one day, then he was right back with his religious fervor trying to save the people of Israel."

Fueled by vengeance, Dalila declares: *The less he tries to see me/the more his heart will pine/in vain he'll try to flee me/he will always be mine.* It's her god versus his god; while Dagon seems victorious after Dalila seduces Samson into revealing the secret of his strength, Jehovah strikes back in the last scene, when Samson destroys Dagon's temple.

Through subtleties in staging, lighting, and set design, the HOT production seeks to focus the action around Dalila rather than Samson. One example: The set in which Samson's fatal seduction takes place, Ramos says, is designed like a lair "to give a sense of discomfort about Dalila. It has a predatory feeling."

To cast *Samson et Dalila* and this year's two other operas, Johann Strauss' *Die Fledermaus (The Bat)* and Giacomo Puccini's *Madama Butterfly*, Ramos listened to 125 singers over five days in New York. He explains why the opera company usually brings in internationally established singers to sing the lead roles: "We have a number of very good singers who are residents of the Islands. But that doesn't mean that they have the right sound in their throat for the characters we're doing."

Do Island singers sometimes feel slighted? "I'm sure they do," Ramos says, "but to be an opera star, you not only have to have a voice but also

the training and experience. So if a singer chooses to live in Hawaii, he or she has already made a choice about their aspirations for an operatic career."

In recent years, opera companies have tried to make their productions more accessible to the uninitiated by projecting English translations above the proscenium so audiences can understand what's going on.

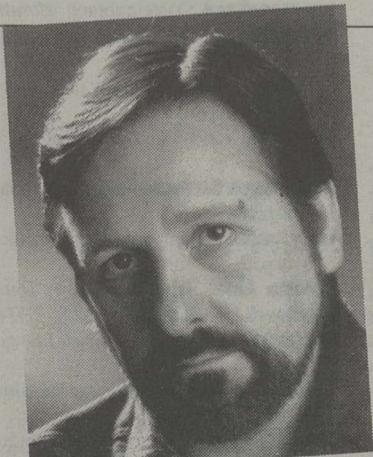
"We even project English titles if the opera is sung in English," Ramos says, "because the singing distorts the meaning. There's been a steady audience increase in the past 10 years, and the reason is that people can follow the story."

For those whose imaginations are captured by the art form, opera can be singularly stirring. Ramos recounts a friend's experience watching *La Bohème* at an opera house in Italy. As Mimi died, a little old lady next to her shed copious tears. Ramos' friend turned to the old lady to console her, murmuring, "It's just a play."

"No," the woman cried, "this is life!"

## Samson et Dalila

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Tenor John Shackelford

Hawaii Opera Theater's production of *The Elixir of Love*. Although he'll be portraying Samson for the first time in HOT's production of *Samson et Dalila*, he hopes to continue playing the role throughout his career. "Instead of bringing in a 'brand name,'" Shackelford says, "[HOT Director Mario Ramos] is

investing in me to create the role for the production."

To play Samson, Shackelford says, a singer needs "a big voice, a lot of voice — a lot of thrust."

In preparation for the role, Shackelford works closely with his mentor, James King. While King may tell Shackelford how the famous dramatic tenor Max Lorenz managed a high note at the end of the opera, Shackelford says he also offers such homey advice as, "Before walking on stage for this scene, make sure you pee."

How has Shackelford come to view his role after all this training?

"I always thought of Samson in a kind of Victor Mature kind of way," the tenor says, "an Old Testament thing. But I'm learning that Samson was a man both blessed and cursed. He's a hero who makes a poor choice and takes responsibility for it." — K.K.

## Strongman tactics

Tenor John Shackelford has been going to the gym every day since August to prepare for his part as the biblical man of steel, Samson.

"My body feels big and powerful," the Woodbury, Conn.-based singer says. "What I have to do now is bring to the role the biggest emotion that I can feel personally — and work as hard as I can to allow that to come through in my body and voice."

Shackelford, who excels in Italian and German repertoire, travels year-round to perform with U.S. and European opera companies. Last year, he played Nemorino in

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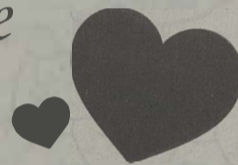
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**Music**

**Scotland's Battlefield Band marches at the forefront of a Celtic renaissance**



The Battlefield Band (left to right): Alastair Russell, Alan Reid, John McCusker and Iain MacDonald

# The Pipes, They Are A Blowin'

**JULIA STEELE**

In step with the worldwide resurgence of interest in indigenous folk styles, traditional Celtic music has boomed in the last two decades. At the forefront of this renaissance — at least in the Scottish arena — is the Battlefield Band, a tradition-minded quartet that will play at the Honolulu Academy of Arts Monday night. Last year, Battlefield was voted Scotland's "best live band."

The band's current guitarist and vocalist Alistair Russell laughs deprecatingly, however, when asked about the band's fame in Scotland. "I would say that most people know who we are," Russell says, "even if they don't have one of our albums in the house."

The quartet features keyboards (Alan Reid, the only remaining original Battlefield member), guitar (Russell), fiddle (John McCusker, the band's youngest member, and, according to Russell, "the most successful of his generation") and bagpipes (Iain MacDonald, who Russell calls "a virtuoso from an unbroken line of pipers"). Members occasionally double up on other instruments such as tin whistle, flute and cittern (a pear-shaped instrument related to the guitar).

The band's members are stunningly versatile and technically proficient. As a listen to Battlefield's latest recording, *New Spring* — the band's 11th release — will attest, the band moves easily between soft, poignant ballads and vigorous, intricate instrumentals. Asked to describe Battlefield's music, Russell laughs, pauses a moment and then reels off, "It's socially critical Celtic traditional rock 'n' roll dance music."

The Battlefield Band took its name from a suburb of Glasgow, where, says Russell, the original members started a "hobby band" in 1969, playing "just any kind of music that took their fancy." In the beginning the band played mostly in pubs, just for the fun of it. But 16 years ago, caught up in the revival of interest in traditional Celtic music sweeping the British Isles, the band went professional.

"It's a romantic idea that every Scotsman and Irishman is steeped in traditional music and is brought up singing traditional songs," says Russell. "To some extent that's true, but it doesn't really occur to you that

what you're doing is traditional music — it's just music. But in the late '60s and early '70s, it was made obvious to everybody that this music was identifiable and popular."

During this time, the band committed itself to playing the traditional music of its members' homeland. It was succored by the British folk club scene, which at that point was thriving and capacious. "They made a big point out of making time at every performance for any kind of amateur musician to get up and play," remembers Russell.

By the '80s, the club scene had fizzled out, though for the best possible of reasons — traditional Celtic music had become so popular that the pubs just weren't big enough. So the scene moved to the concert halls, where it still prospers today.

What are kind of fans are attracted to the Battlefield sound?

"Our audiences are very hard to pinpoint really," Russell says. "In a typical concert in one of the big cities in Scotland, you'd find young people intent on stomping their feet and jumping around and dancing, you'd find families, you'd find people who regard this music as culture — the sort of arty crowd, if you like — and you'd find a lot of older people."

While the band owes its primary allegiance to sounds forged centuries ago, more contemporary musical innovations can certainly be heard among its repertoire. "Anybody of our era who didn't grow up listening to rock 'n' roll must have been isolated," says Russell.

In the last three decades, with the growth of rock's popularity and the re-awakened interest in indigenous sounds, traditional and modern music have crossed back and forth in the work of such well-known Celtic artists as Van Morrison, The Chieftains and, more recently, The Waterboys and Runrig.

"Battlefield Band has always steered a middle line," says Russell, "and that's what's endeared us to the audience. We've always just done what we

felt like doing musically."

Has that generated any controversy among purists?

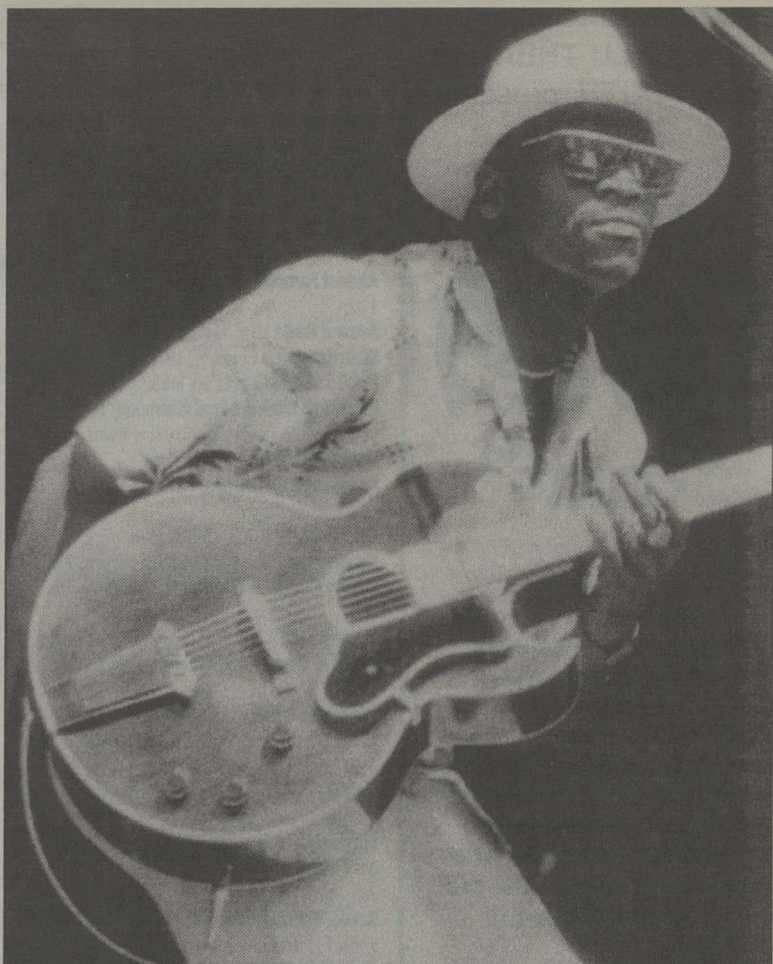
"Well, maybe some in the late '70s when we were doing a lot of experimenting with different sounds," says Russell. "But these days that's a red herring. In fact, if you asked most Scottish people to name you traditional bands, they'd name people like us — the notion of a pure traditional fiddler who sits in the corner of the pub would not be the first that springs to mind."

Certainly, the band has done its share to keep Scotland's aural heritage alive. Since 1987, every year it has headed north to stage the Battlefield Band's Highland Circus, an effort to end the entertainment neglect suffered by Scottish northerners. The circus evolved out of a long tradition of state-subsidized summer jaunts around the highlands, undertaken by the Battlefield Band and The Boys of the Lough (another tradition-minded band, which has played the East-West Center here to great acclaim).

If you're a National Public Radio listener, you may have heard the Battlefield Band in one of their frequent appearances on *Thistle and Shamrock*, a weekly program dedicated to Celtic music. In fact, the show's host, Fiona Ritchie, showed up in the tiny town of Skerry, in the far north of Scotland, one day last year and recorded the band's performance for a future episode of the show.

"The funniest thing," recalls Russell, "was we woke up one morning in New York City — we were on our fall tour of the United States — and we had to drive down to Virginia. We got in the car bleary-eyed, and we were driving through the canyons of New York and we switched on the radio and heard ourselves (on the *Thistle and Shamrock*) playing in this tiny village."

Their widespread fame hasn't always led to fortune, however. Consider, for example, what happened after a racehorse owner who is a great fan named one of his steeds Battlefield Band. "We've all won and lost... uh... several small sums of money on this horse," Russell says. "For a short while it was doing very well — one day we cleaned out the village bookmaker — but that was a flash in the pan. That horse has always been an erratic performer." ■



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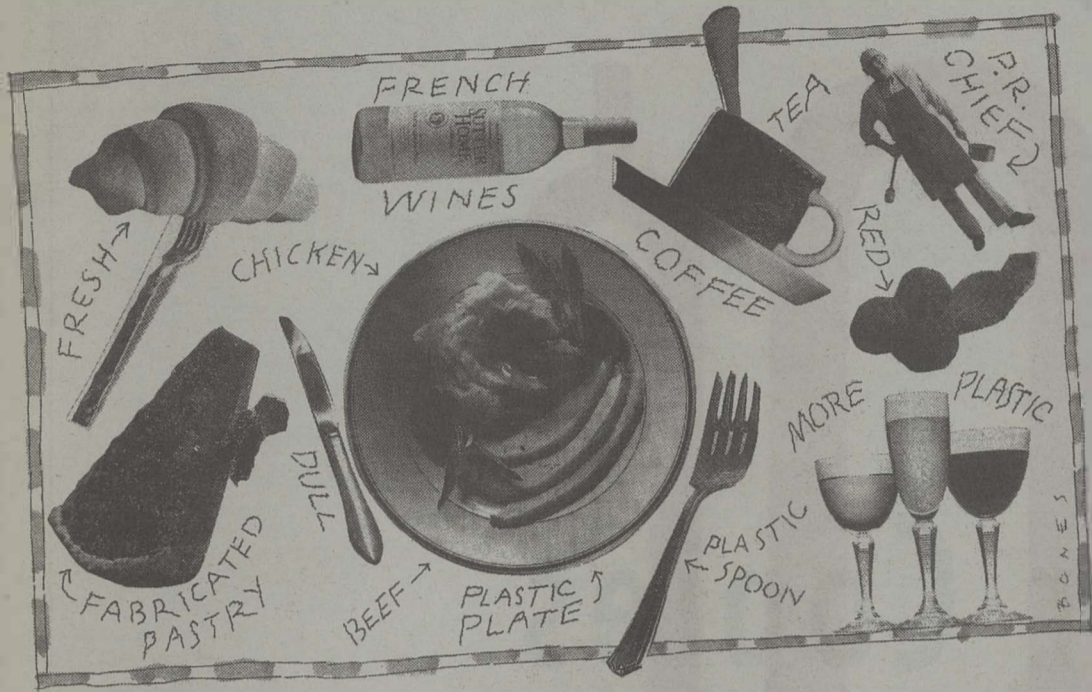
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## Chicken or beef at 30,000 feet



# Mile-High Meals

I began flying back in the good old days of air travel when the only thing you ingested on a flight was Dramamine. But despite the little yellow pills, one person inevitably began filling an air sickness bag, and the sound and smell of it quickly inspired others to follow suit, triggering off a sensory chain reaction that soon had everybody on the plane shooting their cookies. No one, in the midst of this communal vomiting at 10,000 feet, ever came along to ask you if you wanted chicken or beef. Maybe that's why I still rarely eat on airplanes.

But now that I'm a food critic, I feel it's my duty to reassess airline food. Of course the meal is neither for nourishment nor for pleasure — it is, like the movie, there to pass the time, to give reassurance and to distract the passenger from the fantastic fact that he or she is, seemingly contrary to natural law, in a winged metal tube 30,000 feet above the earth.

United Airlines flight 190 from Honolulu to LAX took off on time for lunch. It was a sad day for me when a puritanically health-conscious America banned smoking on domestic flights. The best cigarettes that I've ever smoked were the ones I lit up at the very moment, right after takeoff, when — "ding" — the No Smoking light went off. It was as if the pilot was announcing, "We're not going to crash. Smoke 'em if you've got 'em."

Those comforting cigarettes also killed the time. Now I have to wait for the drink cart, for those two Bloody Marys and the little packet of nuts without enough salt. While I wait for the drinks I seek out the magazine rack, although it always seems that by the time I get there the only thing left is *Golf Digest*, *Black Entrepreneur* or *Working Woman*.

After a third Bloody Mary and an article on fly-fishing in *Field and Stream*, the food finally arrived. The chicken or beef on my flight turned out to be manicotti or the special holiday meal — three slices of turkey wrapped around some bread stuffing with a cranberry orange sauce, some carrots, corn, peas, a salad and

Hawaiian Host Caramacs.

I had the turkey (\$348), my wife the manicotti (\$348). The prices may seem a bit stiff but they did, after all, throw in transportation to Los Angeles, and the restaurant's view was even better than that of Windows Of Hawaii, the restaurant that, for some reason I have yet to figure out, revolves.

There were lots of little compartments and packets on the tray to keep eaters distracted not only from the realization that they were flying through the air at 600 mph, but also from the fact that, in the comfortable front of the plane, people were eating good food. In one of the magazines I'd just read there was an ad for United's International First Class Service featuring Dom Perignon champagne and Beluga Malassol caviar. With each bite of my holiday turkey, I found myself hating rich people more, imagining them laughing about us in economy as they jibed, "Let them eat manicotti."

## LEE SIEGEL

Since the movie, *Prelude to Kiss*, promised to be as tasteless as the meal, I headed for the back of the plane to talk to the flight attendants, hoping that when I announced I was doing a food review for *Honolulu Weekly*, I might score some Beluga and Dom Perignon.

Impervious to my hopes but wanting to be helpful, a steward showed me the "Nutech" heating/cooling cabinet: a hot prong fits under the hot dish while cold air blows over the other stuff. I don't know why, with a cold front hitting a hot front, it doesn't rain in the cabinet; but miraculously it doesn't. The prong successfully kept my turkey hot, while the cold air no less effectively dried out my salad and bread.

I asked the steward if passengers complained about the food. "Sure," he answered, "but we get a lot of compliments too. And even the people who complain do so after eating it all." The flight attendant told me that the United Airlines kitchen in Honolulu prepares between 6,000 and 8,000 meals a day. My mind was

so utterly boggled by the complexities of making that many meals that after my return to Hawaii, I made an appointment with United's Chef Ernst Weber. He received me at the enormous facility (80,000 square feet) where those thousands of meals are prepared daily by 200 employees.

As we watched bento boxes being assembled for a flight to Tokyo, I questioned him about the relationship between first-class and economy food. An economy meal costs United about \$5.50 to prepare, he disclosed, while an international first-class meal costs up to \$80. Now I really hated those rich people in the front of the plane. As we passed through a cavernous refrigerated vault where dollops of Beluga were waiting to be loaded onto a plane, I couldn't help exclaiming, "I love caviar." Chef Weber, like the steward on my flight, ignored the hint. They must not be very impressed by the power and influence of the *Honolulu Weekly* food column.

Later I asked a friend of mine who's a United stewardess about culinary disasters on board. "Sometimes there's a miscount and we run out of food. Then we ply the passengers with free drinks and bring some leftovers down from first class."

"Beluga caviar and Dom Perignon?" I asked.

"No, never," she said, laughing. "Usually a fruit plate or a piece of cheese. The passengers get really mad when we run out of food."

"Yes," I mused, "isn't that what the movie *Alive* is about?"

"There's a film we won't be showing as part of our in-flight entertainment program," she answered. "Look, Lee, I'm sorry, but the food scene on the airline isn't very interesting. You ought to write about the Mile-High Club."

I asked if that was some sort of frequent flier program like MileagePlus or WorldPass.

"No," she confided, "it's people who have sex in the plane's lavatory. Just last week a couple went into the bathroom right after the drinks and stayed in there for about 20 minutes. They made it out just in time for the meal."

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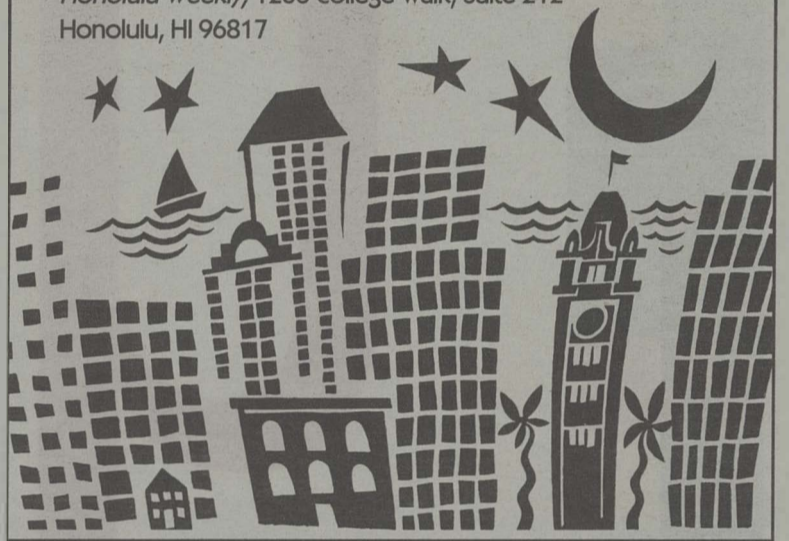
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