

WASHINGTON TRANSITIONS

Health secretary nominee questionable; AIDS leader steps down; RNC gets its first gay member by Bob Roehr

The nomination of Michael Leavitt to be the next health secretary is making queer and AIDS advocates apprehensive. It is primarily because he is seen as a Bush loyalist without much of a positive record on their issues.

As governor of Utah, Leavitt cut funding for Medicaid and pushed for waivers that consolidated federal support into bloc grants. Medicaid pays for a large share of the services for people living with HIV. There is concern that similar reorganization at the national level might adversely affect AIDS programs.

"His position on significant lesbian and gay issues calls into question his ability to fairly address the health care concerns of lesbians, gays, bisexuals and transgender Americans," said Kathleen DeBold, executive director of the Mautner Project, a national lesbian health organization.

Utahns don't share those fears. "Mike is not a right-wing conservative by any stretch of the imagination; he's a moderate Republican," Democratic state Rep. Jackie Biskupski told *The Washington Blade*. She is the first openly queer elected official in Utah.

Community advocates are urging the Senate to closely question Leavitt on his ability to meet the health needs of the sexual minorities community. U.S. Sen. Ted Kennedy, D-Mass., is likely to take the lead in those efforts because of his seniority on the committee conducting the confirmation hearing.

Cornelius Baker is stepping down as executive director of the Whitman-Walker Clinic, a position he has held for the past five years.

The clinic is one of the largest AIDS services organizations in the country.

Baker's annual contract was up, and he cited personal reasons for not seeking its renewal. He is HIV-positive and in good health, but his T-cell count has declined from 450 to 10 during the past year. He will take some personal time before seeking less stressful work.

The past several years have been difficult ones for AIDS services organizations as they face declining private and government support while the caseload continues to grow.

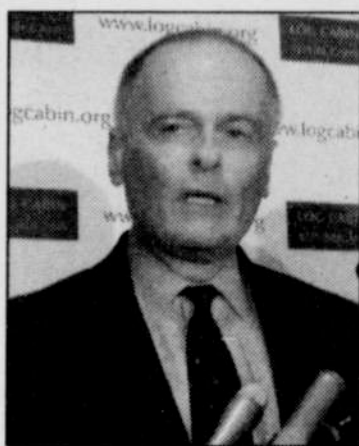
Baker previously served as executive director of the National Association of People with AIDS and in the office of AIDS at the Department of Health and Human Services under President George H.W. Bush.

While at Whitman-Walker, Baker played a leadership role in the National Coalition for LGBT Health and served on various advisory committees to the Centers for Disease Control and Prevention.

Bob Kabel, 58, has been elected chairman of the D.C. Republican Party, making him the first openly gay or lesbian person to sit on the 165-member Republican National Committee.

The longtime political insider worked for U.S. Sen. Richard Lugar, R-Ind., prior to a three-year stint in the legislative liaison office of the Reagan White House. Since then he has worked as a lobbyist.

Kabel serves on the national board of Log Cabin Republicans, which he chaired for several years. He will step down from that board to devote his attention to the new position.



Bob Kabel

HARD TO SWALLOW

Drug trials scrutinize single daily pill for HIV by Bob Roehr

A single pill once a day to treat HIV is the goal set by two drug companies that have agreed to collaborate. It may be on the market within two years.

Bristol-Myers Squibb produces Sustiva, recommended in most treatment guidelines as part of a preferred initial therapy. It is in the class of drugs known as non-nucleoside reverse transcriptase inhibitors.

Gilead Sciences produces Viread and Emtriva, two popular and potent second-generation drugs in the reverse transcriptase inhibitor class. They also may be used as part of an initial regimen.

The combination of these three drugs has been used in thousands of patients with good results. However, a new round of trials will be required to demonstrate that packing them all into the same pill results in the same therapeutic effect with no additional side effects.

It is the first time two companies have agreed to collaborate to produce a single anti-HIV pill that contains multiple drugs. Success is not assured.

Several years ago Merck created Trizavir, a combination of AZT, 3tc and abacavir—three

drugs in the reverse transcriptase inhibitor class. It hoped that the single pill might become a standard treatment.

But a clinical trial was stopped early in 2003 when it became apparent that Trizavir was not as effective in controlling HIV as combining drugs from two different classes. Trizavir is recommended for use only in combination with another class of anti-retroviral drug.

Kaletra is another possible single drug therapy. It combines the protease inhibitor lopinavir with a subtherapeutic dose of the protease inhibitor ritonavir to keep it in the bloodstream longer.

A pilot trial at a Houston clinic has demonstrated promising results, and the manufacturer, Abbott Laboratories, is backing full-scale clinical trials of this use. Kaletra is approved for use only in combination with other drugs.

Some industry analysts see the Bristol-Myers/Gilead alliance in developing their combination single pill as a defensive move to protect their market share against the ease of use of Kaletra, should it be approved for single drug use.

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