

Wafaa El-Sadr

With a life dedicated to underserved populations from New York to the farthest corners of Africa, Wafaa El-Sadr has earned a reputation among her colleagues as the closest thing to a saint they'll ever meet.

In January, Médecins Sans Frontières hosted a two-day symposium in New York on tuberculosis (TB). The speakers were much like those at most scientific meetings—a long list of men, most of them from the US or Europe, speaking in lofty terms about big-picture goals.

Then came Wafaa El-Sadr, the Egyptian-born director of Columbia University's Center for Infectious Disease Epidemiologic Research. Dressed in her trademark long skirt, embroidered cowboy boots and colorful scarf, El-Sadr spoke of the need for trained staff who understand the special needs of those directly affected by HIV and TB.

She should know.

Since 1988, El-Sadr has been chief of infectious diseases at the Harlem Hospital Center in New York City, where she launched family-centered models for HIV and TB care. She was among the first to incorporate treatment and research at the same site, push for community partnership in clinical trials and integrate care for HIV and TB. The Harlem unit now serves as a model for HIV and TB trials with community participation.

Most recently, El-Sadr led SMART, a landmark trial with more than 5,000 participants in 33 countries, which revealed that so-called drug holidays, where those on AIDS drugs periodically stop taking the medications, increase the risks of opportunistic infections and death (*N. Engl. J. Med.* 355, 2283–2296; 2006).

With sites in such diverse settings, community participation is key, as is the ability to direct several scientists, each with their own notion of how to do things. But El-Sadr handles these tasks with patience and humor, doggedly focusing on the positive.

"She's a rare bird in this world of strong egos and real strong personalities," says Claire Rappoport, who has served as a community advocate on El-Sadr's trials.

Not one of El-Sadr's colleagues and friends has anything even remotely negative to say about her. Instead, admiring adjectives flow freely: amazing, generous, energetic, kind, giving, inspiring, compassionate.

"Wafaa is the closest I'll ever come to knowing a saint," says Donald Abrams, professor of clinical medicine at the University of California in San Francisco, who has worked with El-Sadr since 1989.

That comment, as excessive as it seems, echoes the sentiments of many others, who speak of her untiring commitment to underserved populations, both in New York City and across the world. El-Sadr has applied the Harlem model globally and oversees HIV and TB programs in several countries worldwide.

Still, Africa, where she now does much of her work, has a special place in El-Sadr's heart. As different as the countries are, "something feels really familiar to me when I'm there," she says. "I feel at home there."

El-Sadr grew up in Cairo in a family of physicians: her father was a biochemist, her mother a forensic pathologist, and both of them taught and did research at Cairo University. Both she and her brother also became doctors.

Most people are surprised when she tells them that women made up half of her medical school class, says El-Sadr. "There's a long history of Egyptian women training to be physicians or engineers or professions that until recently in the US had never been very open to women."

Cairo University's medical school was vibrant and interesting, with much larger classes and more hands-on experience than those in the US,



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El-Sadr says. Because sophisticated equipment was not easily available, for instance, there was more emphasis on making a diagnosis by talking to patients and examining them than by relying on expensive tests.

After training there in parasitic infections, El-Sadr moved to the US in 1976, fully expecting that she would soon return to Egypt. But then the first cases of AIDS were recognized in San Francisco and New York.

"It was a time of turmoil and frustration but also an incredible time of emotional immersion, this epidemic and what it was doing to people," she recalls.

For the few years after the late 1980s, the circumstances in Harlem were pretty grim. Underfunded and understaffed, the hospital operated in third-world conditions. Homelessness, overcrowding in shelters and HIV infections drove a TB epidemic in the city in the early 1990s. Rigorous surveillance and community participation in Direct Observed Therapy Short Course (see page 269), the accepted strategy for TB care, helped turn the epidemic around.

"Before you know it, it's been 10, 15, 20 years," says El-Sadr. "The changes and the momentum and the excitement and the pain and the challenges have been so dynamic that the years just passed."

El-Sadr still sees patients, who she says inspire most of her research, and often gives them her mobile phone number. She's been known to respond to their calls in the middle of the night, even if she's in some remote country, and call in prescriptions. One village's residents danced *en masse* for her because she had secured a filing cabinet for them—but she couldn't understand what she had done to deserve their thanks.

That modesty is typical of El-Sadr, says Elaine Abrams, El-Sadr's colleague at the Harlem hospital. Abrams recalls one instance where El-Sadr had to submit her *curriculum vitae* for an award. "I literally stormed into her office because it was completely inadequate," Abrams says. "It was missing half the stuff that she had done. She didn't have SMART on that."

El-Sadr is equally generous with her time to students and to her friends. After one friend's dogs died, she found an essay from a 2006 collection and faxed it to him. Occasionally, she even manages to go on vacation with her daughter.

"She never seems really pressed for time or stressed even though you know she must be," says Rappoport. "I think she must just not be sleeping. That's what I've decided."

Even operating on those few hours of sleep, El-Sadr is a self-described "eternal optimist," choosing to believe that the HIV and TB epidemics in Africa and elsewhere can be turned around.

"When you think about the millions and millions you need to reach, clearly that is overwhelming and depressing," she says. "But we can't let the numbers scare us. Progress needs to happen a step at a time."

Apoorva Mandavilli, New York