



NURSE SYPROSE SETS OUT TO VISIT
ONE OF HER PATIENTS AFTER FINISHING
A FULL DAY'S WORK AT THE HOSPITAL.

Syprose Adhiambo Oduor

Community Health Nurse, Western Kenya

IN THE MID-1980s, when word spread that a disease called AIDS was killing people, administrators at Chulaimbo Hospital in western Kenya panicked: They moved all patients testing HIV-positive into one room, separate from all other patients. Almost all the health workers stayed clear of that room, but not nurse Syprose Adhiambo Oduor.

“My colleagues feared these patients. They did not feel free in helping them,” Oduor remembered. “It was the fear of the virus, a fear of getting infected themselves. I tended to those patients. The others couldn’t believe the way I was handling those with HIV. But as a Christian, I felt the Lord would protect me. And even if I did die, I would die with the Lord.”

written by John Donnelly
photographs by Dominic Chavez

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With that strong belief, Oduor set off on a path defined by the devastating arc of AIDS. The virus claimed the lives of one of her sisters and a brother. It created orphans in her family; she took in a niece and nephew. Then, in 2000, she had to weigh a very personal risk to herself: Her husband announced he was taking a second wife, which is common in Kenya.

She almost decided to leave him. But, she said, through prayer and considering the cold fact that she needed her husband’s economic support to keep their children in school, she decided to remain with him. She had one condition, though: “If we were to come together, he must use a condom

every time,” she said. “He agreed. So I accepted him.”

AIDS didn’t stop there with Oduor. It dominated her work as well. For more than 20 years, she has toiled as a nurse and HIV counselor at Chulaimbo Hospital. And since 2004, she has helped run a home-based care network for a tiny pittance of a salary, supervising the cases of more than 250 patients spread out across the surrounding rural communities.

For Oduor, 45, mother of three, that means she is constantly on the go. From late afternoon into evening during the week, she visits patients. On Saturday, it’s the same. Only on

Sunday does she rest—unless there’s an emergency. Then she goes to help.

One Saturday afternoon, she checked in on two of her patients who were both in difficult situations. The first was a 13-year-old orphan girl named Mercy who had just given birth. Her two-month-old baby, Carolina Akoth, had a fever soon after birth but now was doing well. Still, Oduor remained concerned about both of them.

“For one thing, I’m worried that Mercy has dropped out of school. She should go back,” Oduor said, standing underneath a canopy of red and pink bougainvillea blossoms. “There’s also the problem they are having in feeding the whole extended family.

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Q&A

WITH SYPROSE
ADHIAMBO
ODUOR

Q: What do you see as the biggest challenges in the years ahead?

“We still need to get more people tested so they know their status. If they are positive, they can live positively—by that, I mean, take care of themselves, take the right medication, and don’t infect others. The threat of death will then not be so great, and we will not have as big a problem with orphans. We should also try to get people who are positive to go public with their status.”

Q: By going public, doesn’t that make HIV-positive people more vulnerable?

“If more people go public, it will become more normal. There is a huge public health benefit if they go public. The rate of infection will go down because the community will know who is infected and take the right precautions. One person can infect so many.”

Q: What will encourage people to go public?

“We need to get people to join support groups. It’s so important for people to discuss openly what has happened to them, and they can share stories that help them prepare for what will come next.”

Q: How do you find the energy for your work?

“I just like doing it. When I see a patient improve, I become very happy. I feel proud. That person is then seen in the community as someone who is doing well again. People talk about it. In the past, before we had antiretroviral drugs, people used to die in great numbers. Sometimes I would get very depressed. You felt no matter what you did, people would die. Now, the death rate has gone down. The number of support groups for HIV-positive people has gone up. That makes me very happy. This is work that I do wholeheartedly.”

They always need more food.”

Her second patient, Maurice Odielo, 38, HIV-positive and partly paralyzed in both legs, rose slowly to greet her as she entered his hut. He had tears in his eyes.

“She’s helping me a lot,” he said. “When I needed to get tested, I went to her. When I needed counsel-

ing, I went to her, too. And when I needed food, she found a program that would bring food to me.”

Odielo told her that he had a dream—that he would walk again. “Then I could find work, feed myself, and,” he said, “I could visit you in your house.”

Oduor smiled. “I hope for that, too,” she said.