

New Beginnings Veteran Engages Clients

Debra Wallace and her supervisor Chanel Scott Dixon have a community-wide perspective on HIV prevention for clients grappling with addiction.

“There is a need for education and testing in the community, particularly in places where drug use is widespread,” says Wallace. “Addiction recovery is a gradual process; it’s not at all uncommon for people to leave treatment and start using again. And many also resume risky behaviors like unprotected sex. So, along with drug treatment programs, we target areas where drug use is common: the neighborhoods that clients return to when they leave treatment.”

Known for engaging the community, Wallace says, “You have to really work at it to make people want to come to you. We try to use every contact. If we test anyone with high risk behaviors like engaging in survival sex or men having sex with men, we ask, ‘Do you think your friends would like to be tested?’ Often they say, ‘Yeah, but they don’t want to come in,’ so we go to them. There is no set way to do testing; you just have to try a little bit of everything and see what works.”

A 12-year veteran of the HIV Early Intervention Services program, Wal-



Debra Wallace, *New Beginnings/Thomasville*

lace reflected on her journey. “When I started in 1999, I knew nothing about HIV/AIDS and I was scared. I honestly was afraid that casual contact would put me at risk. So I understand when others feel that way.”

And unreasonable fears come with the territory. It’s part of the job to educate; to combat stigma with solid, reliable information. Because stigma is rocket fuel to this epidemic.

There have been changes since 1999. In churches throughout the state, pastors now stand up in front of their congregations to publicly take an HIV test. But stigma persists.

A town of just over 18,000, Thomasville is a community where “everybody knows everybody and we’re all interested in everyone else’s business,” says Wallace. So it is particularly impressive that she consistently manages

to test so many people. Asked for the secret to her success, she shared this: “I don’t ask a client, ‘Do you want to have an HIV test?’ I just ask them to come talk with me and I walk them to my office. At first, it’s small talk and then I venture into HIV testing and how important it is to know your status so you can protect yourself.”

Wallace adds, “And I like what I do; I like helping people. I like educating people, helping them evaluate their own risk behaviors.” Recently, someone she had tested several times in the past returned to detox. After a warm greeting, the client said, “You’re going to be proud of me,” and eagerly shared changes he had made to reduce his risk of HIV infection. “He was real excited about it and of course I was excited for him,” says Wallace.

Another factor that contributes to her success may be Wallace’s non-judgmental attitude. She sees her clients as “just like I am; they just made some bad choices.” That approach may well be the biggest reason that so many agree to testing.

I don’t ask a client, ‘Do you want to have an HIV test?’ I just ask them to come talk with me and I walk them to my office.

Details of client accounts modified to protect their identities.