

Transcript of S4 E4 with Tanagra Melgarejo Pulido

Tammy Kremer ([00:09](#)):

Coming Together for Sexual Health engages you in shameless conversations about sex positive, identity affirming sexual healthcare. We keep our attention on those most impacted by STIs, HIV and structural barriers. We're powered by nationally recognized experts in sexual health at the University of California San Francisco in the California Prevention Training Center. All views expressed are those of the persons speaking and not at the CAPTC or their employer. My name is Tammy Kremer. Let's come together for sexual health.

[\(00:49\)](#):

Welcome to Coming Together for Sexual Health. I'm so glad to have you Tanagra.

Tanagra Melgarejo Pulido ([00:53](#)):

Thank you for having me. I'm excited to be in conversation with you.

Tammy Kremer ([00:59](#)):

And for our listeners, this is the third of a three-part series that we're doing for season four on harm reduction. And today we're going to be focusing on the third rung of the ecological model. So we started with the individual or the personal level, and then we went to the organizational level. And today we're going to be talking about structures and policies both within the US and globally. And for the discussion today, I am so excited to have Tanagra Melgarejo Pulido with us, who is the National Learning and Engagement Strategist for the National Harm Reduction Coalition, which we'll be learning about during this interview.

[\(01:36\)](#):

Tanagra was born and raised in Puerto Rico and is the proud daughter of Mexican and Cuban immigrants. Through her position at the National Harm Reduction Coalition, she leads the organization's capacity building and technical assistance efforts across the US and its territories. Tanagra holds an MSW from the University of Puerto Rico and is certified as both an abortion and death doula as well as grief counselor. Wow, there are so many conversations I wish we could have today, but just want to get started with what got you interested in working around harm reduction?

Tanagra Melgarejo Pulido ([02:06](#)):

So I have always been someone who has been really connected to issues of justice and injustice. And going to the university, I felt like I wanted to be involved in social justice and I wanted to figure out ways in which we together as a collective and individually can change the world to make it better, more loving, more kind for all of us. And so through wandering around different spaces, I came across drug user health and HIV prevention. And I realized that those spaces for me held the key to really working towards transformation because what is good for people who use drugs is good for all of us. And also because when we're thinking about people who use drugs, to me, they're one of the communities that hold most power and also are the most invisibilized, shamed, dehumanized and stigmatized.

[\(03:04\)](#):

And so for me, I felt that was a space in which I could come in to provide support, to learn also, and to figure out ways in which I could build a movement or be part of that movement with people who were already doing that work. So all of those things got me interested in harm reduction. And ultimately because it's really smart, it makes sense, it's common sense. So why not do something that makes

sense? Why continue to harm people when we can actually love them back to health and we can work with them and support them and learn from them.

Tammy Kremer ([03:36](#)):

That makes me really interested in hearing how you define harm reduction.

Tanagra Melgarejo Pulido ([03:40](#)):

Harm reduction to me. It's love. It is unconditional love. It is love that is not tied to any outcome. It is a love that asks us to be humble. It is a love that asks us to listen. It is a love that asks us also to look at ourselves and really recognize or go down deep in those places that we normally don't look into to look at the ways in which we may be creating barriers for that love. Harm reduction is about loving ourselves and building community.

Tammy Kremer ([04:15](#)):

That's such a beautiful definition to really think about harm reduction as a way of expressing unconditional love. So you shared a bit about your background in terms of growing up in Puerto Rico and your immigration story. And I'd love to hear how your personal experiences have impacted your commitment to harm reduction.

Tanagra Melgarejo Pulido ([04:34](#)):

I have family that has been impacted by the war on drugs directly. I had an uncle who was in Miami in the height of the 80s cocaine trade, and he worked at an airport for a major airline at the time, and he was a bagger. And so he was connected to a group of people at the airport that had information when flights were coming in and which bags they could move through. And he would get paid because he needed money. He started doing that and at some point the federal government caught wind of that. And so of all the people that were involved in that, the few people who were baggers that actually were the ones that were not making the most in the whole scheme were brought to trial. And he was incarcerated for several years because of that.

([05:21](#)):

And I also have had family members that have had at some points problematic relationships with substances. And so I've seen communities that I love here in Puerto Rico be very much impacted by the war on drugs. People that I care about that live in public housing, live under the constant threat of intervention from the National Guard and the police. And you feel it. As a colony when the United States gets a cough or a cold, we get double pneumonia or triple pneumonia if that's possible. And so I think the impacts of the war on drugs, we feel them here much more profoundly in many ways too.

Tammy Kremer ([06:02](#)):

I'm interested in hearing about the moment or a moment where you realized that harm reduction was the way you wanted to do this work.

Tanagra Melgarejo Pulido ([06:11](#)):

I started my journey in Western Massachusetts, or harm reduction found me there. I was working for a small HIV prevention organization that works with Puerto Rican folks that have migrated or were immigrants in the United States. And so we applied to attend a conference and I remember that one of the keynote speakers was this amazing human being named Edith Springer. And Edith Springer is one of

the mothers of harm reduction in this country. Edith went to the United Kingdom, she went to Liverpool, which is the home of harm reduction as we know it at Mercy site. She visited that community and she also went to the Netherlands, which is another really important place for the birth of harm reduction. And she brought that back to the United States. She brought together a group of people that we named the Harm Reduction Working Group. And that group of folks were both academics, community activists. Dave Purchase was there, Amani Woods was there, Dan Bigg was part of that.

[\(07:15\)](#):

A lot of folks that have been really important got together in the midst of the HIV AIDS crisis and out of that, the harm reduction movement in the United States as we know it was born. And so listening to Edith speak, I realized why are we not doing this? It resonated with me. It was like I cannot move through the world now without moving through the world with this ethos and this practice. And so when we came back to Massachusetts, we were really excited and we told the director of the organization, we need to bring the Harm Reduction Coalition to train us. We were actually able to bring her and then the state of Massachusetts, the Department of Public Health also brought her, and all the programs across the state had the opportunity to start connecting to harm reduction.

Tammy Kremer [\(08:02\)](#):

Incredible how we can be inspired by those moments and carry them with us, these turning points that we can't necessarily predict or even recognize in the moment how much of a shift it's creating in us. What you've already said about colonialism and about the ways that we center the US has made me curious about starting from a global perspective. When you think about what's happening across the world, what are some issues at the top of your mind or themes that you'd want to share with our listeners?

Tanagra Melgarejo Pulido [\(08:41\)](#):

It's interesting because I'm coming back from the International Harm Reduction Conference that was held this year in Melbourne. Being in a space with harm reduction practitioners from across the globe is a really humbling situation. We have certainly issues we have to work through here in the United States, particularly around access. Harm reduction programming here in this country doesn't look the same in the coasts than it looks in the prairies or the plains, and there's a reason for that. And also harm reduction across the world, particularly in countries that have been impacted by United States imperialism, it's magnificent, heartwarming, and also enraging. People are practicing harm reduction under conditions that are really, really difficult and challenging. It's not only funding, it is the fact that we have governments in those countries that have imitated our policies around drugs, which is no bueno. That is punitive, that it's really centered in surveillance that is centered in militarization of the police.

[\(09:51\)](#):

And it happens there on steroids. And we have people that are on death row in different countries, for example, because they have been accused of having cannabis on them, for example. A joint or to joints. And so you would not think that that is something that would happen here. And certainly our people die and they die not because they have the joints, but they die because we have war on drugs that is happening, that is centered on the genocide of black and brown and indigenous people. But to me it's to think about the fact how our US policy has impacted and continues to impact the way that countries respond to substance use, the lack of access to healthcare and the disparities in terms of that. And the dependency that many countries also have on international foundations or organizations to do their

work, which is also something that is challenging because we built also somewhat of that dependency, which I think is a problem.

[\(10:52\)](#):

And I think that there's ways in which the United States and other countries that have a history of colonization and imperialism, there's both a conversation that needs to be had around reparations and a conversation about equity that it's not necessarily happening. Reparations would be how do we create the conditions so that people in their countries have what they need to be able to do the work that they want. And that we can step away and we don't continue to have them beholden to us. And so that means building power and building resources and not continuing to exploit those countries. Being in that conference really sort of centered that for me. Again, how do we here in the United States become more informed or educated around the ways in which our policies impact other countries? I feel sometimes we're really isolated in our own discourse as harm reductionists because we're thinking about the stuff that is happening regionally or nationally. It would awaken something in us if we were to be exposed to some of the conversations that folks were having in this space.

Tammy Kremer [\(11:56\)](#):

Yeah. Can you share any particularly innovative approaches that you saw?

Tanagra Melgarejo Pulido [\(12:01\)](#):

The whole notion of providing services in a country that is under siege, it's mind blowing to me. There was a person who was presenting from Lebanon. She's a person who uses drugs that runs a program, and Lebanon has not only been an award, but there was the explosion in the port. The currency of the country has been devalued, so they don't have the funds to get access to the resources that they need. They have been able to continue to provide medication for opioid use disorder for those that need it under really challenging conditions by being creative, by thinking about how to help people with dosing, which are things ... Being flexible around those things, which are not things that we do here was really enlightening and also heartbreaking. I heard of a program in Thailand that's a mobile methadone program that travels to different regions in this particular part of Thailand to provide folks access to methadone.

[\(12:58\)](#):

I will tell you the United States in Wyoming, there's no methadone access in the whole state. And Wyoming is a large state. So I just think about the fact that they can do this in Thailand and they can bring methadone to people. Why couldn't we do that here? So I thought that was really, really exciting. I heard a lot of really interesting conversations around the intersection of reproductive health and harm reduction, the ways in which we have to actively de-silo our work to be able to build power with each other because the reality is for those folks that have a uterus, the folks that identify as femmes, as women, the challenges around reproductive health that we're seeing here in the United States with the attacks to *Ro v. Wade* are things that countries have been experiencing for a long time. And they've been able to create space for people to get access to services and care.

[\(13:53\)](#):

And I think the whole conversation that was being had around access to naloxone was important, but they were also having conversations about other substance use that we don't talk about very much here. We focus very much on the opioid crisis and the opioid epidemic now, and we forget that people also use other drugs. And how do we support people to be healthy and well and safe using methamphetamine, using crack cocaine or other substances?

Tammy Kremer ([14:22](#)):

I appreciate all those examples and the ways that that can help us see ourselves more clearly. So let's keep that lens and add another. I'd love to hear more about the National Harm Reduction Coalition and kind of what you and the organization see as the lay of the land right now in the US.

Tanagra Melgarejo Pulido ([14:44](#)):

Let's see. National Harm Reduction Coalition is an organization that started in the late 80s. This coalition was founded informed since the beginning for people who use drugs, by people who use drugs to support the rights and wellbeing of people who use drugs, but then everybody else who was also stigmatized, shamed and oppressed in this country. They were trying to advocate around how to best address the HIV AIDS pandemic at the time because we know people who use drugs could also contract HIV and we were not being included in those conversations. And then formally launched National Harm Reduction Coalition to support people that are interested in establishing or expanding harm reduction services where they're at. We also have a policy and advocacy arm of the organization where we're looking at the ways in which our government can promote good policies that are supportive.

([15:41](#)):

And we also work with health departments and state governments. I think capacity building and policy go hand in hand. If people don't understand what harm reduction is, they cannot go out and support it through policy and advocacy efforts. We started in the late 90s a program called The Dope Project, which is a program that launched what was the first ever community-based distribution of Naloxone program in this country because we believe that Naloxone should be in the hands of people who use drugs. They are the first responders as well as their communities. And we need to saturate the community with Naloxone just as we need to saturate the community with harm reduction services, which means that everybody has what they need. And so out of that project, the Dope Project, that has migrated into other parts of this country. Thankfully now we have communities that are facilitating access to Naloxone for people that need it. We still have ways to go in some places, but that idea of community-based distribution, Naloxone is really important.

([16:41](#)):

And it's a counter narrative to this idea that we need to militarize police. And now Fentanyl is a panic and we need to only give access to police or EMTs to Naloxone. Naloxone was liberated into the hands of people who use drugs from the 80s by really cool EMTs that knew that this worked and they knew people who use drugs and gave that to them without asking permission. And from that, then Dan Bigg became one of the parents of bringing Naloxone to communities by also saying, "You know what? I'm going to go to pharma. We're going to make a deal. I'm going to buy the naloxone from them, and when I travel, I'm just going to bring duffle bags of this." We cannot ask for permission when people are dying. We cannot sit and wait. And there's folks that have access to resources and can use their privilege for good. And in this case, both those EMTs and Dan Bigg use their white cisgendered male privilege to say, "You know what? I can do this and have protection, so I'm going to go ahead and do it."

Tammy Kremer ([17:38](#)):

And the Dope Project and Dan Bigg have come up in both of the previous interviews we've done on harm reduction. So just really want to name how the impact of that work is coming forward. So can you talk a bit about the differences in how harm reduction policies and services look across different parts of the US and different states and regions?

Tanagra Melgarejo Pulido ([18:00](#)):

I think it's fair to say that harm reduction services are fairly disparate based on where you're at in this country. The coasts, the Northeast, and that includes New York, Chicago, and Michigan, they're really well-resourced. The west coast, California, Oregon, Washington, really well-resourced. And then the rest of the country, there's disparate access. In some places there's nothing. Harm reduction programs have always been really, really good about sharing what they have. And I know Chicago Recovery Lands, for example, which is the organization that Dan Bigg founded as just an example, used to send out thousands of syringes and safe injections, safe smoking, safe snorting equipment, naloxone to organizations across the United States that had nothing. We have about 10 states across the United States where harm reduction is not legal. So one of the things that we're trying to do is figure out ways that we can connect those folks to people in different states around them, where they can then get not only resources but support in other ways. Because it can be really lonely to do this work on your own.

[\(19:09\)](#):

I also think the south is a whole different beast. I think when we look at the south, we have to content also not only with capitalism but also with racism and the really pernicious impacts of the war on drugs and black in brown communities. There's a lot of power in terms of people in really challenging conditions, also doing really cool work that speaks to their communities. There is a contingent of folks that are doing really beautiful, lovely indigenous harm reduction across this country, indigenous communities, in the spirit of what their community needs and what their values and history is. And I also see beautiful harm reduction being practiced in primary black communities in the South. I know here in Puerto Rico for example, our harm reduction has a Boriqua flavor that speaks to us addressing and dealing with the very specific needs and particularities on the island that is isolated from the mainland that has conquered it.

[\(20:05\)](#):

When they come to us, the National Harm Reduction Coalition, it's because somebody that is in another state said, "Hey, they can help you." And so it's really exciting so we can then use the connections that we have to get them more access or more connections or just a space to feel like you belong.

Tammy Kremer [\(20:24\)](#):

I'm really appreciating the community-based model as well as the connections that National Harm Reduction Coalition, that the international conference that you attended, create across these different organizations. And I wonder if you can speak to some of the policy issues. Issues of bans, federal funding, those types of things.

Tanagra Melgarejo Pulido [\(20:46\)](#):

I started doing this work in different states, took it on, but there was a total federal ban where no funding could be used to go to harm reduction programming or services. And so we sort of disguised it as HIV AIDS education, maybe Hep C prevention. Then finally there was a partial ban. So the government said, "This works, it saves lives and it's cost effective." And I hate to bring in the capitalist lens, but the reality is that the government loves cost effective interventions. But they decided to keep a partial ban. And what that means is that programs could get funding to fund staff and fund hours of people doing the work, but you could not use the funds to cover the supplies. So it's a little bit like you're sending me out, but I don't have my notebook and my pencil to write. So programs then have to continue to figure out ways to acquire the equipment that people need so that they could minimize or prevent potential harms that would come from injecting or snorting or smoking.

[\(21:51\)](#):

There's this whole discussion around the opioid epidemic. It's an epidemic that was recognized. And let's be honest, because it was impacting mostly white folks at the time, the reality is the epidemic of violence towards people who use drugs that are black, brown and indigenous has been around for a long time. And communities know that the over-policing, the surveillance, all of those things we've experienced, and I think that now there's a kinder, gentler approach to navigating substance using some spaces because of this narrative around, "Oh, if you started using drugs because you had an injury and then they gave you Oxycontin and they told you it was not addictive, and then you became someone who needed it. And then there was a whole backlash around that, and then doctors were not able to prescribe it, and then that sends you out to go get heroin on the street or buy your drugs illicitly, then we have to be kind because somehow it's not your fault."

[\(22:47\)](#):

But if I started using heroin because I came back from a war traumatized, and that was the only way as a brown or black person or indigenous person that could I get access to an education or to get some generational wealth, then that's different. And so I think that this Biden administration said, "Hey, we're going to lift the ban.: And that would've been amazing because that meant that programs would be able with federal funds to buy equipment. It's like, "How can I prevent HIV if I cannot buy the condoms?" When Biden made this amazing announcement, first time a sitting president has ever mentioned in the State of the Union also harm reduction, it's bananas to hear that out of the mouth of a president. What happened was that then we had the Republicans and really conservative folks say, "You know what? No, because you're going to fund crack pipes." And it's a very racialized discourse.

[\(23:39\)](#):

We know crack is associated with black and brown people. And so at this moment, the band still stands as the partial ban, which makes it challenging for programs again to access or purchase equipment. So I think that's something that we are hoping we will work towards shifting. And I think that there's news around this over the counter naloxone, which is important. We don't need to have a doctor sign off on naloxone. Naloxone is a medication that only works if you have opiates in your system and if you don't and somebody administers to you, nothing will happen. It won't hurt you, it'll harm you in any shape or form. There's a way to continue to keep the control. So having over the counter Naloxone is fantastic. Some challenges around that is many programs that provide harm reduction services can't afford what pharma charges. Emergent Bio Strategies, which is the company that actually holds that particular brand of naloxone, which is called Narcan.

[\(24:33\)](#):

Those are naloxone that is injectable, costs like of \$3. Then nasal naloxone makes it more expensive. If you have it over the counter and it's like \$50 to \$100s to \$200, then many people are not going to be able to afford it. And the reality is that that doesn't solve the problem of people who use drugs having access to naloxone. The folks that have been driving this work, Eliza Jane Wheeler, I want to bring into the room NAB and Maya [inaudible 00:24:58] Simkins, who are the folks who run the Remedy Alliance For the People. If you don't know that organization, look it up. They are a buyer's club that liberates naloxone from pharma and gives it to people who use drugs. And they have given more than 1 million doses since they started eight months ago. Free of cost or at very, very low cost programs.

[\(25:18\)](#):

And I think finally we need to speak about safe supply in this country. That's a huge issue for people. People die from overdose because their drugs, we don't know what their drugs have. We know that in the 80s when folks in Great Britain, before Margaret Thatcher came in and destroyed that, people were

being prescribed pure heroin. Not only people were healthier and safer, but rates of petty crime declined significantly.

Tammy Kremer ([25:44](#)):

Wow, I didn't know about that. That's really remarkable.

Tanagra Melgarejo Pulido ([25:48](#)):

It was pretty amazing. And then Margaret Thatcher came and destroyed that whole system. People who used drugs care about their health and want to know what their drugs have in them.

Tammy Kremer ([26:00](#)):

In the conversation with Bronze Courtney in the last episode, we talked about the difference between just testing to know whether fentanyl for example is present or not, versus testing in a way that can let you know more about the potency or the quantity or percentage. And it makes so much sense because if folks, they're wanting to use substances to have some kind of an experience, and they recognize that there's a strong substance in what they have, that might actually incentivize them to utilize that. So how can we get people more information about what level of safety they might encounter in what they found?

Tanagra Melgarejo Pulido ([26:32](#)):

Absolutely. I'm really glad that Bronze brought that up because drug spectrometers are really costly. So organizations that have them are few and far between, and it makes a huge difference. People will come in and test their drugs to figure out potency, also toxicity. It gives you that information and then you can make informed decisions. So that's why we need to have safe supply. The reality is people will continue to use drugs. Humanity has always gravitated towards pushing the envelope and learning and exploring and feeling good and feeling pleasure and connecting to other things that are out there. And drugs will be here and are here. They are not going to go away. So this idea that with war on drugs is going to end drug use, it hasn't worked, it won't work. Their purpose is not that, and it's a falsehood that they're selling us.

Tammy Kremer ([27:22](#)):

I think the way that you're speaking about folks who use substances just so clearly breaks down this idea that people who use drugs are not responsible. There's so many narratives. Or are avoiding something in life. I'm sure we could both list many, many versions of these narratives and really seeing people as doing their best to cope with the world, but also to have whatever experience it is that they wish to have. And I think that also gets to some of these power issues of folks who are using drugs in order to survive for different reasons versus folks who are using drugs in order to get out and enjoy their weekend. Something that I've heard you mention in the past is ways that harm reduction has been co-opted. And I would love if you could speak a little bit about that.

Tanagra Melgarejo Pulido ([28:16](#)):

Yeah. We cannot forget that harm reduction was started for people who use drugs, by people who use drugs. With any movement, we want to be known and we pay a price. And the price of that is that you can become co-opted. As we've had other folks start coming into harm reduction, when we've started the government coming into harm reduction, when we started public health coming into harm reduction, we've sort of seen the notion, the root in history that this is a movement that is for and by

people who use drugs are being left behind. For example, folks tell me, "Oh, harm reduction is naloxone and it started there." And I said, "No, you don't understand. Naloxone is one piece of harm reduction. And Naloxone was not because someone in the health department decided to do that. Naloxone started because the person who used drugs named Dan Bigg decide, you know what? If they get this, we can also get it. And I am going to find a way to liberate this from the hands of the medical industrial complex."

[\(29:13\)](#):

It's not that I don't want folks to work with us and join us, but I don't want them to come from a perspective or a place of [foreign language 00:29:21], of thinking that we don't have the power to be able to be engaged in these conversations, that we don't deserve to be heading the table. I want folks to come in true partnership, and sometimes that means recognizing that I am the gatekeeper and I'm also the barrier. And I need to step aside. Many folks that are new to harm that may not have had that history.

Tammy Kremer [\(29:51\)](#):

We're going to take a quick break to pay tribute to a harm reduction hero who has passed on, which we're doing in each episode of this miniseries. Here's Jen Jackson, harm reductionist and capacity builder at the California PTC.

Jen Jackson [\(30:06\)](#):

I would like to pay tribute to Amani Woods. Amani Woods was a champion of harm reduction and an important voice of the harm reduction movement. And for black people who used drugs, she was compassionate, committed, and a visionary in harm reduction. She was a founding member of the Harm Reduction Coalition and a founder of Street Outreach Services in Seattle. She also wrote an influential piece titled Bringing Harm Reduction to the Black Community: There's a Fire in my House and You're Telling me to Rearrange the Furniture? Where she addressed the Black community's mistrust of public health based on public health's history of structural racism and white supremacy. According to the National Harm Reduction Coalition, her legacy lives on as Black leadership inside and outside of harm reduction continues to be fostered nationwide, and the harm reduction movement addresses and heals the harms caused by racialized drug policies.

Tammy Kremer [\(31:07\)](#):

Thanks, Jen. If you haven't listened to Jen Jackson's episode from season three, episode two, on sex, drugs, and rock and roll, be sure to check it out. A lot of our listeners are sexual health providers. And I'm wondering what you would say about how they can support people who use drugs from a harm reduction perspective.

Tanagra Melgarejo Pulido [\(31:33\)](#):

Oh my God, I love that question. There's such intersections between the work of sexual reproductive health and harm reduction because both are addressing bodily autonomy. It's my problem. It's my body, it's my choice, it's my right. I think that when it comes to people, particularly folks that have uterus, people that are female identified, femmes, people who use drugs, there's this notion that we are not equipped, that we don't have the tools, that we don't know how to make choices, that someone has to make the choice for us. It's about controlling us, it's patriarchy and capitalism. And so I think that folks that are doing sexual reproductive health need to remember that they're probably most likely, 99.9% of

the time working with people who use drugs and they don't know it because they haven't asked or folks haven't told them. Create a space, ask those questions to folks.

[\(32:21\)](#):

And also don't assume that someone that comes to you using drugs comes to you because they have an issue with substance use too. I may be using drugs and I'm coming to you because I need access to condoms or I want an IUD or I want a test. We don't have any drug education in this country. People use drugs because they work. They're good at what they do. And if I am working with someone and I can understand what's behind their substance use, what needs is their substance use meeting, then I'm able to understand how to best support that person. So I think us learning about drug composition, what drugs do, that basic drug education is really, really important.

[NEW_PARAGRAPH]To have that literacy so that then we can work with people and when they come to us, we can understand and say, "Oh, okay, so I can totally understand why you're using oh, opiates for that. And then let's see if you're pregnant and what would be the impacts of opioids in your system during your pregnancy? Here are some options. We can connect you if you're interested, to someone that provides buprenorphine or methadone, which are really great medications, and support pregnant people in having successful births."

[\(33:32\)](#):

So I think that it's that piece of getting ourselves more educated is really important. And I think also I would say for our harm reduction peers, to seek out folks that are doing sexual and reproductive health work. When we're working together, we can work with the whole person. People are not pieces. We are not like, "I'm not my uterus. I am not my brain. I am not my veins. I'm a whole person." Capitalism wants us to be siloed. White supremacy culture wants us to be siloed. So the more that we actively challenge that by seeking ways in which we can connect and do this work is really important. And I've invited folks that are doing sexual reproductive help to come to the drop-in center and have conversations with participants about what are the services that you're offering.

Tammy Kremer [\(34:19\)](#):

Yes, I'm hoping that having these conversations can inspire a bit more of that interconnection. And I wonder if there is an example of a person you look up to or an organization or an initiative that does do some of this bridging that we could name here.

Tanagra Melgarejo Pulido [\(34:36\)](#):

Positive Women's Network is an organization that is run by folks that identify as women who bridge this intersection between body autonomy, sexual and reproductive health, H I V prevention or awareness around HIV, and harm reduction. And they are amazing. There's another organization that I really appreciate called The [inaudible 00:34:57]. They do a lot of work around the intersection of pregnant people who are incarcerated and harm reduction and providing doula services to folks. Sister Song, I'd be remiss if I didn't name Sister Song out of Georgia. Loretta Ross is the founder and is also the founder of the concept of reproductive justice. So seek Loretta Ross out as an author. Oh, and Kelly Knight. Kelly Knight has published extensively and done amazing community-based participatory action research work around this intersection too. Shout out to Kelly Knight.

Tammy Kremer [\(35:31\)](#):

Yes, thanks for all those references. We also did an episode in last season, season three with Becca Schwartz who helped found a program at the SF General Hospital where they specifically focus on

supporting folks who use drugs and are pregnant. So for our listeners, I'd encourage you to check that out. Is there anything else that you would like to share before I ask you My closing question?

Tanagra Melgarejo Pulido ([35:53](#)):

Working from a harm reduction lens and framing is giving us the tools to really challenge and undo white supremacy culture. And that is hard work because we are all immersed in it. It's like in us, it's like in our DNA. Harm reduction is like breaking bones. We're breaking bones to set them right. And so I think that we should not be afraid of the hard work. And I think we're less afraid when we're doing it in community. If folks are interested, you can reach out to me or to Bronze I'm sure, to Cochina Ruud. All the folks that have been in this previous episodes, I will speak for them because I know that they will definitely be more than open to connecting folks to other people and other parts of the country or within your own communities. I think it's like building power means that we have to build community too.

Tammy Kremer ([36:40](#)):

And where can our listeners find you if they want to reach out to you?

Tanagra Melgarejo Pulido ([36:43](#)):

They can find me at the National Harm Reduction Coalition. I can give you my email, which is my last name, Melgarejo@harmreduction.org. But if you go to the webpage, you can find me there. They'll have my picture and you can click and then you can get my email. I'd be happy to respond to questions or connect folks with people that I know. Don't be shy about reaching out.

Tammy Kremer ([37:05](#)):

So I like to close our conversations with an opportunity for some imagination, knowing that imagination, creativity are huge parts of movement building and creating the world that we want to live in. And so what do you imagine or hope that we might be able to create by coming together for sexual health?

Tanagra Melgarejo Pulido ([37:24](#)):

Oh, wow. I imagine that we can create a more equitable, loving, fair, and just world. A world that recognizes that we all belong in it and that we all deserve to belong. And that we can be our unique selves and also be part of a community. And also that honors and centers the right that we have to be autonomous and to make decisions over our own selves and bodies unapologetically.

Tammy Kremer ([37:54](#)):

Beautiful. Well, I really want to thank you, Tanagra, for everything that you shared today. Thank you for bringing all of that insight.

Tanagra Melgarejo Pulido ([38:03](#)):

Thank you for having me. I really enjoyed it.

Tammy Kremer ([38:08](#)):

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California PTC, and at comingtogetherpod.com. This podcast is produced by me, Tammy Kremer, and is edited by Isaiah Ashburn. Thank you for coming together for sexual health.