

OUR LOCAL CORRESPONDENTS

THE STRUGGLE TO IMPROVE VACCINATION RATES AMONG LATINOS IN NEW YORK

Vast disparities in immunization levels persist between the city's communities.



By Stephania Taladrid

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Latinos are almost twice as likely to die from the coronavirus as whites in New York City, and they account for the largest share of the city's COVID-19 infections. Photograph by Spencer Platt / Getty

This winter, as the pandemic continued to unfold, Myrna Lazcano felt a need to insulate herself from others. A forty-four-year-old community activist from Mexico living in East Harlem, she had spent much of 2020 answering calls from friends, neighbors, acquaintances, and even strangers in need. Beginning last March, cries for help about increasing immigration raids gave way to urgent pleas for food, money, and funeral services. When a neighbor and her husband fell gravely ill with the coronavirus, they asked if Lazcano would take care of their two young daughters if they were to die. After one of her brother's co-workers died of the virus, his corpse lay in his apartment for twelve hours before it was retrieved. "We may not be related by blood," Lazcano said recently, "but we've had too many casualties in this war."

Lazcano, who has short dark hair and a serene demeanor, shares a one-bedroom apartment with her husband and two daughters, aged thirteen and nineteen. In the last week of January, her younger daughter,

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Michelle, tested positive for the virus. Lazcano, who is diabetic, lost her sense of taste within three days. Red bumps appeared across her chest and on the back of her head. Her toes turned purple, her eyes and legs grew swollen, and she found herself gasping for air. But she hesitated to go to the hospital. After losing her day job as a cleaning lady, last spring, Lazcano had stopped paying rent—she owed her landlord more than fourteen thousand dollars, and her bills kept piling up. As her symptoms dragged on for months, she grew increasingly fearful. Under the impression that it might help, she finally decided to try the vaccine. “It’s like when people ask, ‘How would you like to be martyred,’ ” she said, half in jest, referring to a Mexican refrain: “*con látigo o chicote*”—with a whip or a lash.

After New York City began the first phase of its vaccine distribution, in December, health authorities issued a detailed breakdown of vaccination rates by demographic, which showed immense disparities. White people were five times more likely to have received the vaccine than Latinos or Blacks, who, respectively, make up nearly a third and a fourth of the city’s population. Local officials temporarily took the data offline, claiming it was incomplete. But critics accused the city of repeating the mistake it had made in the spring of 2020, when it held back information on death and infection rates by demographic. To date, Latinos are almost twice as likely to die from the coronavirus as whites, and they account for the largest share of COVID-19 infections in the city.

For Lazcano, the pandemic’s disproportionate toll on minorities seemed suspicious. So did the speed with which pharmaceutical companies had developed a vaccine. Many of her relatives and friends in the U.S. and Mexico shared similar concerns. “They fear the liquid in the vial,” she said. In interviews, three dozen Latinos living in New York City expressed skepticism about how the vaccines were developed, but the primary reason they cited for not getting a shot was a lack of access. When the vaccine was first offered, some people didn’t know where to make an appointment or whom to ask for help. And those who did complained about the hurdles they faced: most of them worked more than one job and didn’t have time to search for a slot; others didn’t have a reliable Internet connection at home or were hesitant to call the vaccination hotline, owing to their limited command of English.

Members of the city’s undocumented community faced even greater obstacles. Rebecca Telzak, the deputy director of the immigrant-advocacy group Make the Road New York, said that, in early stages of the vaccine campaign, many people were unable to obtain the documents required to prove job-based eligibility. “The people who work off the books and don’t feel comfortable going to their employer for a letter are really struggling to get vaccinated,” Telzak said. Many were also fearful of going to a site patrolled by the police or run by the National Guard. “That is usually the people that they don’t want to

be facing or be talking to,” Lorena Kourousias, the head of Mixteca, a Brooklyn-based nonprofit that serves the Latino community, observed. “We’re just seeing what we see over and over with different issues: systemic barriers for the community to be able to access services.”

To Kourousias, the city’s strategy denoted an ignorance about the community. Local authorities’ intentions were good, she said, but it was clear that they hadn’t considered who would be left on the margins. When the governor of New York, Andrew Cuomo, announced that restaurant employees were eligible for the vaccine, in February, Kourousias rented a bus and took thirty workers to the mass-vaccination site at the Javits Center. Many asked if they had to pay for the shot or if getting it would allow immigration officials to declare them a public charge, a tactic that the Trump Administration had used to deny permanent-resident status to immigrants. The Biden Administration has halted the practice, but fear persists in the community. Sites not run by the government presented their own challenges. “CVS, for example, was asking for Social Security numbers,” Telzak said. “And that caused a lot of confusion and fear in the immigrant community.”

This spring, the city’s Department of Health and Mental Hygiene broadened its vaccination strategy, relying on a growing number of N.G.O.s, houses of worship, and consulates. “There is a lack of trustworthiness in government, so part of the engagement is being transparent and recognizing that we need to earn back their trust,” Torian Easterling, the department’s chief equity officer, told me. “It’s about meeting people where they are.” In April, the department began deploying a mobile-vaccination bus to reach delivery and restaurant workers in Sunset Park, Bed-Stuy, Harlem, and other neighborhoods. It also opened vaccination sites where seniors could walk in without an appointment, and it has spent two million dollars a month on a Spanish-media campaign. Even so, elected officials in some of the hardest-hit areas of the city said that more needed to be done to improve access.

Mayor Bill de Blasio had included Corona, Queens, in a list of thirty-three priority neighborhoods, but as of mid-March, only nine per cent of adults there had received a first dose of the vaccine. By comparison, the average rate in the five boroughs as a whole stood at twenty-three per cent; in affluent, predominantly white neighborhoods, such as Breezy Point, Queens, and a portion of the Upper East Side, in Manhattan, it was fifty-five and forty-one per cent, respectively. For the congressman Adriano Espaillat, who represents parts of northern Manhattan and the Bronx, the issue wasn’t just that vaccination rates were shockingly low but that a new coronavirus variant was said to have originated in Washington Heights. When we spoke in late March, Espaillat explained that it had become the dominant variant. “It’s easier for the government to say, ‘Let’s go to these big institutions and distribute it

there,' but the impact that it would have at the local level is less effective," Espaillat added, arguing that it was essential to partner with neighborhood clinics. "It really takes a full-court press."

Over the course of the pandemic, Juan Carlos Ruiz, a Mexican pastor at the Church of the Good Shepherd, in Bay Ridge, Brooklyn, has worked tirelessly to help members of his community withstand the crisis. Ruiz, who was [profiled in this magazine](#) last year, has delivered groceries, organized funerals, and spoken at demonstrations demanding more aid for those most in need. Hundreds of people have walked through his church's doors each day to receive a meal or pick up a box of food. Yet when the city's vaccination campaign started, he struggled to find people in his community who were planning to receive the shot. "Then when I asked them, 'Would you get vaccinated at the church?'" Ruiz recalled, "invariably, their answer was yes."

Beginning in March, Ruiz turned his church into a vaccination site. On a recent morning, the pastor, who is fifty-one and slender with a dusty-brown beard, was fielding calls from people hoping to get one of the five hundred shots that would be administered that week. In a large hall to the right of the altar, nurses sat at two folding tables. A constant stream of people walked in, filled out their paperwork, and waited patiently to receive a dose of the Johnson & Johnson vaccine. The majority of them spoke English haltingly; some couldn't read or write. Many had previously contracted the virus, and practically no one had a health-care plan. "They're on the margins of everything," Ruiz said.

Around nine in the morning, Wendy Reza arrived along with four members of her family. Only her uncle, who was in his seventies, had an appointment. In a hushed voice, the uncle asked the pastor if Reza could have it instead. He explained that Reza had caught the virus in April of last year, when another uncle—a delivery worker—came home sick and passed it to all thirteen members of the family, who live together in a four-bedroom house. At twenty-seven, Reza has struggled with diabetes and hypertension for years. After contracting the virus, she was hospitalized and spent a month on a ventilator. "I couldn't speak," she recalled. "If I needed something, I just had to write it down." Over time, she recovered her voice, but she walked with a cane for nearly a year.

By midafternoon, Jorge Ospina, a pastor from a neighboring church, arrived to get his dose. Ospina, who is Colombian, slight, and short, was grappling with how to assuage his congregants' fears—sharing his own experience from the pulpit had to be part of the answer. "Many have legitimate concerns about getting the vaccine," he said, with a pensive look. In line ahead of him was Juana Torres, a gregarious woman in her fifties and the matron at Ospina's church. Torres claimed that her friends had heard that

some people had died or suffered from severe side effects after getting the vaccine. “They don’t want to be among them,” Torres said, ruefully. Others still couldn’t run the risk of missing a single shift at work. “They simply cannot afford to do that,” she added.

On the third floor of the church, nine women took part in an embroidery class. Sitting in a circle, the women laughed and exchanged gossip as they drew animal patterns on white cotton masks. They began meeting in the spring of last year, when a majority of them lost their jobs owing to the pandemic. That day, much of their conversation revolved around vaccines. “Every single time I call the pastor, he says, ‘Maria José, *la vacuna!*’ ” a small, exuberant woman of thirty-six, said, imitating Ruiz’s exhortation to receive a dose.

A knitter to Maria José’s left explained that she would not be getting the vaccine because her husband was against it. Two of her nephews were autistic, she said, and she believed, erroneously, that their diagnosis was linked to childhood vaccinations. Some of the women cited the same news reports that Torres had referred to: a person who died within minutes of getting a shot, or others who experienced lasting side effects. A silence ensued, which Maria José broke within seconds. “Well, ladies, in all truth,” she said, with the air of someone about to disclose a secret. “I’m just waiting to see if people start sprouting wings!” The room echoed with laughter.

Back in the vaccination area, the mood was joyous. A nurse had managed to extract nine extra doses from vials, and Ruiz was on the phone urging people to get to the church as fast as possible. Leonardo, a wiry man in his twenties from Guatemala, arrived within minutes. Ruiz explained that Leonardo’s family was one of thousands who belonged to the indigenous K’iche’ community, few of whom wanted to hear about the vaccine. “They fear it is meant to colonize them,” Ruiz said. Leonardo was seen as a leader in the community, and Ruiz hoped he would help spread the word. “I called him up the other day,” Ruiz said. “And I told him, ‘I need *you* to be the first one.’ ”

Three months after the city began its vaccine rollout, Myrna Lazcano’s eldest daughter, Heidi, came home with good news. A social worker was volunteering at La Morada, the Oaxacan restaurant in the Bronx where Heidi worked, to help hundreds of people get vaccine appointments, and she had taken down Lazcano’s name. Months after turning their restaurant into a soup kitchen, the owners of La Morada asked Karina Ciprian, a social worker they knew, to talk about vaccines with the families who came to pick up boxes of food. Ciprian told me that many of the families were having trouble overcoming language or technological barriers.

Now that vaccines are available to all New Yorkers older than twelve, barriers to access have been lowered—people can walk into many vaccination sites without an appointment, and the number of mobile clinics is growing by the week. Still, disparities persist. Vaccination rates have increased across the city, such as in the financial district, where close to ninety per cent of adults have received their first dose. But they remain low in predominantly Latino or Black neighborhoods, such as Corona and East Harlem, where less than sixty per cent of adults have received at least a first dose.

Lazcano was shocked by the number of Latinos who continue to die each week from the virus—and by the fact that distrust of vaccines remained so widespread in the community. The brief suspension of the Johnson & Johnson vaccine after it caused rare blood clots in some women hadn't helped. Its use was resumed within ten days, but many in the community still worried about its perceived lethality—some even believed it was intentional. The last time Pastor Ruiz had offered the shot at his church, in early May, only seventy people showed up, and hundreds of vials had gone unused. His message to the community was the same as Lazcano's: there is no question that the virus is far more lethal than the vaccine.

When Lazcano went to get her shot, at a Catholic school in the Bronx, she had her daughter Heidi take a picture of her getting injected. She wanted to share it with others, to demystify an experience that was feared by so many. That day, one of her neighbors called asking about a box of food that Lazcano was going to give her. "I'll call you later. I'm getting the shot," Lazcano said. The neighbor called again a few hours later. "Did it hurt?" she asked. "How and where can I get it?" Lazcano said that she believes the more Latinos can get the shot, the more people in the community will be persuaded to try it. "Only time will tell if we're being treated as an experiment," she said. "At the end of the day, no one can really tell if the water is hot or cold until one dips in one's feet."

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