

For immigrants, IDs prove to be a barrier to a dose of protection

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BOSTON — The line started outside, on a street usually teeming with people waiting to enter college bars, and snaked up the stairs of an old firehouse to the Brazilian Worker Center, where shots of the [coronavirus](#) vaccine were being administered on this cold New England spring morning.

Finally, it was Maria Sousa's turn. She had been waiting for more than an hour with her husband and daughter when a center volunteer greeted them in Portuguese and guided them to the registration desk, where they presented their identification — Brazilian passports.

Getting vaccinated here was the only option they considered.

Immigrants have been turned away from pharmacies and other places after being asked for driver's licenses, Social Security numbers or health insurance cards — specific documentation not mandated by states or the federal government but often requested at vaccination sites across the country, including right down the road from here. Often the request comes in English, a language many of the vaccine-seekers don't fully understand.

Some [state agencies](#) and [businesses](#) that provide vaccinations have acknowledged the problem and vowed that it will stop.

Sousa's family wasn't willing to take the risk.

Here, there was someone to intervene if requests for more information arose — and they did. When the woman behind the desk entered Sousa's name, a picture popped up on her screen. Since the 43-year-old was wearing a mask, the woman asked for an address to determine whether it was the same person. When the address didn't match what was in the system, she pressed for more information.

Watching as a volunteer tried to help Sousa, the center's executive director stepped in. The registrars were to accept whatever ID was presented, using the center's address if necessary.

The life-or-death race to get as many people vaccinated as possible before the coronavirus spawns more viral mutations, like the one that emerged in Brazil, started slowly but has accelerated as many of those crossing the finish line possess the wherewithal and inclination to navigate a mazelike system. As the nation nears the point where supply soon outpaces demand, the unvaccinated will increasingly be people who are reluctant or who are rebuffed by barriers blocking their way.

"We've done a good job of equality in rolling out the vaccine. A lot of states have opened to everyone 16 and over now," said Jeffrey Hines, medical director for diversity, inclusion and health equity at Wellstar Health System in Atlanta. "But equality is not equity."

Equality means giving everyone the same resources and opportunities, whereas equity takes into account people's varying circumstances and allocates resources based on need to reach an equal outcome.

"Equality can get things done quickly," Hines said. "Equity needs to be done more intentionally."

The federal government says everyone has a right to the coronavirus vaccine regardless of immigration status, with the Department of Homeland Security calling it "a moral and public health imperative to ensure that all individuals residing in the United States have access to the vaccine."

But each state's registration process is different, and vaccination sites often make up their own rules — policies inflaming racial and ethnic divides in coronavirus vaccinations.

Twenty-six states restrict access to people who live and work there, status that can be proved with a utility bill or a work ID. But only about one-quarter of state websites make it clear that undocumented immigrants are eligible for the shot and that getting vaccinated will not negatively affect immigration status, according to recent analyses by the health policy group Kaiser Family Foundation.

Only 10 states and D.C., which have residency requirements, also allow undocumented immigrants to obtain driver's licenses or state identification cards.

Massachusetts is not one of them, and the state's [website telling people how to prepare for their vaccine appointment](#) says that although vaccination sites might request an ID or insurance card, "that only applies to people that have them."

"The idea of having to be ID'd is a major source of stress for immigrants," said Natália Tracy, executive director of Boston's Brazilian Worker Center, a nonprofit dedicated to defending and advancing labor and immigrant rights. "When people ask for ID, they say Massachusetts ID. They don't say any ID."

It is often left up to the very people made vulnerable by these ad hoc rules to push back against them.

Experts and immigration advocates say that while talk about closing the gap in vaccination rates has focused largely on bolstering acceptance of vaccines, access to them must be part of the conversation, too. That's especially true, they say, in communities still reeling from immigration policies implemented during the Trump administration that were openly hostile to immigrants of color.

"It's very easy to say vaccine hesitation," said Frankie Miranda, president of the Hispanic Federation, a New York-based nonprofit and advocacy group.

Instead, he said, a constellation of factors come into play, including the time and technology required to book appointments online, the need for transportation to vaccination sites and translation services — even the language used on promotional fliers.

Take, for instance, a colorful, bilingual bulletin advertising a recent drive-through vaccination event in one North Carolina county. It included images of a diverse cluster of masked essential workers, a group made up disproportionately of people of color and immigrants. Yet in English and Spanish, the flier proclaimed “citizens 65 and older” are eligible for vaccination.

“Already, you’re sending the message: don’t come here,” Miranda said. “This is an example where language can hamper your efforts to reach out to the community you actually want to help.”

Many immigrants won’t risk the consequences of coming forward to be vaccinated at unfamiliar places, advocates and public health experts say — even though their jobs, housing and underlying health conditions place them at higher risk of infection.

“Vulnerable populations are going to go to those places where they have trust,” Hines said. “They may not necessarily go to the mass vax site.”

Administering thousands of shots at big facilities might be a quicker way to get as many people vaccinated as possible, but “you’re going to chip away” at the number of unvaccinated people in marginalized communities by using trusted spaces, he said.

The Brazilian Worker Center administered more than 200 shots on Good Friday. But that was only a small fraction of those seeking protection. The center’s vaccination waiting list: 2,500, and growing.

“If it was not for the center, we wouldn’t take the vaccine,” said Sousa, whose family emigrated 18 months ago from São Paulo.

“There’s a tremendous amount of distress in the immigrant community. Rumors run rampant,” said Thomas A. Saenz, president and general counsel of the Mexican American Legal Defense and Educational Fund. “There needs to be a much more substantial and very targeted investment in outreach — almost on the scale of census outreach after the failed attempt to add a citizenship question. It’s absolutely necessary.”

During the 2020 Census, local, state and federal agencies sought to assuage the fears of immigrants and their families, both legal and undocumented, urging them to “fight the undercount” and participate in the enumeration.

“We have to call out people’s fears and address them directly. It can’t be generic, ‘We should all get vaccinated, and it’s a good thing,’ ” Saenz said. “We need to be very clear about the message: Absolutely no one will face any consequence related to immigration enforcement or any other enforcement. It’s got to be that specific.”

Despite the coronavirus carving a disproportionate path of death and disease through communities of color, vaccination rates in counties with predominantly Black and Latino populations are lower than those with mostly Native American, White or Asian American residents, federal data shows.

Covid-19 was the leading cause of death among Latinos and led Black people to have the highest age-adjusted death rate overall last year, according to the Centers for Disease Control and Prevention.

There is little to no data on the infection, death or vaccination rates of immigrants specifically.

From nearly two decades of work advocating for immigrants, Juvencio Rocha-Peralta, executive director of the grass-roots Association of Mexicans in North Carolina, said he knew when the pandemic began that “this community was going to be invisible.”

Conversations about public health and marginalized people in the state tended to exclude Latino immigrants, especially on the local level, said Rocha-Peralta, whose organization has recently partnered with health departments to hold vaccination events. “They’re talking about White and Black, and that’s all,” he said, but the needs of the immigrant community are distinct.

“This community doesn’t have documents. Don’t have driver’s licenses like everybody else,” he said. “But we still continue to see information out there requiring identification, which is a big no-no. It’s a fear for the community.”

Tracy, the head of the Brazilian Worker Center, personally confronted the issue when she received her dose at a mass vaccination site in Boston.

A friend accompanying her was offered a vaccination without an appointment or a request for ID. He declined, saying he was there to support Tracy, who is Afro-Brazilian.

“The woman then turned to me and said, ‘What’s your name? Let me see a Massachusetts ID. I want to make sure you’re a Massachusetts resident,’ ” Tracy said.

“I was so upset. I felt she racially profiled me,” Tracy said. “Here she is willing to give a vaccine to someone — a White male without an accent — who didn’t have an appointment without asking for ID. If I was undocumented that would have freaked me out.”

A survivor of labor-trafficking who arrived in the United States as a 19-year-old who spoke no English and with a eighth-grade education, Tracy said she identifies with “being voiceless, being invisible, marginalized.”

“I’m totally obsessed with justice and get pissed about inequality,” she said in her cramped office, her doctorate from Boston University resting in a frame on the wall behind her desk.

The Brazilian Worker Center advocates for the nearly 100,000 Brazilians in Massachusetts. It fought to reunite children separated from their families by the Trump administration’s hard-line immigration policies, ensured members were counted by the census, and established a food program when the pandemic forced people out of work and into hunger.

Tracy said the center’s vaccination clinics were partly inspired by the health activism of the Black Panther party, which deemed inadequate social services a form of

oppression. The Panthers opened free health clinics across the country, including one in Boston, that offered checkups, immunizations, blood tests and health education. She said she encountered resistance to the idea of administering vaccines at first, saying local officials wanted the center to focus on vaccine education. Tracy persisted, saying she made “noise everywhere I went” by insisting that access was necessary to eliminate disparities.

Then the center’s first vaccination clinic was scheduled, with the help of Lawyers for Civil Rights, a nonprofit that promotes equal opportunity and fights discrimination on behalf of people of color and immigrants, and the Whittier Street Health Center, which provides primary care and support services to primarily low-income and racially and ethnically diverse populations. Excited, she hopped online and made a quick video to let Facebook followers know.

Immediately, the center was enveloped by demand, and the phones haven’t stopped ringing since.

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