



Still unsure about the COVID-19 vaccine? Hear what your neighbors & local health workers have to say



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Esperanza Health Center's COVID-19 Ambassadors Madelyne Groves (left), Carmen Tejada (center left), and Darlene Burton (center right) pose for a photo with their colleagues Dr. Maryann Salib and Lianette Pappaterra of Esperanza Health Center on Tuesday, Oct. 11, 2021. (Photo by Erin Blewett)

When Harrowgate and Kensington residents Darlene Burton and Carmen Tejada were first eligible to receive the COVID-19 vaccine, they said they were hesitant.

“I did not want to get vaccinated — I was not rolling up my sleeve at first,” Burton said. “But after some research, working [at Esperanza Health Center], getting factual information, and talking to family members, I did decide to get vaccinated.”

Both Burton and Tejada, along with their colleague Madelyne Groves, are Esperanza Health Center's COVID-19 ambassadors for their neighborhoods — Harrowgate, Kensington, and Hunting Park, respectively. Using their experience as community members who were once hesitant to get vaccinated, they said they understand people's hesitation and help guide them toward accurate vaccine information.

“Now, people ask me about how they can get a vaccine for their youngest son or for their teenagers, or they ask me to talk to their cousin because they really don't want to get the vaccine,” Tejada said.



The City of Philadelphia's COVID-19 mobile vaccination unit distributing vaccines in Kensington on Oct. 7, 2021. (Photo by Erin Blewett)

In Philadelphia, 81% of residents 12 years and older have received at least one dose of a COVID-19 vaccine, and 66% of all eligible residents citywide are fully vaccinated, according to data from the city's Department of Public Health. While the city at large is hitting milestones in mass vaccination efforts, in the ZIP codes that Kensington Voice serves — 19122, 19125, 19133, 19134 — vaccination rates are lagging behind.

At the time this story was published, 63% of these neighborhoods had received at least one dose of the [Johnson & Johnson's Janssen](#), [Moderna](#), or [Pfizer-BioNTech](#) COVID-19 vaccines, and 52% are fully vaccinated, according to the [City's vaccine data](#). In ZIP codes 19133 and 19134, nearly half of the population is still unvaccinated. The City has also administered approximately 42,000 booster shots across Philadelphia.

According to the City's Department of Public Health, actual vaccination rates are most likely higher due to the fact that the City only reports data that it has documentation for and doesn't include anyone who was vaccinated outside of Philadelphia in these statistics.

[Read more: Where to get a COVID-19 vaccine in Kensington, plus answers to your FAQs](#)

For local emergency physician Dr. Jose Torradas, when COVID-19 cases increase in Philadelphia, he is most concerned about neighborhoods with lower vaccination rates and people of color.

"The message that especially resonates for me is that when the virus flares up, it's going to flare up in the ZIP codes in the city that are not vaccinated," Torradas said.

While Torradas said that vaccination rates are improving as more people get a COVID-19 vaccine, [especially Latinx residents](#), he fears that it may not be enough to prevent the spread of the virus.

“Communities [of color] that have already been more susceptible to bad health outcomes are just going to be at the forefront of the next round of COVID-19 flare-ups,” Torradas said.

Torradas is also the medical director of Unidos Contra COVID, a coalition of Latinx and Hispanic doctors who advocate for communities of color to get vaccinated and help with COVID-19 vaccine distribution.

“As somebody who is Hispanic and identifies with underserved communities, to see on the front line how this disproportionately affects us,” said Torradas. “Then to go out into the community and see resistance to getting a shot that will likely save your life if you’ve got a bad infection, can be difficult.”

**A mass vaccination effort is like a
'numbers game'**



Jose Torradas poses for a photo during a break from his shift as an emergency physician at the Vybe Urgent Care on Aramingo Ave. in Kensington on Oct. 12, 2021. (Photo by Erin Blewett)

When there is an outbreak of a new virus, like COVID-19, Torradas said there is a race against time to control and contain it before it spreads to large parts of the population.

“A virus always needs to be dividing and multiplying and jumping from person to person to stay alive,” he said. “We’ve seen with the vaccine rolling out, how more than 90% of hospitalizations are of unvaccinated people — and that the

virus spreads more among the unvaccinated. So, by getting vaccinated ourselves, we are a barrier that better prevents the virus from jumping from one person to the other.”

However, Torradas said that if more than 90% of people are vaccinated, the virus is easier to control. And when the virus is under control, things can return to normal.

According to Nicole Spector, the City’s nurse practitioner leading mobile vaccination efforts in Kensington, not only does the vaccine lower the risk of severe symptoms or hospitalization, but it also limits the virus’s ability to transfer to other people and mutate.

“After a virus infects the body, it makes lots of copies of itself. A mistake in that copying process is called a mutation,” Spector said. “Most mutations don’t affect us, but some stick around and eventually we get a new version of the virus called a variant. Some variants are more infectious, which help a virus to survive, as we’ve seen with the Delta variant.”

Currently, the Delta variant is the most concerning to the public’s health because of its nature to spread faster and cause more severe infections than earlier variants, according to the Centers for Disease Control and Prevention (CDC).

“This is purely a numbers game. So as the country reopens, I think we have to change the idea of, ‘I can stay home forever in quarantine and never get

exposed to COVID-19 and be fine,” said Torradas. “As we’ve seen, people are going to have to go back to work at some point. And so the question is, ‘Do you want to be vaccinated or unvaccinated when you do get exposed?’”

‘How was the vaccine developed so quickly?’



Nicole Spector works at McPherson Square on Thursday, October 7, 2021 providing vaccines and relevant information to those who want help regarding vaccine related questions and concerns. Spector is a nurse practitioner employed by the City of Philadelphia who is leading mobile vaccination efforts in Kensington. (Photo by Erin Blewett)

According to Spector, the pace at which vaccines were developed is one of the most common concerns among residents at her mobile vaccine sites in Kensington.

“I think a lot of us were really surprised at how quickly the vaccine came about,” she said. “But because this was a global pandemic that so seriously affected so many billions of people at once, a lot of resources, a lot of minds, and a lot of money went into the development of this vaccine.”

Before the U.S. Food and Drug Administration (FDA) approves medications (like vaccines) for use on humans, they must be tested rigorously. To do this, scientists usually take years to study the effects of a vaccine on the smallest of levels, usually with cells from living tissue, before gradually moving to larger testing environments with higher stakes, like clinical trials with humans or even animals.

“It starts out being tested on usually cells, seeing if a certain idea works or doesn’t work or if a certain type of medicine works or doesn’t work against a virus or infection,” said Torradas. “Then that gets developed oftentimes into animal models, and then ultimately human models. Every step of the process, as you get bigger and deeper into it, there are certain checklists and criteria that you have to meet.”

According to the CDC, scientists have been researching vaccines against coronavirus — the virus that causes COVID-19 — for decades and since other outbreaks of the virus caused diseases such as the Middle East respiratory syndrome (MERS) in 2012 and severe acute respiratory syndrome (SARS) in 2003. The virus that causes COVID-19 is related to these coronaviruses.

Torradas said this multilevel vaccine approval process typically takes about five to 10 years and costs a lot of money. However, in response to COVID-19, which brought countries to a standstill, the process was cut down to under a year. There was unprecedented urgency, funding, and volunteer participation.



City health workers run a mobile vaccine resource tent at Mcpherson Square in the Kensington neighborhood of Philadelphia. (Photo by Erin Blewett)

The final factor that enabled scientists to develop vaccines so quickly was messenger RNA (mRNA), a single-strand molecule that acts as a “messenger” between the center of a cell and where a cell produces protein. Inside mRNA is a genetic code that cells translate in order to create proteins for specific purposes, such as maintaining the structure of a cell.

According to Lianette Pappaterra, the community programs manager at Esperanza Health Center who is certified in public health, the mRNA technology has enabled vaccines to teach our bodies to prepare immune responses to viruses without the need for a vaccine to contain the virus at all. It was first developed in 2005 at the University of Pennsylvania.

“Conventional vaccines often contain a part or the entirety of the virus that the vaccine is protecting against,” said Pappaterra. “It’s usually either weakened or it’s a small piece of the virus.”

However, mRNA vaccines are different.

“The mRNA vaccine actually contains this messenger RNA, which just serves as a code, so your body can read that code,” said Pappaterra. “It’s the same type of code that our own cells use to make proteins.”

According to Pappaterra, the body reacts by creating the protein that the mRNA code has instructed the body to create. In the case of COVID-19 mRNA vaccines, like Pfizer-BioNTech and Moderna, the messenger RNA is instructing the body to make a “spike protein,” the same protein found on the surface of the coronavirus.

“Your body recognizes that protein as being foreign and builds up the immune response so that if your body were to see that protein again actually attached to the rest of the coronavirus, it would fight that off,” Pappaterra said. “Also,

the mRNA itself only lasts in your body for about 72 hours. It's a very temporary messenger."

"Oftentimes, we hear that the vaccine contains things that will stay in your body for a long time. But really, the mRNA in the vaccine is broken down [in the body] within 72 hours," Pappaterra added.

'Does natural immunity mean I don't need to get a vaccine?'



A face mask worn by Torradas sits on a chair during an interview with Kensington Voice. (Photo by Erin Blewett)

Contracting and surviving a case of COVID-19 can offer some form of protection, commonly known as natural immunity, where the body produces antibodies to a disease after being infected. Recent research suggests that people are unlikely to be reinfected with COVID-19 within 90 days of an initial infection, according to the CDC. However, the CDC says that in comparison to receiving a COVID-19 vaccine, natural immunity is not as strong, not as long-lasting, and not as effective at preventing reinfection with COVID-19.

“We know that people who have gotten COVID-19 before can get it again, but with the COVID-19 vaccine, you’re getting a really good amount of protection,” Spector said. “So even if you’ve had natural immunity from a previous COVID infection, we do recommend that you get the vaccine, as well.”

According to the [Mayo Clinic](#), a national nonprofit medical research center, both the Pfizer-BioNTech and Moderna COVID-19 vaccines are more than 90% effective at preventing infection with COVID-19 in people aged 16 and older. Meanwhile, Johnson & Johnson’s Janssen COVID-19 vaccine is 66% effective at preventing infection with COVID-19. All three vaccines available in the U.S. have shown high efficacy in preventing hospitalization and death for those who get sick.

Pfizer-BioNTech’s COVID-19 vaccine is the only vaccine authorized for emergency use for children aged 12 to 15 years old and is 100% effective at preventing infection of COVID-19 with symptoms in that age group, according to [Mayo Clinic](#).



“The message that especially resonates for me is that when the virus flares up, it’s going to flare up in the ZIP codes in the city that are not vaccinated,” said Torradas during a break from his shift at Vybe Urgent Care. (Photo by Erin Blewett)

While the vaccines are an effective defense against COVID-19, a small percentage of vaccinated folks in the U.S. are still expected to contract COVID-19 and be symptomatic. However, the likelihood of having severe symptoms is low due to being vaccinated, Torradas said.

“So what 95% efficacy means is that, if 100 people were vaccinated against COVID-19, and then were exposed to COVID-19, 95 of those 100 people would not get infected,” Torradas said. “The other five of the 100 people would therefore be expected to test positive, have symptoms — mostly mild symptoms — but those are the breakthrough cases.”

According to the [CDC](#), out of the more than 189 million people who are fully vaccinated in the U.S to date, a reported 10,857 people have died from COVID-19 after getting vaccinated — approximately 5.7 per 100,000 fully vaccinated people in the U.S. Of those deaths, 85% were in people aged 65 and over.

Kensington health workers call on neighbors to get vaccinated



Vaccines are stored in a specialized portable refrigeration unit when practitioners provide mobile vaccine services. (Photo by Erin Blewett)

Esperanza Health Center's COVID-19 ambassadors want their neighbors to understand that receiving a COVID-19 vaccine is the most effective way to protect oneself and their community. However, they also highlighted the relief they felt after being vaccinated.

"When I got the vaccine, it really gave me peace of mind. Before that, I didn't feel peaceful. I was always thinking, 'Should I take or not take it?'" Tejada said.

“But really I was thinking about my family. I also work with children. I value my life, my family, my community, and where I work.”

Burton recently celebrated giving away 10,000 face masks through her “[face mask giving tree](#),” a tree in front of her house that she decorates with masks for people passing by to take. Handing out face masks has given Burton the opportunity to provide people with accurate information, especially those who are hesitant to get vaccinated because of breakthrough infections.

“The vaccine was never meant to keep you completely from getting COVID-19; it was meant to keep you from getting seriously ill or dying,” said Burton. “So when someone says, ‘Oh, I don’t want to get a vaccine because you can still get COVID,’ I let them know if you are going to encounter COVID-19 — God forbid — you would much rather encounter it fully vaccinated than unvaccinated.”

Most importantly, Burton said she wants her neighbors to know that getting vaccinated prevents causing harm to others.

“Even if I got COVID-19 and I survived it, I don’t want to pass it on to someone else, and then they don’t make it,” she said. “Vaccines are very safe. I need people to know that they’re very effective, and the only way we’re going to win against COVID-19 is if people get vaccinated and do their part to help stop the spread of the virus.”

Click [here](#) for a list of vaccination sites in Kensington.