UNITED STATES SENATE
SENATOR RON JOHNSON
Senate Homeland Security and Governmental Affairs Committee
328 Hart Senate Office Building
Washington, DC 20510

DECLARATION OF 1LT. MARK C. BASHAW IN SUPPORT OF SENATOR RON JOHNSON INVESTIGATION INTO THE SAFETY AND EFFICACY OF COVID-19 VACCINES

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1. I, First Lieutenant Mark C. Bashaw, declare under penalty of perjury that the following statements are true and correct. I am over 18 years of age and have personal knowledge of the matters set forth in this declaration, and if called upon to testify to them, I would and could so competently. I make this declaration willingly, and of my own accord. Any medical opinion provided in this Declaration is based upon a reasonable degree of medical certainty. I have personal knowledge, experience and understanding of these matters, and I make this Declaration in support of the truth of the contents contained herein.

2. This Declaration is a communication and testimony solicited by and made to a Member of Congress. I make this Declaration as a whistleblower under the Military Whistleblower Protection Act, Title 10 U.S.C. § 1034.

3. I am an active duty commissioned officer in the U.S. Army. I currently serve at the Defense Centers Public Health-Aberdeen (Formerly known as Army Public Health Center - APHC), Aberdeen Proving Ground (APG), Maryland. I serve in the Preventative Medicine (67C) career field and my specialty is Entomology (72B). My official duties include participating in fact-finding inquiries and investigations to determine potential public health risk to DoD personnel from diseases caused by insects and other non-battle related injuries. I received an Associates of Science in Environmental Studies through the Community College of the Air Force (CCAF) in 2010, a Bachelor of Science degree in Management Studies from the University of Maryland, University College in 2013, and a Master of Science in Entomology from the University of Nebraska Lincoln in 2018.

4. I enlisted in the U.S. Air Force on 17 January 2006 and currently have 17 years of total active federal military service (TAFMS). I have served tours overseas to include Japan, Republic of Korea, Germany and multiple deployments to Africa, Middle East, and Central America. I directly commissioned in the U.S. Army Medical Service Corps in September 2019. I initially attended the Direct Commission Course at Fort Sill, OK, followed by the Basic Officer Leadership Course at Fort Sam Houston, TX. I was then stationed at the APHC in January 2020. While at the APHC, I have successfully served as the Headquarters and Headquarters Company (HHC) Commander from May 2020 to July 2021. Currently, I serve in the Entomological Science Division as a Medical Entomologist.

4. My specific duties at the Entomological Science Division within Army Public Health Center (APHC) required that I participate in fact-finding information regarding entomological threats to public health and safety, and properly communicate the risk to our Soldiers. These threats included insect borne diseases, zoological, and other potential non-battle related issues. I also supervised three enlisted Soldiers (Preventative Medicine Specialists, 68S). Additionally, I worked in a mosquito insectary to help with quality checks and standard operating procedures (SOPs). My official duties also included, supporting the Army Public Health Program (Army Regulation 40-5) by sustaining the readiness of the force by protecting Army personnel from potential and actual harmful exposures to chemical, biological, radiological, nuclear, and high yield explosive (CBRNE) warfare agents; endemic communicable diseases; food, water, and vector-borne diseases; zoonotic diseases; ionizing and nonionizing radiation; combat and operational stressors; heat, cold, altitude, and other environmental extremes; environmental and occupational hazards; toxic industrial chemicals and toxic industrial materials.

5. On 01 May 2023, I came across a project called, ***"COVID-19 Vaccination Perceptions and Messaging Formative Evaluation"*** at the Defense Health Centers-Aberdeen, (Exhibit A). The project was initiated in February 2021.

6. In summer of July 2021, the project's plan was amended to "decrease the chances of a mass influx of folks trying to get exemption from vaccination" (Exhibit B, p. 1). This plan initially targeted Medical Personnel at the local Military Treatment Facility (MTF), created informants out of them, recorded their interviews, and used them to find out the perceptions about the COVID19 vaccine among their treatment population and peers in the medical profession. (Exhibit C, p. 2) The stated purpose of this project was to:

> "Improve understanding of: 1. Perceptions, beliefs, attitudes and behaviors related to COVID-19 and COVID-19 vaccination at the Army installation level, 2. Factors that affect COVID-19 vaccine uptake at the installation level, 3. Perceptions of two specific COVID-19 vaccine messaging concepts developed by PHCOM for dissemination to Army healthcare workers, and 4. Awareness of previously-disseminated APHC COVID-19 messaging." (Exhibit A, p. 8)

7. The following questions were used during the informant interviews with the targeted MTF medical personnel population:

> "What perceptions, beliefs, attitudes, and behaviors exist among MTF staff and the broader installation population about COVID-19 and COVID-19 vaccination? What factors (i.e., facilitators/barriers) affect COVID-19 vaccine uptake and hesitancy at the installation level? How aware are participants of APHC COVID-19 and COVID-19 vaccine/vaccination messaging? What are participant perceptions and suggestions regarding the APHC COVID-19 vaccination messaging concepts?"

8. The Perception Management Project did not address or evaluate potential adverse reactions during the informant interviews with the targeted MTF medical personnel. Instead, the Project made the following conclusions and recommendations to increase uptake of the experimental emergency use authorized (EUA) COVID-19 injections:

a. **"Leverage the Army Values, readiness, and BE.KNOW.DO to promote vaccine uptake."**

b. **"Develop messaging that highlights leaders and peers choosing to get vaccinated and why, to build on positive social norms."**

c. **"Leverage risk rather than severity when promoting COVID-19 vaccination in messaging."**

d. **"Incorporate peer and leader voices in messaging to provide information that supports vaccine uptake."**

e. **"Include information that indicates why COVID-19 vaccines approved through EUA are safe, effective, and trustworthy."**

f. **"Consider stating how safe and effective vaccines were produced in a short time frame, highlighting this as a worldwide effort where no safety checks were skipped."**

g. **"Identify ways that APHC COVID-19 vaccination messaging can meet installation personnel information needs, as other agencies might have gaps in their messaging products."**

h. **"Ensure message intent is clear to promote COVID-19 vaccination uptake."**

i. **Consider messaging that incorporates vaccine efficacy rates and reduction in COVID-19 infections due to vaccine uptake.**

j. **Promote positive social norms, such as words and images, that convey community acceptance of the COVID-19 vaccine in messages to encourage vaccine uptake. (Exhibit A, p. 12-33)**

9. In August 2021, the Army Public Health Center published a risk communication plan called, *"Risk Communication Strategy for Required Protective Measures"* (Exhibit D), based on the Perception Management Projects' conclusions and recommendations. This risk communication strategy was controlled by APHC and the Office of the Surgeon General, Army Medical Command, and was to be used by the Army Public Health Center's COVID19 Task Force personnel.

10. The Risk Communication Strategy failed to communicate CDC Vaccine Adverse Event Reports (VAERS) safety signals, Defense Medical Epidemiological Database (DMED) safety signals, or front-line doctor testimony. It also failed to mention the fact that the Food and Drug Administration waived "Good Manufacturing Practices" within their emergency use authorization (EUA) letters for the manufacturers on the COVID19 for masks and tests.

11. In September and October of 2021, I started formally communicating these safety signals to the Army Public Health Center COVID19 Task Force to get the Risk Communication Strategy changed to include the VAERS safety signals data and frontline doctor testimony. I also submitted these protected communications to my Chain of Command, in accordance with Army Regulation 600-20, paragraph 5-12 and Army Regulation 27-10.

12. On 30 November 2021, I was targeted due to my religious convictions for not being "vaccinated," and for not participating with COVID19 experimental emergency use authorized products (masks, tests, and mRNA injections). Subsequently, my access badge was revoked from all Army Public Health Center facilities from 01 December 2021 to 17 January 2023.

13. On 28-29 April 2022, I was then charged with Article 92 UCMJ for failing to wear and mask and test for COVID19, due to my "vaccination" status, and sent to a Special Court Martial (*United States v 1LT Mark Bashaw*). I was then convicted and sentenced for refusing to participate with the experimental EUA products (masks, tests, and injections). The Judge sentenced me to "no additional punishment."[1]

14. Despite a Judge's ruling, retaliation continued, as the Commanding General used the court martial as justification to eliminate me from service. Throughout my court martial, I was highlighting the safety signals (VAERS & DMED) and the fact that the FDA waived "Good Manufacturing Practices" for COVID19 EUA products (masks & tests). There were never any FDA Approved and Licensed products (mask, test, and injection) available for COVID19.

15. On 30 May 2023, I was notified by my Company Commander at Defense Centers Public Health-Aberdeen that after 17 years of active-duty service, I will be involuntary discharged (General) with a characterization of "unacceptable conduct." I was given a 14-day notice to completely out-process the Army. This Discharge was signed by the Assistant Deputy Secretary of the Army MICHAEL T. MAHONEY, through the delegated authority of the Secretary of the Army.

I declare under penalty of perjury, under the laws of the United States that the foregoing statements are true and correct.

Executed this 6th day of June 2023

Mark Charles Bashaw

Mark C. Bashaw, 1LT/MS

[1] https://rumble.com/v1owz3w-court-martial-sentencing-1lt-mark-bashaw.html

Maryland State
Anne Arundel County

On Jun. 6th 2023 date before me, as Notary and as Jurat Certificate of Acceptance by court officer, Mark Charles Bashaw personally appeared and proved to me on the basis of satisfactory evidence to be the man whose Name is subscribed to the within attached instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his autograph on the instrument the man executed, the instrument.

I certify under PENALTY OF PERJURY under the lawful laws of Maryland State and the STATE OF MARYLAND that the foregoing paragraph is true and correct Witness my hand and official seal.

Signature Jackson Bryce Hunter Kaspar seal
of Notary Republic

Jackson Bryce Hunter Kaspar

JACKSON BRYCE HUNTER KASPAR
NOTARY PUBLIC
ANNE ARUNDEL COUNTY
MARYLAND
MY COMMISSION EXPIRES April 05, 2027

COVID-19 Vaccination Perceptions and Messaging Formative Evaluation, March 2021

Public Health Assessment Division
Health Promotion and Wellness Directorate

01 April 2021

Purpose

PURPOSE: To provide a summary of the results from the COVID-19 Vaccination Perceptions and Messaging Formative Evaluation conducted with Army Public Health Emergency Officers (PHEO), Assistant PHEOs (APHEO) and other subject matter experts (SME) in March 2021.

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OUTLINE:

Bottom Line Up Front (BLUF)
Project Overview
Design & Methods
Overarching Findings & Recommendations
Results & Recommendations by Guiding Question
Conclusions & Way Ahead

BLUF

- **PHEOs, APHEOs and SMEs reported observing COVID-19 vaccine hesitancy** among Medical Treatment Facility (MTF) personnel and broader installation populations.
  - However, the **level of hesitancy observed differed by installation** and it is unclear the degree to which hesitancy may currently be affecting vaccination uptake.
  - **Some installations have begun looking into the demographic data of those vaccinated**, yet MTF staff have struggled to interpret and use this information to increase vaccine uptake.
- **Low perceived threat appears to be a key barrier to COVID-19 vaccine uptake**. **Lack of trust in currently available vaccines may outweigh concern of contracting COVID-19** for some individuals and be a **key driver of vaccine hesitancy.** Factors, such as being young and healthy, and lack of perceived and actual exposure to COVID-19 also seem to impact decisions to get vaccinated.
- Social norms seem to shape COVID-19 vaccination uptake both negatively and positively. **The attitudes and vaccination uptake of others (particularly leaders and peers) within an individual's social network may also be key drivers of vaccine uptake/hesitancy.**

BLUF

- **Individuals' motivation for choosing to get a COVID-19 vaccine** included existing, significant touchpoints related to readiness and Army Values.

- Results of this initial evaluation, although not generalizable, suggest **targeting messaging to increase vaccine uptake and opportunities for providing guidance and/or resources to the field, including:**
  - **Segment and prioritize messaging** that targets various audiences on the vaccine hesitancy spectrum, and promotes uptake using the transtheoretical model as a guide.
  - **To mitigate vaccine hesitancy:** Address the perception of higher risk associated with being vaccinated (e.g. lack of trust, misinformation, concern for speed of vaccine approval) compared to the perceptions of lower risks of susceptibility to COVID-19 (e.g. my exposure is low) and the severity of COVID-19 (e.g. it is just like the flu)
  - **To promote vaccine uptake:**
    - **Increase motivation** by promoting positive social norm and educate on potential impact of COVID-19 on readiness
    - **Address identified knowledge gaps** (e.g. locally relevant logistics information …what, where, when of vaccine availability and eligibility), general education about COVID-19 and COVID-19 vaccines).

Project Overview

Project Overview

Background:

- Beginning in December 2020, multiple COVID-19 vaccinations were approved for use and are now available through Emergency Use Authorization (EUA). COVID-19 vaccination is a Senior Leader priority; however, vaccine hesitancy across the Army Enterprise is a concern.

- In March 2021, the U.S. Army Medical Command (MEDCOM) tasked the Army Public Health Center (APHC) to develop messaging to address COVID-19 vaccination hesitancy among Army health care workers.

Project Overview

Purpose:

- The APHC Public Health Communication Directorate (PHCOM) and COVID-19 Communication Working Group requested support from the APHC Public Health Assessment Division (PHAD) to improve understanding of:
  1. Perceptions, beliefs, attitudes and behaviors related to COVID-19 and COVID-19 vaccination at the Army installation level,
  2. Factors that affect COVID-19 vaccine uptake at the installation level,
  3. Perceptions of two specific COVID-19 vaccine messaging concepts developed by PHCOM for dissemination to Army healthcare workers, and
  4. Awareness of previously-disseminated APHC COVID-19 messaging.

- The project team identified installation PHEOs/APHEOs as an accessible entry point to quickly provide insight into COVID-19 vaccine hesitancy and COVID-19 perceptions among MTF personnel and broader installation populations.

Design and Methods

Guiding Questions

Q1 What perceptions, beliefs, attitudes and behaviors exist among MTF staff and the broader installation population about COVID-19 and COVID-19 vaccination?

Q2 What factors (i.e., facilitators/barriers) affect COVID-19 vaccine uptake and hesitancy at the installation level?

Q3 How aware are participants of APHC COVID-19 and COVID-19 vaccine/vaccination messaging?

Q4 What are participant perceptions and suggestions regarding the APHC COVID-19 vaccination messaging concepts?

Design

- **Key Informant Interview Design**:
  - Semi-structured interview guide:
    - COVID-19 and COVID-19 Vaccination Perceptions among MTF personnel and the broader installation
    - Message testing of PHCOM-developed communication products targeting COVID-19 vaccination hesitancy among MTF personnel
  - Sampling:
    - Convenience sample of PHEOs and APHEOs from select CONUS and OCONUS locations with medical centers (MEDCEN)
    - Snowball sampling approach to identify other SMEs at these select locations

- **Data Collection/Analysis Timeline:**
  - 04 - 19 March 2021: Completed 8 interviews with 6 PHEOs, 1 APHEO, and 1 SME across 5 (3 CONUS and 2 OCONUS) locations
  - 22 - 26 March 2021: Rapid coding and directed content analysis of interview notes conducted in pairs

Coding & Directed Content Analysis:

- **Step 1:** Finalized interview notes by reviewing audio files to ensure note accuracy and completeness. Uploaded finalized notes into NVivo for coding and analysis.
- **Step 2:** Descriptively-coded interview notes in pairs using a primary and secondary coder process.
- **Step 3:** Conducted directed content analysis in pairs and by guiding question using a primary and secondary analytic approach. Analyzed data references from the 8 interviews within and across codes and sub-codes. The primary analyst then identified and defined initial themes.
- **Step 4:** Secondary analysts applied the same analytic approach and then reviewed the findings documented by the primary analyst. The secondary analyst provided feedback on theme refinement and the analyst pairs then met to adjudicate feedback.
- **Step 5**: The project team met to discuss and finalize findings and recommendations (by and across guiding questions).

Overarching Findings and Recommendations

Overarching Findings & Recommendations

Three overarching themes appeared to drive COVID-19 vaccine interest. Associated recommendations from these themes are also presented.

- **Perceived Threat:**
  - Interviewees reported that being young and healthy, "COVID fatigue", and lack of COVID-19 exposure seemed to reduce overall perceived threat among MTF personnel and the broader installation population
  - A key challenge for communicating the importance of vaccine uptake according to interviewees was risk of contracting COVID-19 versus risk of, or alternatively trust in, COVID-19 vaccination

- **Social Norms:**
  - Peer groups and leadership perspectives on COVID-19 and COVID-19 vaccination appeared influential on vaccine uptake

- **Motivation:**
  - Interviewees reported an important motivator for getting vaccinated was readiness
    - Being ready to meet mission, avoid missed duty days, and return to normal were consistent messaging suggestions for promoting COVID-19 vaccination

RECOMMENDATIONS

Include clear, detailed information regarding the safety of COVID-19 vaccines to reduce perceived threat from the vaccine, while also highlighting the risk of COVID-19, tailored to the target audience.

Promote existing social norms to demonstrate peers and leaders opting to get a COVID-19 vaccine.

Leverage community protection to promote vaccination in messaging.

Consider various channels to engage unit leaders as they may be a key driver to increase vaccine uptake, engender a culture of safety, and promote public health.

Leverage readiness and other Army Values in messaging to reach target audiences who may feel low perceived threat of COVID-19 or experience vaccine hesitancy.

Results and Recommendations by Guiding Question

Guiding Question 1

What perceptions, beliefs, attitudes and behaviors exist among MTF staff and the broader installation population about COVID-19 and COVID-19 vaccination?

Key Findings & Recommendations

- MTF and broader installation personnel appeared to have greater concerns about **contracting COVID-19 than the severity of COVID-19 symptoms.**
    - Several interviewees shared that the broader installation populations felt COVID-19 was no more severe than “the flu”
- **MTF personnel appeared more risk averse to contracting COVID-19** than the broader installation population.
    - However, risk aversion varied within the MTF population and appeared to differ based on role and exposure risk
- Interviewees indicated a relationship between **degree of perceived risk of COVID-19 and attitudes toward vaccination.**
    - Those with lower risk perceptions appeared to hold attitudes and beliefs that may be barriers to vaccine uptake

RECOMMENDATIONS

Leverage risk rather than severity when promoting COVID-19 vaccination in messaging.

Consider messaging that targets groups with lower perceived risk as they may be less interested or likely to get the COVID-19 vaccination without additional prompting.

Messaging that promotes readiness and protecting your community and that highlights continuing COVID-19 risk may resonate with those with lower perceived risk.

Key Findings & Recommendations

- Interviewees described differences in perceived risk of COVID-19 among MTF personnel. These differences related to **job title/role, and exposure risk based on daily duties and duty location, which appear to shape attitudes toward vaccination.**
    - Physicians, and other advanced practice providers, were described as having more concern regarding contracting COVID-19 and experiencing its symptoms. They were also described as having more positive attitudes toward COVID-19 vaccination
    - Those with greater exposure to COVID-19 in their role (e.g., ICU, primary care, COVID-19 clinic) also held greater perceptions of risk
    - **Health techs, nurses, administrative personnel, and support staff** were described as having lower perceived risk of contracting COVID-19, which may act as a barrier to vaccine uptake.

- **Misconceptions surrounding COVID-19 and COVID-19 vaccination** also appear to play a role in individuals' calculating their risk and making decisions about getting vaccinated.

RECOMMENDATIONS

Prioritize COVID-19 risk communication and messaging that promotes vaccination among:

- Health Techs
- Nurses
- Administrative Personnel
- Support Staff
- Other medically adjacent personnel

Communication strategies should use specific visual cues, such as images of the target groups, and message verbiage to signal to these groups that:

- They are at risk of contracting COVID-19 because of their exposure in the MTF, thus building on the importance of exposure in increasing risk perceptions
- Vaccination is essential and beneficial for readiness and community protection in the MTF

Consider messaging that emphasizes creating a culture of safety to promote vaccine uptake.

Guiding Question 2

What factors (i.e., facilitators/barriers) affect COVID-19 vaccine uptake and hesitancy at the installation level?

Key Findings & Recommendations

- The following appear to be barriers to COVID-19 vaccine uptake: **information gaps related to when, where, who and how** to receive the vaccine at their installation.

- Negative attitudes toward COVID-19 vaccination from **leaders and peers** seemed to impact how readily installation personnel accepted the vaccine.

- Interviewees also reported that lack of **perceived threat** represented a barrier to vaccine uptake.
    - There is a need to reach young and healthy individuals who may not feel at risk of COVID-19, and may be less interested in getting the vaccine
    - They also noted difficulties with individuals recognizing the risk of COVID-19 versus the lack of trust in the vaccine when speaking with installation personnel

- There seems to be **a spectrum of interest in COVID-19 vaccine uptake,** and interviewees reported focusing their communication and outreach on those who were unsure, but who could become interested in getting the vaccine if they received more information.

RECOMMENDATIONS

Share logistical information about COVID-19 vaccination availability by developing materials that provide this information.

Incorporate peer and leader voices in messaging to provide information that supports vaccine uptake.

Utilize information on COVID-19 risk and reinforce vaccine safety in messaging:

- To increase perceived threat of COVID-19 and
- To prioritize communication products that address vaccine-hesitant individuals' concerns

Key Findings & Recommendations

- **Social norms around the COVID-19 vaccination play a key role in vaccine uptake**. Leaders and peers speaking positively about vaccination and getting vaccinated appear to increase vaccine interest and uptake.
    - Town halls, group vaccine safety huddles, and face-to-face dialogue seemed helpful to share information, address concerns, and increase vaccine interest
    - Word-of-mouth or seeing friends and family opt to get the vaccine appeared to be a motivator, even for vaccine hesitant individuals
    - A sense of protecting the community from COVID-19 seemed to be a facilitator

- **Readiness and related concepts (e.g. meeting mission, reducing missed duty days, traveling) appeared to be persuasive reasons to MTF personnel and members of the broader installation to consider vaccination**, even those who did not feel a high perceived threat from COVID-19.

RECOMMENDATIONS

Develop messaging that highlights leaders and peers choosing to get vaccinated and why, to build on positive social norms.

Leverage the Army Values, readiness, and BE.KNOW.DO to promote vaccine uptake.

Consider messaging that incorporates the importance of community protection as a reason for getting a COVID-19 vaccine.

Utilize readiness concepts, and practical reasons like avoiding missed duty days by getting the COVID-19 vaccine, to reach target audiences who may not be convinced by vaccine information alone.

Key Findings & Recommendations

- **Vaccine hesitancy typically revolved around trust in the available COVID-19 vaccines**.
    - Particular concerns included how quickly the vaccines were developed and how this relates to vaccine efficacy and safety given approval through EUA
    - There is a need to communicate why the vaccines are trustworthy by providing information such as:
        - Speed of development related to a worldwide effort to create the vaccines
        - That no steps were skipped in testing the vaccines (e.g., trials)

- **Addressing these concerns seriously using clear and consistent messaging**, and incorporating Army-related analogies, may be helpful in:
    - Overcoming vaccine hesitancy due to misunderstanding
    - Increasing perceived threat of COVID-19 by reducing concerns about risk from COVID-19 vaccination

RECOMMENDATIONS

Include information that indicates why COVID-19 vaccines approved through EUA are safe, effective, and trustworthy.

Consider stating how safe and effective vaccines were produced in a short time frame, highlighting this as a worldwide effort where no safety checks were skipped.

Leverage various messaging approaches, such as analogies or reasons why individuals trust the vaccines, to clarify COVID-19 vaccination safety and efficacy.

Guiding Question 3

How aware are participants of APHC COVID-19 and COVID-19 vaccine/vaccination messaging?

Key Findings & Recommendations

- Interviewees described being aware of APHC COVID-19 messaging products, with **PHEOs seemingly having the greatest awareness among MTF** personnel due to:
  - Information provided by the Public Health Emergency Program Manager and others directly to PHEOs via email
  - Familiarity with APHC's website; interviewees actively sought out products for download

- Many interviewees **recalled seeing or referenced messaging from other sources, primarily the CDC**, but also DHA and Navy.
  - It appears that CDC messaging may be more widely and frequently disseminated and displayed than messaging from other sources, such as APHC

RECOMMENDATIONS

Identify additional active channels to disseminate COVID-19 and related vaccination messaging, as this may increase awareness and use of APHC communication products.

Ensure that APHC message products are available for download on the APHC website.

Identify ways that APHC COVID-19 vaccination messaging can meet installation personnel information needs, as other agencies might have gaps in their messaging products.

Key Findings & Recommendations

- Interviewees **recalled earlier in the pandemic, more general APHC COVID-19 messaging.**

- In general, interviewees shared **positive feedback** when they recalled APHC messaging.
    - Example APHC messages they considered high quality included COVID-19 messaging regarding handwashing, covering coughs, and quarantining
    - Some described printing and laminating these messages, and posting them in their MTFs, as a visual reminder for other personnel

RECOMMENDATIONS

Focus on specific COVID-19 vaccination information needs in messaging to avoid redundancy of general COVID-19 information.

Continue to provide messaging that dispels misinformation and myths about COVID-19 vaccination by:

- Acknowledging the target audiences' concerns
- Addressing these with clear, factual information

Continue building upon the positive reception of APHC COVID-19 message products.

Key Findings & Recommendations

- **There are multiple challenges to meeting COVID-19 information and messaging needs**.

- One barrier suggested by interviewees was lack of **streamlined dissemination**.
    - One interviewee shared that vaccine information was not available as vaccine doses became available, which resulted in knowledge gaps and commander hesitancy to discuss vaccination

- Another identified barrier was **approved locally relevant messaging and information** to address specific target audiences' information needs/gaps.

RECOMMENDATIONS

Dissemination is critical to addressing key COVID-19 information and messaging needs.

Consider partnering across the Enterprise to identify opportunities to share consistent COVID-19 vaccination information through various channels, including those specific to MTF and installation leadership who may not currently receive APHC COVID-19 messaging.

Consider messaging that provides ways for commanders to discuss COVID-19 vaccination and vaccination hesitancy.

Identify opportunities to develop:

- Message products or templates with approved COVID-19 vaccination information that can be tailored locally
- Tip sheets for creating and disseminating local messaging

Guiding Question 4

What are participant perceptions and suggestions regarding the APHC COVID-19 vaccination messaging concepts?

Key Findings & Recommendations

- The **intent of the messaging clear**, however, there was some confusion surrounding the tagline.
  - "Don't miss your shot" and the Soldier graphic indicated one should get a vaccine
  - The tagline was a good reminder, but overall would not influence personnel to get the vaccine and the connection to COVID-19 could be referenced for more clear messaging

- Interviewees liked the visuals, yet wanted **more information to identify why** it was important to get the COVID-19 vaccination.
  - Safety and allergic reactions information was useful to address target audience concerns
  - Interviewees liked the Soldier graphic in message concept two, but would prefer if it also included information on the COVID-19 vaccine
  - Additional information, such as why the vaccine was safe, effective, and protective would be convincing to the target audience

RECOMMENDATIONS

Ensure message intent is clear to promote COVID-19 vaccination uptake.

Include the terms "COVID-19 vaccination" in messaging concepts to be clear that the message is referring to reducing COVID-19 risk.

Include information about COVID-19 vaccine safety and rare allergic reactions in messaging as these were well-received by interviewees.

Consider messaging that incorporates vaccine efficacy rates and reduction in COVID-19 infections due to vaccine uptake.

Key Findings & Recommendations

- Interviewees had **trouble** identifying the **target audience**.
  - The word “patients” was the only indicator that identified health care workers as the target audience
  - Many felt that the images and information were relevant to Soldiers and the broader installation as a whole

- Interviewees liked many of the **visuals**, particularly the Soldier **with her sleeve rolled up.**
  - The female graphic resonated because it was reminiscent of “Rosie the Riveter” and highlighted the strong female Soldier
  - For some, the graphic of the syringe also resonated and helped clarify that the message was about COVID-19 vaccination

RECOMMENDATIONS

Use visual and verbal messaging cues to clearly indicate the target audience of the message.

Consider images, such as health care workers or Soldiers getting vaccinated, to highlight who the information is targeted toward.

Leverage images and graphics of people to encourage COVID-19 vaccination as these may resonate across various target audiences.

Key Findings & Recommendations

- Interviewees found the **messaging trustworthy.**
  - They appreciated the addition of organizational emblems and where to go for more information
  - They felt the information addressed some of the key concerns they have heard from MTF personnel and members of the broader installation

- However, interviewees felt that a **message itself is not sufficient to change people's mind** about receiving the vaccine.
  - This appeared to be particularly true for those who were "on the fence" about getting the COVID-19 vaccine--these individuals were often influenced when they are aware that leadership and others in their community are getting vaccinated
  - Face-to-face dialogue with health care workers and unit leaders has been helpful to improve vaccine uptake

RECOMMENDATIONS

Ensure COVID-19 vaccine messages contain information to address concerns about the vaccine.

Consider using images or testimonial statements indicating leaders and others in the community are getting vaccinated.

Messages should encourage the target audience to talk with health care providers and leaders to get the facts and have their questions concerning COVID-19 vaccination answered.

Develop products with talking points to accompany the messaging that leaders can use to discuss COVID-19 vaccination.

Key Findings & Recommendations

- Interviewees provided **several additional suggested changes** to the message concepts**. These include the following:**
    - **Changes to layout and formatting** may make the concepts easier to read and understand,
    - The text size for some of the key information, such as vaccine safety and side effects, was too small, which may make it difficult for the target audience to read,
    - Bullet points were recommended as a way of communicating key information, and
    - **Incorporating readiness and other Army Values through text and visuals** would make messages more impactful in promoting COVID-19 vaccine uptake.
- Additionally, they suggested **referencing *community* in messaging** as a way to encourage COVID-19 vaccine uptake among various target audiences.

RECOMMENDATIONS

Utilize formatting that promotes an easy and quick review of COVID-19 vaccination information.

Consider using bulleted lists, call-out boxes, and other layout designs to improve readability.

Leverage readiness, including how getting the COVID-19 vaccine relates to being mission ready, in message concepts as this is a significant existing touchpoint for the various target audiences.

Promote positive social norms, such as words and images, that convey community acceptance of the COVID-19 vaccine in messages to encourage vaccine uptake.

Conclusions and Way Ahead

Conclusions and Way Ahead

- Key informant interviews with PHEOs, APHEOs and other SMEs provided initial understanding and visibility of COVID-19 and COVID-19 vaccination perceptions and information needs among MTF personnel and the broader installation population.
  - The evaluation findings and recommendations can inform current and future messaging surrounding COVID-19 vaccination
  - This key informant interview process could be leveraged in future projects and evaluations to provide additional insight

- The COVID-19 Communications Working Group identified a need to identify individuals for continued COVID-19 message testing.
  - Through this initial project, PHAD has identified 2 or 3 individuals that may be a good fit for this
  - If this is still desired, PHAD recommends that the message testing group include individuals that represent target audiences of interest

Disclosure and Disclaimer

The views expressed in this presentation are those of the author(s) and do not necessarily reflect the official policy of the Department of Defense, Department of the Army, U.S. Army Medical Department or the U.S. Government.

PROJECT TIMELINE:

21-931.M1 *COVID-19 Vaccination Perceptions and Messaging Formative Evaluation*
Project Lead: Mamie Carlson
Health Promotion and Wellness (HPW), Public Health Assessment Division (PHAD)

From: Pfau, Esther J (Essie) CIV USARMY MEDCOM APHC (USA) <esther.j.pfau.civ@mail.mil>
Sent: Friday, **June 25, 2021** 11:02 AM
To: Cersovsky, Steven B CIV USARMY MEDCOM APHC (USA) <steven.b.cersovsky.civ@mail.mil>; Soltis, Michele A COL USARMY HQDA OTSG (USA) <michele.a.soltis.mil@mail.mil>
Cc: Millikan Bell, Amy M CIV USARMY MEDCOM APHC (USA) <amy.m.millikanbell.civ@mail.mil>; Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>; White, G H (Ginn) CIV USARMY MEDCOM APHC (USA) <george.h.white42.civ@mail.mil>; USARMY APG MEDCOM APHC Mailbox COVID-19 Task Force <usarmy.apg.medcom-aphc.mbx.covid-19-task-force@mail.mil>; Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil>; Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) <stephanie.j.meier3.ctr@mail.mil>
Subject: mandatory COVID-19 vaccination messaging plan

Good morning! In anticipation of the likely mandate for SMs to receive the COVID-19 vaccine, we are working to develop a mandatory vaccination messaging plan to include messages, FAQs, and communication channels. The goals of this plan are to reassure SMs and leaders that the vaccine is something they want and need, to increase understanding of why DOD makes some vaccines mandatory for SMs, and to decrease the chances of a mass influx of folks trying to get exemption from vaccination. I am working with the COVID-19 Communication Workgroup, Health Risk Comm, and PHAD to gather insights into Service member perceptions of mandatory COVID-19 vaccination and help shape our messaging plan.

We are drafting a modification for OHP approval to include conducting two focus groups, one with PHEOs and one with Division/Brigade/Command Surgeons, as well as conducting up to two interviews with OCONUS PHEOs if needed. We have the list of PHEOs; however, we don't have a list of Surgeons to include in the focus groups. To identify these individuals, we plan to reach out to the TRADOC and FORSCOM Surgeons' Offices to ask for assistance in identifying Division and Brigade Surgeons who may be able to participate in the focus groups.

PHAD is leading work on the focus group/interview guides and the OHP modification. Please let us know if you have any suggestions or concerns re: the proposed way ahead. Thank you! Essie
Essie Pfau, MPH
Health Communication Specialist
Advisors to the Director

- 09 July 2021

From: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil>
Sent: Friday, July 9, 2021 5:33 PM
To: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>
Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>; USARMY APG MEDCOM APHC List QSARC OHP <usarmy.apg.medcom-aphc.list.qsarc-ohp@mail.mil>; Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) <stephanie.j.meier3.ctr@mail.mil>; Pfau, Esther J (Essie) CIV USARMY MEDCOM APHC (USA) <esther.j.pfau.civ@mail.mil>
Subject: WARNO - Submission of Rapid Review Modification - for Project 21-931COVID-19 Vaccination Perceptions & Messaging Formative Evaluation
Good Evening OHP Colleagues,

I am emailing to provide you a heads up that PHAD has been tasked by the COVID-19 TF to collect follow-on data collection as part of the Project 21-931 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation project and will be submitting a modification to the initial project plan. In the initial submission we had indicated that we anticipated ongoing data collection as part of this project to conduct "pulse checks" to collect information on perceptions and information needs to inform ongoing APHC COVID-19 vaccination messaging as the pandemic and vaccination context evolved.

We have a 13 AUG suspense to provide an initial draft of the findings to the TF and thus would like to request a rapid review. We anticipate submitting the modification NLT COB on Wednesday the 14th.

The primary changes to the project plan are as follows:
1) The data collection target has been expanded to include Command Surgeons in addition to Public Health Emergency Officers/Assistance Public Health Emergency Officers, at the request of the COVID-19 TF.
2) The focus of the questions have been narrowed to focus specifically on perceptions, attitudes, beliefs, concerns of COVID-19 vaccination in anticipation of an upcoming mandate, and the identification of information and communication resource needs and recommendations for how to best meet those needs if/when the mandate occurs.
3) Due to the short timeframe we intend to hold two focus groups – one focus group with interested PHEOs/APHEOs and the other with Command Surgeons. We will also conduct up to two interviews if the FG times do not work for a potential participant who is OCONUS or if an individual does not want to be recorded.

I wish you all a wonderful weekend!
Best,
Mamie Carlson, MPH

- 14 July 2021 received approved updated data protection plan.
- 14 July 2021 received project modification via email.

- 15 July 2021 forwarded to Dr Jones for Scientific Review.

From: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>
Sent: Thursday, July 15, 2021 3:21 PM
To: Jones, Bruce H CIV USARMY MEDCOM APHC (USA) <bruce.h.jones.civ@mail.mil>
Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>
Subject: For Scientific Review RE: 21-931 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation

Hi Dr. Jones,
Per our conversation, I have attached the 1) Rapid Response plan (pdf document), 2) the Rapid Response follow-up plan, 3) the modification (21-931.M1) for OHP project #21-931 titled, 'COVID-19 Vaccination Perceptions & Messaging Formative Evaluation'. As I mentioned in my previous email today, unfortunately, we are asking for a very quick the turn-around time so that the PHAD team can conduct the focus groups, analyze the data, and write a report to meet their project completion deadline of 13 Aug.
~Dawn Gyory

- 17 July 2021: email from Dr Bruce Jones:

From: Jones, Bruce H CIV USARMY MEDCOM APHC (USA) <bruce.h.jones.civ@mail.mil>
Sent: Saturday, July 17, 2021 12:37 PM
To: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil>; Santo, Theresa Jackson CIV USARMY MEDCOM APHC (USA) <theresa.j.santo.civ@mail.mil>; Mitvalsky, Laura A CIV

USARMY MEDCOM APHC (USA) <laura.a.mitvalsky.civ@mail.mil>; Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>
Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Millikan Bell, Amy M CIV USARMY MEDCOM APHC (USA) <amy.m.millikanbell.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>
Subject: SRC 21-931 Trans Memo COVID Vaccine Preceptions 07-17-2021.pdf

Ms. Carlson,
The Scientific Review Committee (SRC) has reviewed your addendum to project plan #21-931, COVID-19 Vaccination Perceptions & Messaging Formative Evaluation, and endorses it for review by the Public Health Review Board in this simultaneous message to them. The review identified a number of non-critical, but substantive, issues that if addressed should improve the plan. Those issues are noted in the attached transmittal memorandum. While no further interaction with the SRC is necessary, I am available to answer any questions you may have.
Respectfully, BHJ
Bruce H. Jones, MD, MPH, FACSM, FACPM
Chairman, Scientific Review Committee

- 19 July 2021 email to OHP from M Carlson:

From: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil>
Sent: Monday, July 19, 2021 5:52 PM
To: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>
Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>
Subject: RE: SRC 21-931 Trans Memo COVID Vaccine Preceptions 07-17-2021.pdf

Good Evening,
Please find attached the modification for 21-931 COVID-19 Perceptions and Messaging Evaluation in response to SRC feedback. I have also attached a Word doc of the memo with comments in purple indicating what revisions we did or did not make and a brief description of revisions that we made.

Since we emailed the initial version of the modification for SRC, I forgot to confirm if we should submit to the SharePoint as a modification.

Thank you!
Best,
Mamie Carlson, MPH
Public Health Scientist and Contracting Officer Representative
Public Health Assessment Division, Health Promotion and Wellness Directorate

- 20 July 2021 received email notification of project submission via OHP electronic submission site.
- 21 July 2021 received email notification of project approval by Division Chief via OHP electronic submission site.

From: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>
Sent: Tuesday, July 20, 2021 4:29 PM
To: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil>
Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>; Santo, Theresa Jackson CIV USARMY MEDCOM APHC (USA) <theresa.j.santo.civ@mail.mil>

Subject: Start Notification RE: 21-931 and 21-931.M1 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation

Hi Mamie,
We are in the process to finalizing all of the paperwork for the approvals and determinations for OHP project #21-931, the follow up/final project plan to the Rapid Response and the modification(21-931.M1) titled, 'COVID-19 Vaccination Perceptions & Messaging Formative Evaluation'. Both activities are determined to be not research – public health practice. Because of the significant time restraints you are facing, this email will serve as an official notification to allow you to start immediately. We will follow up with the final pdf approval packages in the next day or two.

~Dawn Gyory

Office of Human Protections
Project Modification Template

Project Information **OHP 21-931.M1 v5**

Project Number: 21-931.M1 v5
Project Title: *COVID-19 Vaccination Perceptions & Messaging Formative Evaluation (Addendum)*
Project Lead(s): Ms. Mamie Carlson
Portfolio and Program or equivalent: Health Promotion and Wellness, Public Health Assessment Division
Date: 14 July 2021, **19 July 2021 OHP received v5 following Scientific Review edits**

1 Non-Technical Description/Summary of Modification

Purpose

This modification outlines revisions to the Office of Human Protections (OHP) Rapid Response Project Plan #21_931, *COVID-19 Vaccination Perceptions & Messaging Formative Evaluation* that was approved in February 2021 in response to a tasker from U.S. Army Medical Command (MEDCOM) to develop messaging to address COVID-19 vaccination hesitancy among Army health care workers. The Office of the Surgeon General (OTSG)/Army Public Health Center (APHC) COVID-19 Task Force and the APHC Public Health Communication Directorate (PHCOM) requested formative evaluation support (evaluation development, implementation, and analysis) from the Public Health Assessment Division (PHAD).

In response to COVID-19 Task Force Task 860, this modification is a follow-on to Phase 1 interviews that aims to identify perceptions and beliefs surrounding mandatory COVID-19 vaccination in anticipation of a COVID-19 vaccine mandate in September 2021 to support risk communication product development. The project will follow a similar qualitative design; however, data collection will occur via focus groups and, as necessary, key informant interviews. Findings will be used to inform messaging and communications to address a potential future COVID-19 vaccination mandate.

Nine changes are summarized in this modification (Highlighted in yellow within the modification and the semi-structured focus group/interview guide located in Appendix A):

1. Modified objectives from the original project plan:
    a. Revised original objective #1 to be more specific and capture perceptions and beliefs regarding a potential COVID-19 vaccination mandate vs. COVID-19 vaccination more broadly. Revised language from “Identify perceptions of and factors affecting COVID-19 vaccination at the installation level” to “Identify perceptions, and the factors that shape these perceptions, in regard to the potential of mandatory COVID-19 vaccination among installation personnel.”
    b. Deleted the original objective #2 from the original project plan as this information was already captured and did not require follow-on data collection.
    c. Replaced original objective #2 with new objective, “Understand information needs of installation personnel if COVID-19 vaccination were to be mandated.”

2. Modified the guiding questions to capture perceptions and beliefs regarding a potential COVID-19 vaccination mandate, including:
    a. Revised first guiding question “What perceptions, beliefs, attitudes and behaviors exist among MTF personnel and the broader installation population related to COVID-19 and COVID-19 vaccination?” to “What perceptions, beliefs and attitudes exist among installation personnel related to COVID-19 vaccination becoming mandatory?”
    b. Revised second guiding question “What factors (i.e., facilitators/barriers) affect COVID-19 vaccine uptake and hesitancy at the installation level?” to “What factors (i.e., facilitators/barriers) impact mandatory COVID-19 vaccination perceptions among installation personnel?”
    c. Deleted guiding question: “How aware are participants of APHC COVID-19 and COVID-19 vaccine/vaccination messaging?”

d. Added guiding question: “What information needs do interviewees anticipate among installation personnel if COVID-19 vaccination were to be mandated?”
e. Revised fourth guiding question “What are participant perceptions and suggestions regarding the APHC COVID-19 vaccination messaging concepts?” to “What are participant perceptions and suggestions regarding APHC mandatory COVID-19 vaccination messaging concepts?”

3. Updated the target population to include Command Surgeons, in addition to the target population of Public Health Emergency Officers (PHEOs) and Assistant Public Health Emergency Officers (APHEOs) previously approved in OHP Project Plan #21-931.

4. Revised the data collection approach to two focus groups, one focus group of PHEOs and another focus group of Command Surgeons, and, as necessary depending on OCONUS participant availability, 1-2 key informant interviews.

5. Revised sampling strategy to convenience sampling only, without snowball sampling augmentation.

6. Audio recordings will not be transcribed for this phase of data collection.

7. Updated the timeline and deliverables.

8. Updated the list of project personnel who will support data collection, analyses and reporting.

9. Developed a semi-structured focus group/interview guide to align with the modified objectives and guiding questions.

Objective(s)

The primary objectives of the evaluation are the following:

1. Identify perceptions, and the factors that shape these perceptions, in regard to the potential of mandatory COVID-19 vaccination among installation personnel.
2. Understand information needs of installation personnel if COVID-19 vaccination were to be mandated.
3. Inform and guide current and future APHC COVID-19 vaccination messaging and follow-on COVID-19 data collection efforts.

Project Design

The design for this modification will be semi-structured focus groups and, as necessary, key informant interviews to capture the ‘pulse’ of mandatory COVID-19 vaccination, specifically perceptions, attitudes and beliefs in regard to a vaccine mandate. The goal of the modification is to use gather information to understand the information and messaging needs if COVID-19 vaccination is mandated to inform the development of messaging concepts and products to address this emergent need.

The target population for this modification is civilian or military PHEOs/APHEOs and Command Surgeons due to the unique nature of their role in the COVID-19 pandemic on the installation. The PHAD evaluation team and project stakeholders (OTSG/APHC COVID-19 Task Force and PHCOM COVID Communications Working Group) believe these personnel have visibility on mandatory COVID-19 vaccination perceptions and beliefs at their respective MTFs and within the broader installation population.

The project will utilize a convenience sample of PHEOs/APHEOs who participated in the Phase 1 interviews regarding vaccine hesitancy and Command Surgeons. The PHAD evaluation team will utilize several channels to reach Command Surgeons to include:

- Commanders Ready and Resilient Integrators and Commanders Ready and Resilient Council Project Officers, who are APHC colleagues, and may provide an entry point to identify Command Surgeons and gauge participation interest and
- TRADOC and FORSCOM Surgeons’ Offices to assist in identifying Command Surgeons who may be available to participate in the focus group.

The PHAD evaluation team will complete two semi-structured focus groups, one with PHEOs/APHEOs and one with Command Surgeons. As necessary, based on OCONUS participant availability for focus group attendance and/or if a participant does not agree to being recorded during a focus group, the PHAD evaluation team may also conduct up to two key informant interviews. The PHAD evaluation team will use the same focus group/interview guide for PHEOs/APHEOs and Command Surgeons focus groups and interviews.

The current project aims to answer the following guiding questions, which have been revised from the approved OHP Project Plan #21-931 in accordance with current focus on potential mandatory COVID-19 vaccination.

1. What perceptions, beliefs and attitudes exist among installation personnel related to COVID-19 vaccination becoming mandatory?

2. What factors (i.e., facilitators/barriers) impact mandatory COVID-19 vaccination perceptions among installation personnel?

3. What information needs do interviewees anticipate among installation personnel if COVID-19 vaccination were to be mandated?

4. What are interviewees' perceptions and suggestions regarding APHC mandatory COVID-19 vaccination messaging concepts?

Semi-structured Focus Group/Interview Guide

The previous interview guide approved in OHP Project Plan #21_931 has been revised to a focus group/interview protocol to optimize the number of individuals data is collected from within the short timeframe that we have to collect data and provide findings to inform messaging in anticipation of a COVID-19 vaccine mandate in September 2021. Additionally, data collection questions were updated to examine more specific perceptions, attitudes and beliefs of COVID-19 vaccination, specifically those pertaining to a COVID-19 vaccination mandate. The factors that shape perceptions, attitudes and beliefs will also be explored in addition to anticipated information needs if COVID-19 vaccination were to be mandated. The aim is for the findings from this data collection effort to inform messaging developed by APHC and in coordination with other MEDCOM and Army communication entities. The core focus group/interview questions will allow participants to share their experiences and perceptions and the PHAD evaluation team to follow-up or probe on relevant information shared.

Data Collection

An evaluation team member with relevant experience will conduct focus groups/interviews via telephone or via a virtual platform [e.g. Microsoft (MS) Teams/Defense Collaboration Services (DCS)]. In addition, one or more team members will serve as note taker(s) to capture information shared by the participants. Data collection will occur in July 2021. Focus groups are expected to last 60-90 minutes. If conducted, interviews are expected to last 45-60 minutes. Focus groups/interviews will be recorded using audio recorders with participant permission and will be utilized to verify/complete notes prior to coding and analysis.

Data Analysis

The data collected will be stored, managed and analyzed as outlined in the OHP Project Plan #21_931. Data will be coded and analyzed using the same methodology used in the original project plan. Data will be coded and analyzed in pairs, using a primary and secondary approach. A codebook will be developed that is informed by the guiding questions and the focus group/interview guide. Coded references will be analyzed using a directed content analytic approach to identify patterns and themes that emerge from the data. These themes and their corresponding properties and dimensions will be documented and reported as findings.

Timeline and Deliverables

Activity / Deliverable	Date
Conduct 2 focus groups	Post Human Protection Director Approval – 26 July 2021
If necessary, conduct up to 2 key informant interviews	NLT 26 July 2021
Conduct rapid action analysis of qualitative data	NLT 30 July 2021
Develop slide deck draft	NLT 10 August 2021
Deliver slide deck	NLT 13 August 2021

Project Personnel

Changes to project personnel are proposed given changes in the data collection approach. An updated list of project personnel, and their role in the project, is provided below.

Name	Institution Affiliation	Division	Civilian	Contractor	Role
Ms. Mamie Carlson	APHC	PHAD	X		Oversight/Project Lead
Dr. Stephanie Meier	APHC	PHAD		X	Facilitator/Project Analyst
Dr. Charsey Cherry	APHC	PHAD		X	Project Analyst
Ms. Nkechinyere Nweke (Chichi) Gibson	APHC	PHAD	X		Project Analyst
Ms. Kimberly Remis	APHC	PHAD		X	Project Analyst

2 Data Protection Plan

The Phase 1 data protection plan was submitted for review by APHC Information Management Division personnel in February 2021 and approved on 24 February 2021. The following updated data protection plan was approved on 14 July 2021 (see Appendix B).

The PHAD evaluation team (as defined in this document) will collect data from Public Health Emergency Officers (PHEOs)/Assistant Public Health Emergency Officers (APHEOs) and Command Surgeons identified using a convenience sampling approach. The evaluation team will utilize a semi-structured focus group/interview guide with questions and complementary probes that align with the project's Public Health Guiding Questions outlined above. Two focus groups, one with PHEOs/APHEOs and one with Command Surgeons will be conducted. If necessary, [If OCONUS participants cannot attend their corresponding FG or choose to not be recorded) up to 2 interviews will be conducted. Due to the timeline the team is unable to conduct and analyze more than 2 additional data collection events.

At least two members of the PHAD evaluation team will conduct each focus group/interview, with one member designated as the facilitator and the other member(s) as note taker(s). Focus group/interviews will be audio recorded with participant permission. Because voices can be identifiable, care will be taken to ensure data protection protocols are enacted to keep the files secure between data collection and saving audio files and notes on the S: drive. Audio files will be downloaded to a CAC-enabled computer and saved on the secure APHC S: drive in a folder only accessible to the PHAD evaluation team. The evaluation team will also save typed focus group/interview notes on the APHC S: drive in a folder only accessible to the team.

The notes will be analyzed by members of the PHAD evaluation team using a rapid action approach to provide initial aggregate findings and recommendations to PHCOM. As part of the data cleaning process, the evaluation team will listen to the audio files and revise the notes captured during data collection events to ensure accuracy and completeness. The notes will then be coded and analyzed by members of the PHAD evaluation team followed by direct content analysis and theming using NVivo 12. Any potentially identifiable information provided by participants during their focus group/interview will be redacted as part of the notetaking and cleaning process.

1) *From where will the data be obtained?*
   From virtual platform (i.e. MS Teams, DCS) or telephone focus group/interviews with PHEOs/APHEOs and Command Surgeons.

2) *If obtaining the data from an external source, how will the data be transferred?*
Not applicable

3) *Are there data use agreements (DUAs) in place?*
Not applicable

4) *Where will the data be stored? How is the data protected in this location?*
Electronic data files are stored on secure, CAC-enabled computers on protected network drives, and all electronic data will be stored on a secure drive that is only accessible to the PHAD evaluation team (i.e., the PHAD S: drive). Upon completion, the PHAD evaluation team will destroy all collected information in accordance with U.S. Government security standards.

5) *Are you collecting PII*? (See definition below)*
We will not be asking participants to identify themselves or provide any demographic information about themselves, other than installation location and command affiliation (i.e., medical, garrison or tactical).

6) *Are you collecting PHI*?*
Not applicable

7) *If using PII and/or PHI, give the data elements you wish to use and explain how they are the minimal amount needed to answer your question(s).*
To minimize PII collection, the evaluation team is not collecting PII or PHI specific to the participant other than installation location and command affiliation (i.e., medical, garrison or tactical). We will only report findings in aggregate by participant type (i.e., PHEOs/APHEOs or Command Surgeons)

8) *Will the data be identified, de-identified, or limited?*
If the data will be de-identified, what is the de-identification process?
How do you assure the data cannot be re-identified – or if it can, explain what you will do with key?
Participants will not be asked to identify themselves by name or provide any demographic information about themselves, other than the installation location and command affiliation (i.e., medical, garrison or tactical). The study will collect information to better understand perceptions regrading COVID-19 vaccination being mandated, and identify anticipated information needs if COVID-19 vaccination is mandated. Any potentially identifiable information that is shared by the participant will be redacted during the data cleaning process and will not be reported in the findings. All members of the evaluation team have taken the following mandatory trainings: HIPAA, Information Assurance, Collaborative Institutional Training Initiative (CITI) Training, and Ethics. The PHAD evaluation team will take every precaution to ensure the protection, privacy, and confidentiality of all PII.

3 Additional References

All references remain unchanged from the original OHP Project Plan *#21-931 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation* that was approved in February 2021.

Focus Group/Interview Guide

COVID-19 Vaccination Perceptions & Messaging Formative Evaluation: Phase II
Appendix A

Introduction

Hello, my name is [insert facilitator name] and this is [insert note taker name]. We are part of an evaluation team from the U.S. Army Public Health Center (APHC), at Aberdeen Proving Ground, Maryland. As you are aware, the COVID-19 vaccination is of critical interest in regard to Force Readiness. We are collecting information about this topic to improve the responsiveness of the APHC's COVID-19 messaging for Soldiers, Army health care workers, and the Total Army Family in support of force health protection and readiness.

You were asked to participate in this focus group due to your role as a [Public Health Emergency Officer/Command Surgeon] and you are someone who might be aware of the COVID-19 vaccination perceptions at your installation. Based upon your role and experience, we will ask a set of questions in which we hope to hear what you've seen or heard directly and what your experiences are. I want to assure you that we are not part of any investigation and we are not inspecting your agency, the military treatment facility (MTF), or any other program at your installation.

The purpose of this focus group is to listen and capture your perceptions and experiences regarding a potential future COVID-19 vaccination mandate among personnel at your installation. To date, the vaccine is voluntary for Service members, Civilians, contractors and Family members; however, we want to be prepared to address concerns that beneficiaries may have if and when a mandate is issued. We encourage you to participate freely in this discussion and to answer questions openly. There are no right or wrong answers and we are interested in your honest opinion.
*Our discussion will likely last [**Focus Group** 60-90 minutes/ **Interview** 45-60 minutes].*

We would like the discussion to be recorded using a digital audio recorder, but nothing you say will be tied specifically to you in any reports generated from discussion today. [Insert note taker name] will be taking notes, but in our experience this only allows us to capture about 30% of what is said. Recording the session will help to ensure that we capture what you share in its entirety, so that we do not miss anything essential that you share today. The only people with access to the interview recordings and notes are the APHC Evaluation Team members. Does anyone in attendance have any objection to having the focus group recorded?

[If a participant does not want to be recorded, explain that we want to make sure that we do not miss anything shared within the group and ask if we can follow-up with them separately to collect their thoughts.].

Thank you for your consent.
Do you have any questions before we begin?

1. Based upon your recent experiences and observations, how would you describe current perceptions or attitudes of COVID-19 vaccination at your installation?

   Probe: What do you think are the primary drivers of the perceptions/attitudes that you mentioned? Does it vary across any particular groups?

2. What perceptions or attitudes toward a COVID-19 vaccination mandate have you seen or heard among installation personnel?

   Probe: Can you share some examples?

   Probe: Why do you think some view mandatory COVID-19 vaccination more favorably? Less favorably?

3. What, if any, concerns have installation personnel raised? Why?

   Probe: How common do you think concerns about a COVID-19 vaccination mandate are among installation personnel? Why?

4. What, if any, differences in perceptions, attitudes, and/or concerns about mandatory COVID-19 vaccination exist among installation personnel (e.g. general Soldier population, health care workers/providers, leaders, etc.)?

   Probe: What key factors do you think shape the differences shared?

   Probe: Are there any military-specific drivers that haven't already been shared?

5. What, if any, questions have you heard or personally been asked about COVID-19 vaccination being mandated?

   Probe: Have you noticed any differences in the types or volume of questions asked by different groups (e.g. general Soldier population, health care workers/providers, leaders, etc.)?
   - [If yes] Why do you think there are differences?

   Probe: What, if any, successful strategies have you employed to answer questions and/or address concerns regarding a COVID-19 vaccination mandate? Why do you think it was helpful?

6. What specific information/resources would help you in your role if/when COVID-19 vaccination is mandated?

Probe: How would you prefer to receive this information (e.g. channel(s), formats such as toolkits and FAQs)?

7. If/When COVID-19 vaccine is mandated across the DoD, what information needs would you expect or anticipate (e.g., general Soldier population, health care workers/providers, leaders, etc.)?

   Probe: What kinds of information do you think would help vaccine hesitant Soldiers to feel more comfortable getting the COVID vaccine?

   Probe: What suggestions do you have for how to address the information needs mentioned (e.g., key information, messaging concepts, data, images/visuals, channels, formats)?

8. Is there anything else that you would like to share about the topics that we discussed today?

   [Insert note taker(s) name(s)], do you have any additional questions?

Thank you for taking time to talk with us today. APHC intends to use what we learn to inform future APHC COVID-19 messaging and we aim to incorporate what you shared into our messaging and communications.

Appendix B. Data Protection Plan Approval

From: Haley, Scott C Jr CIV USARMY MEDCOM APHC (USA) <scott.c.haley5.civ@mail.mil>
Sent: Wednesday, July 14, 2021 9:10 AM
To: Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) <stephanie.j.meier3.ctr@mail.mil>
Cc: USARMY APG MEDCOM APHC List QSARC OHP <usarmy.apg.medcom-aphc.list.qsarc-ohp@mail.mil>; Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil>; Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>
Subject: RE: 'Data Protection Plan Approval,' Project Modification #21-931 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation, Carlson (UNCLASSIFIED)

Good morning,

This revised Data Protection Plan has been approved.

Scott Haley
IT Specialist
Information Management Division
MEDCOM Army Public Health Center
8968 Depot Rd, Building E1930
Gunpowder, MD 21010
CML 410.417.2348
scott.c.haley5.civ@mail.mil

From: Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) <stephanie.j.meier3.ctr@mail.mil>
Sent: Monday, July 12, 2021 9:09 AM
To: USARMY APG MEDCOM APHC List Org-BUSOPS-IMD-NMT-CST <usarmy.apg.medcom-aphc.list.org-busops-imd-nmt-cst@mail.mil>
Cc: USARMY APG MEDCOM APHC List QSARC OHP <usarmy.apg.medcom-aphc.list.qsarc-ohp@mail.mil>; Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil>
Subject: 'Data Protection Plan Approval,' Project Modification #21-931 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation, Carlson (UNCLASSIFIED)

Good Morning,

I am reaching out to request your review and approval/feedback on the updated Data Protection Plan for Project Modification #*21-931* COVID-19 Vaccination Perceptions & Messaging Formative Evaluation project plan. Changes from the initial data protection plan are highlighted in yellow.

Thank you so much for your review!

//////////////////////////////////////

Data Protection Plan

The Phase 1 data protection plan was submitted for review by APHC Information Management Division personnel in February 2021 and approved on 24 February 2021.

The PHAD evaluation team (as defined in this document) will collect data from Public Health Emergency Officers (PHEOs)/Assistant Public Health Emergency Officers (APHEOs) and Command Surgeons identified using a convenience sampling approach. The evaluation team will utilize a semi-structured focus group/interview guide with questions and complementary probes that align with the project's Public Health Guiding Questions outlined above. Two focus groups, one with PHEOs/APHEOs and one with Command Surgeons, and, if necessary based on OCONUS participants' availability for focus group attendance and/or if a participant does not agree to being recorded during a focus group, up to 2 interviews, will be conducted.

At least two members of the PHAD evaluation team will conduct each focus group/interview, with one member designated as the facilitator and the other member(s) as note taker(s). Focus group/interviews will be audio recorded with participant permission. Because voices can be identifiable, care will be taken to ensure data protection protocols are enacted to keep the files secure between data collection and saving audio files and notes on the S: drive. Audio files will be downloaded to a CAC-enabled computer and saved on the secure APHC S: drive in a folder only accessible to the PHAD evaluation team. The evaluation team will also save typed focus group/interview notes on the APHC S: drive in a folder only accessible to the team.

The notes will be analyzed by members of the PHAD evaluation team using a rapid action approach to provide initial aggregate findings and recommendations to PHCOM. As part of the data cleaning process, the evaluation team will listen to the audio files and revise the notes captured during data collection events to ensure accuracy and completeness. The notes will then be coded and analyzed by members of the PHAD evaluation team followed by direct content analysis and theming using NVivo 12. Any potentially identifiable information provided by participants during their focus group/interview will be redacted as part of the notetaking and cleaning process.

1) *From where will the data be obtained?*
   From virtual platform (i.e. MS Teams, DCS) or telephone focus group/interviews with PHEOs/APHEOs and Command Surgeons at selected installations.

2) *If obtaining the data from an external source, how will the data be transferred?*
   Not applicable

3) *Are there data use agreements (DUAs) in place?*
   Not applicable

4) *Where will the data be stored? How is the data protected in this location?*
   Electronic data files are stored on secure, CAC-enabled computers on protected network drives, and all electronic data will be stored on a secure drive that is only accessible to the PHAD evaluation team (i.e., the PHAD S: drive). Upon completion, the PHAD evaluation team will destroy all collected information in accordance with U.S. Government security standards.

5) *Are you collecting PII*? (See definition below)*
   We will not be asking participants to identify themselves or provide any demographic information about themselves, other than installation location and command affiliation (i.e., medical, garrison or tactical).

6) *Are you collecting PHI*?*
   Not applicable

7) *If using PII and/or PHI, give the data elements you wish to use and explain how they are the minimal amount needed to answer your question(s).*
   To minimize PII collection, the evaluation team is not collecting PII or PHI specific to the participant other than installation location and command affiliation (i.e., medical, garrison or tactical). We will only report findings in aggregate by participant type (i.e., PHEOs/APHEOs or Command Surgeons)

8) *Will the data be identified, de-identified, or limited?*
   If the data will be de-identified, what is the de-identification process?
   How do you assure the data cannot be re-identified – or if it can, explain what you will do with key?

   Participants will not be asked to identify themselves by name or provide any demographic information about themselves, other than the installation location and command affiliation (i.e., medical, garrison or tactical). The study will collect information to better understand perceptions regrading COVID-19 vaccination being mandated, and identify anticipated information needs if COVID-19 vaccination is mandated. Any potentially identifiable information that is shared by the participant will be redacted during the data cleaning process and will not be reported in the findings. All members of the evaluation team have taken the following mandatory trainings: HIPAA, Information Assurance, Collaborative Institutional

Training Initiative (CITI) Training, and Ethics. The PHAD evaluation team will take every precaution to ensure the protection, privacy, and confidentiality of all PII.

Very Respectfully,
Stephanie

Stephanie Meier, PhD, MA
Knowesis Inc. (CTR)
Biostatistician/Epidemiologist III - Army Public Health Center
8977 Sibert Rd.
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COVID-19 RISK COMMUNICATION STRATEGY FOR REQUIRED PROTECTIVE MEASURES

For use within the COVID-19 Communication Taskforce

Controlled by: OTSG/MEDCOM
Controlled by: APHC/HPW
CUI Category: PRVCY
Limited Dissemination Control: FEDCON
POC: Mamie Carlson, mamie.r.carlson.civ@mail.mil

General Medical: 500A

APHC

The information provided is designed to deliver subject matter expert recommendations on the risk communication approach regarding the required protective measure of COVID-19 vaccination for all DOD personnel (Active Duty and Civilian) as of 23 August 2021. The recommendations provided are intended for use by the COVID-19 Communication Task Force in campaigns and products. For questions about the risk communication proposals in this document, please contact the U.S. Army Public Health Center (APHC) Health Risk Communication Division (HRCD).

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Best Risk Communication Practices for Required Protective Measures

Risk Communication Principles and Theories

Effective risk communication on vaccine directives and administration requires the alignment of complex factors. These include trust between the communicator and the stakeholder(s), stakeholder involvement, and emotional responses to risk. Risk communication is the "process of exchanging information among interested parties about the nature, magnitude, significance, or control of a risk." Once a required protective measure is put in place, intense emotional states can lead to a wide variety of public responses.[1] In this case, it is necessary to strengthen the risk communication component of messaging and campaign efforts to provide the stakeholder with all of the essential information about the immunization process.

Unvaccinated DOD Service members and Civilians will be the target stakeholders once COVID-19 vaccination is required. These stakeholders may be skeptical, fearful, angry, and/or confused. Risk communication provides a two-way dialogue between leaders and subject matter experts and their target stakeholders so that the correct target stakeholders receive accurate information.

In addition to the risk communication techniques that have demonstrated success in public health interventions, an informal literature review highlighted methods of public health communication, which provide further insight for a COVID-19 communication strategy. The Army leadership heavily weighs Army force protection against the risks of public health interventions, which is shown throughout the history of required protective measures. This analysis is often not described effectively enough to fully impact the public's behavior or opinion. The analysis of previous public health campaigns shows the need to educate and communicate with the entirety of the DOD workforce.

[1] Covello, Vincent T. The EPA's Seven Cardinal Rules of Risk Communication. U.S. Environmental Protection Agency, 1988. orau.gov/cdcynergy/erc/Content/activeinformation/resources/EPA_Seven_Cardinal_Rules.pdf

Recommended Best Practices

1) **Have an informed plan** – Know what you want to achieve and how you will do it before beginning your efforts. Techniques include to—
    - Have a clear goal of communicating expectations and consequences.
    - Deliver the right message.
    - Know who else is talking to your stakeholders.
    - Be consistent.

2) **Speak to the Stakeholder Interests, not your own** –Connecting with the values and concerns of your stakeholders will help you improve your communication efforts. "Four of the primary negative emotions in risk are anger, sadness, fright and anxiety." [2] Techniques include to—
    - Be familiar with stakeholder concerns, fears, or issues related to the policy.
    - Ask stakeholders what they know and think about the vaccine and listen to them, meet them where they are, understand their position, and talk with them about their concerns.
    - Note any confusion about the policy or expectations/consequences.
    - Build trust by listening; refrain from approaching the conversation as a debate.

3) **Explain the known risks of not getting vaccinated.** Techniques include to—
    - Start with the impacts and paint an evidence-based picture of what impacts will be to them, their family, their community, and the military (e.g., continued community spread, potential severe illness, hospitalization, death, potential spread to those most vulnerable, potential inabilities to travel, reduced temporary duty (TDY) opportunities, perhaps penalties/discipline).
    - Be honest and open about what you do not know.
    - Avoid scare tactics and threats.
    - Avoid comparisons to other vaccines.
    - Focus on messages, which note that vaccines protect the entire force to enable continued mission success across the globe.
    - Highlight unique exposure possibilities due to the nature of the worldwide DOD mission (e.g., deployment missions, training exercises, TDY requirements, CONUS/OCONUS locations with moderate to high transmission).
    - Medical information should be explained to the stakeholders, which—
        - Focuses on increasing trust in the vaccine.

[2] Cone, Joe. Hold that Thought! Questioning Five Common Assumptions about Communicating with the Public. Oregon Sea Grant, 2008. www.vims.edu/research/units/centerspartners/map/climate/docs_climate/HoldThatThought.pdf

- Highlights the science of the vaccination process and how it works.
- Describes normal and expected side effects.

4) **Work with Trusted Sources.** Techniques include to—
   - Know who your stakeholder listens to and find the leaders and vaccinated role models they trust.
   - Establish a partnership with these trusted sources and invite them to participate in the discussion opportunities/dialogues.
   - Work together to share consistent information.
   - Assemble subject matter experts who can provide assistance and answers regarding Command responsibility for non-compliance, medical/health benefits of the required protective measure, and legal issues or concerns surrounding the requirement.

5) **Use Multiple Ways to Communicate.** Techniques include to—
   - Deliver the messages and conduct the discussion in a way your stakeholders like to receive this type of information.
   - Stakeholders will need to hear the message multiple times, so use multiple formats to improve your chances of reaching the stakeholder.
   - Be certain to consider educational and cultural relevance.

Lines of Effort for Effective Risk Communication Dialogue on Mandatory Vaccines

Recommended Lines of Effort

1) **Provide opportunities for discussion and dialogue using key messages and techniques.**
    - Town Halls:
        - Invite those who are interested in the information related to the requirement and the policy.
    - Small group discussions:
        - Engage at the company, or squad level.
    - One-on-one dialogue:
        - Announce times for open one-on-one discussions or office visits with leaders.
        - Helpful for those who may wish to have more privacy to discuss.

2) **Develop key messages to use while engaging with target stakeholders - support discussion on the safety and prevention culture in the DOD.**

    Purpose of Key Message:
    - The Army has a culture of safety and risk assessments that weigh all options for protection.
    - The Army requires protective measures for Service members in all aspects of the mission (i.e., Kevlar, armor, hearing protection).
    - The Army mission is global, and safety and protection measures for deployment and TDY include various prevention strategies, training and applications.
    - Service members will be less likely to get severely ill, be hospitalized or die from the COVID-19 virus if they are vaccinated.
    - Service members will be better protected when working in high transmission locations.
    - More than 1.2 million Service members around the world have already received at least one dose of the COVID 19 vaccine[3], supporting a safe and effective response to the virus.

    Key Messages and Preparations:
    - Format:
        - No more than three key messages per opportunity of discussion.

[3] DoD News. DOD VACCINATION ADMINISTRATION TO DOD POPULATION. Coronavirus: DOD Response, 2021. https://www.defense.gov/Explore/Spotlight/Coronavirus-DOD-Response/

- Create message, then pretest the message with colleagues and experts.
  - Prepare for anticipated questions, concerns, and doubts (https://health.mil/Reference-Center/Frequently-Asked-Questions?query=covid&isDateRange=0&broadVector=000&newsVector=0000000&refVector=000000100000000&refSrc=1; https://www.opm.gov/faqs/topic/pandemic/index.aspx?fid=10260ea7-b31e-4227-b0e4-94d4804b2c8a).

- Type:
  - Educational:
    - Protection from exposure both CONUS/OCONUS.
    - Protection of family, friends, community.
    - Protection of populations who cannot be vaccinated.
  - Informational:
    - Benefits of getting vaccine.
    - Clinical trials for vaccine demonstrate that vaccination reduces critical illness, hospitalization, and death from COVID-19.
- Resources:
  - Trusted Partner sources:
    - Coordinated with trusted sources and POCs.
    - Medical POC.
    - Chaplain.
    - Leadership, chain of command.
    - Legal/ Jag.

3) **Execution of Opportunities for Engagement—Host Opportunity for Discussion.** Regardless of the duration of the discussions or dialogue, be consistent with the key message and resources.
   - Be sure to engage in discussion that can fill knowledge gaps related to the current key messages and talking points.
   - Be certain to provide time to answer questions related to command responsibilities.
   - Provide clear policy information, expectations, benefits, and consequences (e.g., timeline, locations, and reporting processes). Be honest.

Communication Channel Strategies for Awareness

Resources and Channels for Trends and Perceptions

Social Media (Twitter, Facebook, Instagram):

- Watch for comments and how often a post was shared. This may provide insight regarding how local stakeholders are feeling and what their concerns may be.
- Look out for questions that stakeholder's post (these can be sources of misconceptions or credible information).
- Which social media items are the most popular? Using the media that has the most viewers will reach more stakeholders.

News Media:

- What places do Service members normally turn to for news? What misconceptions are being reported?
- News media have an agenda that is separate from the Army mission (but not necessarily always in opposition).

Note: Although the below are not official Army resources or accounts, they do provide insight and trends related to the community perceptions.

LinkedIn:

- Gives good insight into the workforce groupthink that can happen in communities. Recommend searching key topics to see what conversations come up in the local area.

Reddit:

- Reddit can be a minefield of misinformation, but will demonstrate what misconceptions are being spread through local communities.

Google Analytics:

- While an unusual tactic, Google analytics can give the communicator an idea of the metrics around a sensationalized topic. A communicator can find the trending words, posts, images, and graphs for the time period of interest in a local area, as well as find what data people are searching for the most.

Channel Application Tools

Once trends and community perceptions are gathered, the below communication channels can be used as tools and leveraged to communicate with the target stakeholders.

Push Media:

- Know which parts of the installation are most frequented and who frequents these places to push the best announcements in the most effective ways.
- Push announcements and notifications are not dialogue; these are best used to deliver a short notice to the public. These include:
  - Memorandum (announce town halls or discussion).
  - Emails, posters, and flyers (short announcements).

Official Social Media:

- Sprinklr (use with social media accounts/posts to highlight which posts/accounts are most successful/effective at delivering messages).
- Twitter, Facebook, Instagram (share infographics, announcements, policy updates).

Conclusions drawn from Articles and Resources

Throughout its history, the Army has strived to ensure that Service members and Civilians have access to all necessary safety and protection measures available. Additionally, the Army has weighed the risks and benefits of protective measures and public health when developing policy and guidance for the Force. While Service members and Civilians are often exposed to disease while performing missions across the globe, they can also carry those diseases back home to their families and communities. Accordingly, it is critical to protect the health of personnel and their loved ones through policy and mitigation strategies.

COVID-19 poses a serious health risk to Service members, Civilians, their Families, communities, and the Army as a whole. Service members and Civilians take protective measures every day to protect themselves and others from health threats—the COVID-19 vaccine is one more measure in a long line of others that have supported the health and safety of the Force.

Despite strong evidence that the COVID-19 vaccines are safe and effective, significant numbers of the DOD population remain hesitant to get the vaccine. Some Service members and Civilians have expressed concern over the safety and efficacy of available COVID-19 vaccines. Many of their concerns reveal legitimate risk vs. benefit fears that stem from the history of vaccines. These concerns include but are not limited to fertility and pregnancy, side effects, and unknown long-term adverse health outcomes. Individuals with these concerns need the opportunity to speak with a qualified and trusted medical source. Additionally, there are individuals who have received a great deal of misinformation or subscribe to cultural or political views that are hard to unseat, even when provided factual information. As such, there will be a population within the DOD who will not be receptive to communication efforts, as well as a small percentage of the DOD workforce who will resist the requirement and may choose to leave their current positions.

Service Members and Civilians must ultimately accept the consequences of their decision if they choose not to comply with immunization requirements. Individuals can make their own informed risk vs. benefit decision in regards to this vaccination program and their decision will impact their subsequent behaviors and associated outcomes (i.e., to receive vaccine or refuse vaccine and incur any resulting disciplinary or other administrative actions). It is APHC's responsibility to provide facts in a credible and compassionate manner, to address stakeholder concerns and questions, and to remain honest and transparent in outlining requirements and reasons supporting those requirements.

Articles and Resources

https://www.milsuite.mil/book/groups/army-public-health-centers-medical-threat-briefings/pages/covid-19

APHC Public Health Assessment Division, Health Promotion and Wellness Directorate (August 2021). COVID-19 Vaccination Perceptions and Messaging Formative Evaluation briefing slides.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7025e2.htm?s_cid=mm7025e2_x

CDC conducted nationally representative household panel surveys during March–May 2021, to examine attitudes toward COVID-19 vaccination and vaccination intent among young adults. Results showed nearly one fourth of those aged 18–39 years were probably going to be vaccinated or were unsure about whether to be vaccinated, and nearly one fourth reported that they would probably not or would definitely not be vaccinated.

https://www.defensenews.com/news/your-army/2021/06/17/the-shadow-of-anthrax-the-voluntary-covid-19-vaccination-effort-owes-much-to-past-failures/

The handling of the anthrax vaccine becoming mandatory was arguably institutionally damaging to the trust of the soldiers in the healthcare interventions, and thus the voluntary option of the COVID- 19 vaccine might be the most effective way forward.

https://www.health.mil/-/media/Images/MHS/Infographics/TRICARE-COVID-19-Vaccine-Toolkit/TRICARE-Communications_Vaccine-Confidence_Graphic_Vaccines-Save-Lives_Final.ashx

History proves that vaccine side effects do not compare to the symptoms of the diseases that vaccines protect against.

https://health.mil/News/Articles/2021/02/01/DOD-experts-explain-The-science-behind-the-COVID-19-vaccines

DOD experts explain the medical and scientific features behind the COVID-19 vaccines.

https://abcnews.go.com/Politics/military-make-covid-19-vaccine-mandatory/story?id=78689440

Nearly 70% of all military personnel have received at least one dose of a COVID-19 vaccine, but there has discussion about whether the Pentagon should make vaccinations mandatory for the ranks should the Food and Drug Administration formally approve the vaccine in the future in order to get more of the population vaccinated.

https://www.armytimes.com/news/pentagon-congress/2021/07/01/prepare-for-mandatory-covid-vaccines-in-september-army-tells-commands/

While COVID-19 vaccinations in the U.S. military are taking place under the same emergency use authorization that has allowed vaccinations to take place in the general

population, Pentagon officials have said publicly that they would make the vaccinations mandatory, as is done with more than a dozen other vaccines, should the FDA formally approve the vaccine.

https://www.militarytimes.com/news/pentagon-congress/2021/07/06/military-weighing-mandatory-covid-19-vaccine-after-full-fda-approval/

Article discusses the pros and cons of mandatory vaccines after FDA approval of the COVID- 19 licensure that is expected soon.

Review of Disease Intervention Approaches Marble Pandemics.docx

An essay on the development of disease interventions that have been both effective and ineffective during the history of the Army.

https://www.usnews.com/news/health-news/articles/2021-07-26/medical-groups-call-for-vaccine-mandate-for-health-care-workers

More than 50 medical groups issued a joint statement on Monday calling for health care and long-term care employers to mandate COVID-19 vaccinations for employees. Signatories of the statement include major health care groups such as American Medical Association, the American College of Physicians, the American Academy of Pediatrics and the American Public Health Association.

https://www.wfxrtv.com/news/health/coronavirus/when-will-covid-vaccines-get-full-fda-approval/

The FDA granted priority review status to Pfizer's COVID vaccine application—for use in people 16 and older—on July 16, giving 6 months to review Pfizer's clinical trial information. Approval could be held up until January of 2022. The way the FDA's vaccine program is designed should help it in its efforts to expedite the full approval of COVID vaccines.

https://www.military.com/daily-news/2021/07/24/many-soldiers-still-arent-vaccinated-whats-armys-plan.html

Thousands of soldiers are still not vaccinated against COVID-19, and Army leaders are moving to educate the unvaccinated as the deadly Delta variant sweeps through the country. Vaccine hesitancy mostly spurs from health concerns and latching onto misinformation mostly found on social media. Some soldiers have health concerns, even if experts say the research does not back up those fears.

https://www.nytimes.com/2021/07/30/us/politics/military-vaccinations.html

Although most of the Soldiers on Army installations are vaccinated, others have concerns and are taking advantage of a rare piece of discretion not often granted to the rank and file.

Compulsory shots are standard operating procedure for the military, which requires troops to be vaccinated for at least a dozen diseases. Of the 1,336,000 Active Duty members of the military, about 64 percent are fully vaccinated, for the military, that rate is unacceptably low.

https://www.govexec.com/workforce/2021/07/many-va-employees-apprehensive-about-vaccine-mandate-department-begins-implementation/184202/

Many employees at the Veterans Affairs Department are voicing frustration with the COVID-19 vaccine mandate. About 70% of DOD individuals are currently vaccinated, meaning about 35,000 must now decide whether to be vaccinated or face potential consequences. VA has not specified what exactly will happen to employees who decline, saying only in a memorandum that anyone who fails to certify vaccination "may face disciplinary action up to and including removal from federal service."

https://news.yahoo.com/us-military-covid-vaccine-mandatory-185948954.html

President Biden announced that federal civilian workers would be required to be vaccinated against COVID-19, yet did not extend that mandate to members of the military. The military has a complicated history around requiring active duty to be vaccinated. Biden could immediately order that members of the military be vaccinated against COVID-19, though such a move would likely create a backlash, as it did with anthrax.

https://wjla.com/news/coronavirus-vaccine/a-rise-in-covid-19-cases-at-the-us-mexico-border

Migrants are making their way to the United States with insufficient resources to help or process them and many of them infected with COVID-19. Concerns are rising after reports that more than 50,000 migrants have been released into the interior of the United States.

https://www.cnn.com/2021/08/02/health/us-coronavirus-monday/index.html

To avoid lockdowns, people in the United States will have to wear masks at indoor gatherings even if they are vaccinated and have kids mask up in schools. A "silver lining" of the surge in Covid-19 cases caused by the Delta variant is that more Americans appear to be at the tipping point of understanding the importance of Covid-19 vaccinations.

https://www.kitv.com/story/44424175/honolulu-police-and-hawaii-army-national-guard-host-free-covid19-testing-in-chinatown

The Honolulu Police Department and members of the Hawaii Army National Guard are joining in on COVID-19 testing efforts. They administered more than 40 free tests in 1 day. Guard members conduct the tests in the alleyway next to the Chinatown Substation. The swabs are courtesy of a partnership between the Hawaii Army National Guard and the Department of Health.

https://www.military.com/daily-news/2021/07/30/vaccine-push-increases-dod-will-start-asking-troops-ifthey-got-shot.html

The Defense Department is requiring all uniformed and Civilian personnel to attest to whether they have received the vaccine against COVID-19, as part of the government's effort to kick-start vaccinations. Those who have not been vaccinated will have to wear a mask and physically distance themselves from others.

https://health.mil/News/Articles/2021/07/30/COVID19-Vaccines-Benefits-Still-Outweigh-the-Risks

Only a small fraction of people in the military community has experienced breakthrough infections after receiving a COVID-19 vaccination - and none of them have died. Evidence shows how effective the vaccine has been and he encouraged all service members and others to get fully vaccinated.

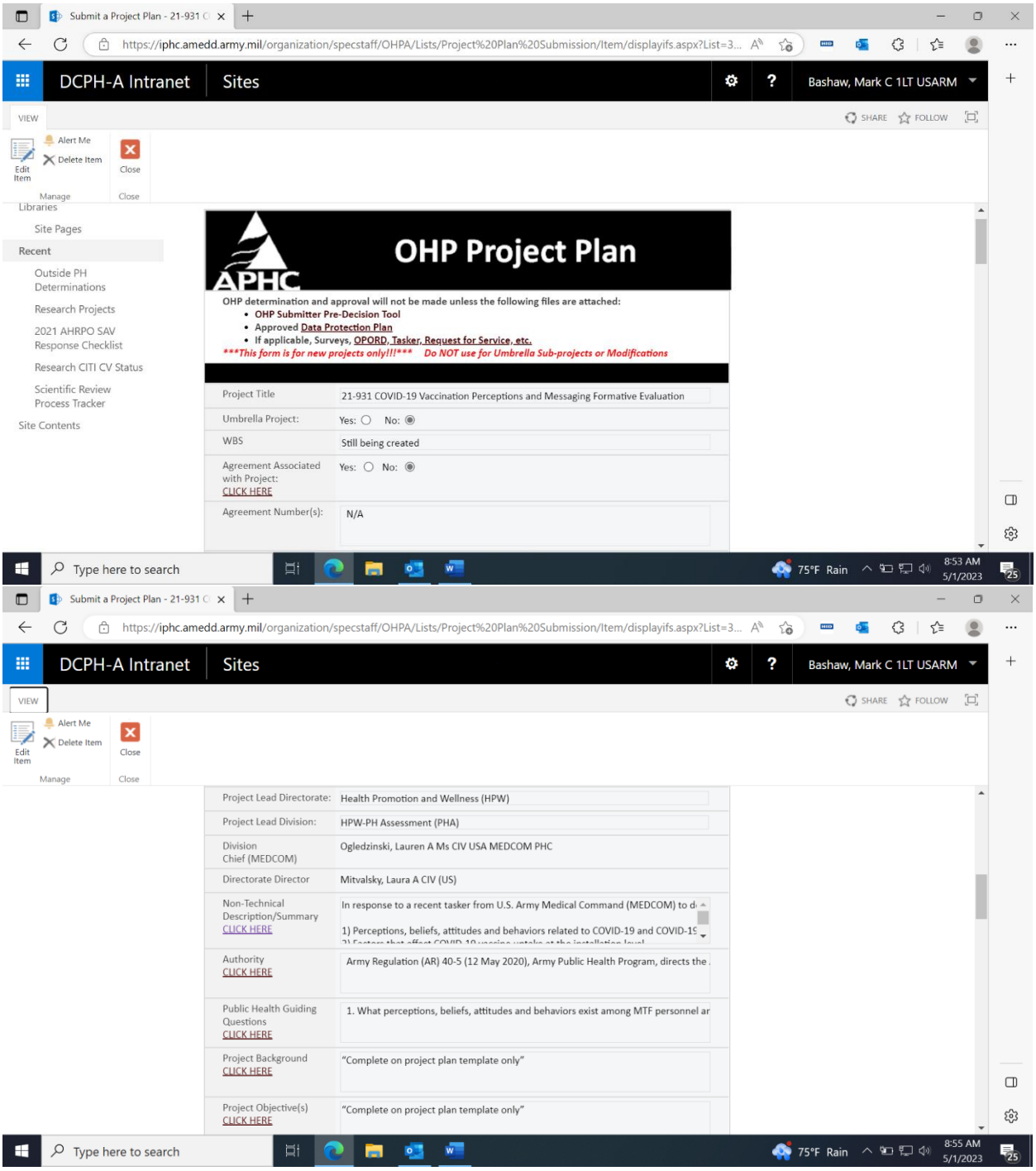
Immunization to protect the US Armed Forces: heritage, current practice, and prospects - PubMed (nih.gov)

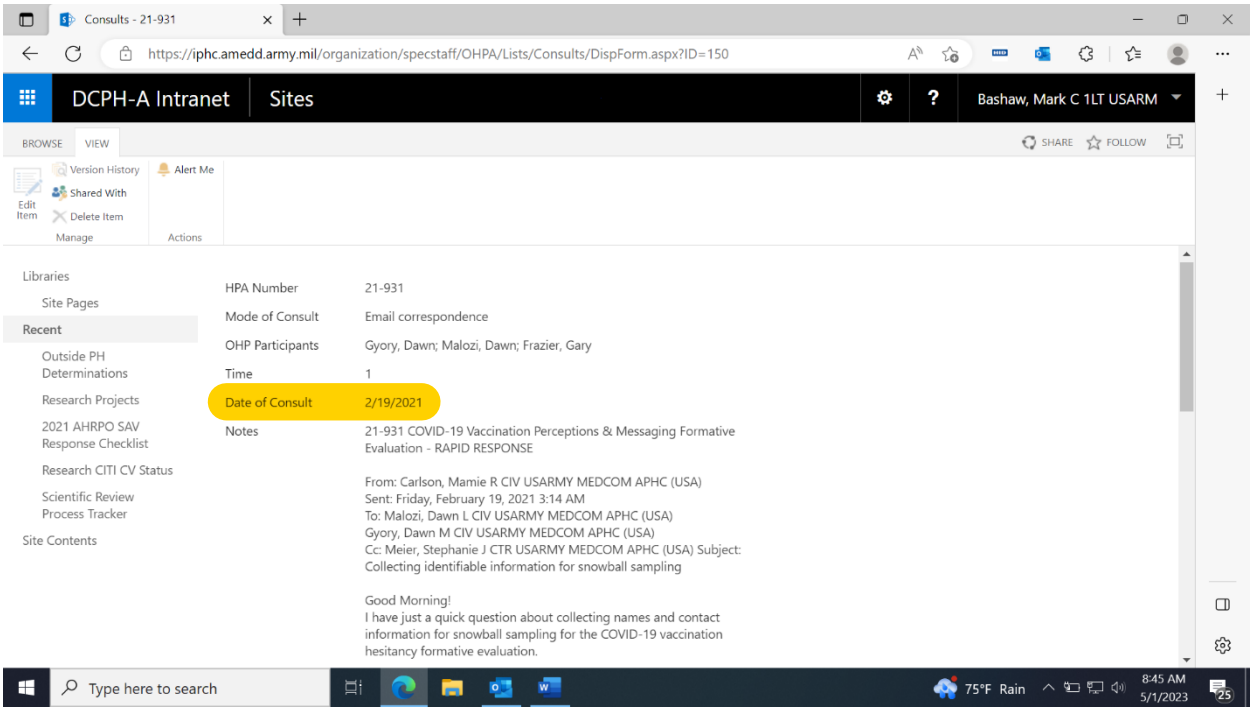
Americans serving with the U.S. Armed Forces need protection from the dangerous infections that they can contract during training, based on occupation, during overseas deployment, or because of underlying health status. This article consolidates content from several previous historical reviews, adds additional sources, and cites primary literature regarding military contributions and accomplishments.

https://www.yahoo.com/news/delta-surges-u-military-braces-171232365.html

With the Delta variant surging, the Pentagon appears poised to do something it has not so far - mandate vaccinations to safeguard against COVID-19. Half the U.S. Armed Forces are already fully vaccinated, a number that climbs when counting only Active Duty troops, excluding National Guard and reserve members. Vaccination rates are highest in the Navy, which suffered from a high-profile outbreak last year on aircraft carrier. About 73% of sailors are fully vaccinated.

EXHIBIT A


Submit a Project Plan - 21-931
https://iphc.amedd.army.mil/organization/specstaff/OHPA/Lists/Project%20Plan%20Submission/Item/displayifs.aspx?List=3...
DCPH-A Intranet
Sites
Bashaw, Mark C 1LT USARM
VIEW
SHARE
FOLLOW
Alert Me
Delete Item
Edit Item
Close
Manage
Close
Libraries
Site Pages
Recent
Outside PH Determinations
Research Projects
2021 AHRPO SAV Response Checklist
Research CITI CV Status
Scientific Review Process Tracker
Site Contents
APHC
OHP Project Plan
OHP determination and approval will not be made unless the following files are attached:
OHP Submitter Pre-Decision Tool
Approved Data Protection Plan
If applicable, Surveys, OPORD, Tasker, Request for Service, etc.
This form is for new projects only!!! Do NOT use for Umbrella Sub-projects or Modifications
Project Title
21-931 COVID-19 Vaccination Perceptions and Messaging Formative Evaluation
Umbrella Project:
Yes: No:
WBS
Still being created
Agreement Associated with Project:
CLICK HERE
Yes: No:
Agreement Number(s):
N/A
Type here to search
75°F Rain
8:53 AM
5/1/2023
Project Lead Directorate:
Health Promotion and Wellness (HPW)
Project Lead Division:
HPW-PH Assessment (PHA)
Division Chief (MEDCOM)
Ogledzinski, Lauren A Ms CIV USA MEDCOM PHC
Directorate Director
Mitvalsky, Laura A CIV (US)
Non-Technical Description/Summary
CLICK HERE
In response to a recent tasker from U.S. Army Medical Command (MEDCOM) to d
1) Perceptions, beliefs, attitudes and behaviors related to COVID-19 and COVID-19
Authority
CLICK HERE
Army Regulation (AR) 40-5 (12 May 2020), Army Public Health Program, directs the
Public Health Guiding Questions
CLICK HERE
1. What perceptions, beliefs, attitudes and behaviors exist among MTF personnel ar
Project Background
CLICK HERE
"Complete on project plan template only"
Project Objective(s)
CLICK HERE
"Complete on project plan template only"
8:55 AM



MEDCOM OPORD 21-08-SARS-COV-2: Prevention Program Surveillance and Vaccination

In response to a recent tasker from U.S. Army Medical Command (MEDCOM) to develop messaging to address COVID-19 vaccination hesitancy among Army healthcare workers, the Office of the Surgeon General (OTSG)/Army Public Health Center (APHC) COVID-19 Task Force and the APHC Public Health Communication Directorate (PHCOM) is requesting formative evaluation support (evaluation development, implementation, and analysis) from the Public Health Assessment Division (PHAD) to gain improved understanding of:

1) Perceptions, beliefs, attitudes and behaviors related to COVID-19 and COVID-19 vaccination at the Army installation level,

2) Factors that affect COVID-19 vaccine uptake at the installation level,

3) Awareness of previously disseminated COVID-19 messaging developed by APHC, and

4) Perceptions of three COVID-19 vaccine messaging concepts developed by PHCOM for dissemination to Army healthcare workers.

The findings from this evaluation will be used to inform APHC's current and future messaging efforts to support COVID-19 vaccination goals and inform follow-on data collection among Army healthcare workers and the broader Army population. This formative evaluation is seen as an initial phase of a more long-term evaluation effort to better understand the context and factors that shape COVID-19 vaccination uptake and to identify potential information and messaging needs that could be addressed by PHCOM deliverables.

The target population for this initial phase of the evaluation will be a convenience sample of 5-10 civilian or military Public Health Emergency Officers (PHEOs) or other key installation personnel who are considered knowledgeable of the topics discussed in the interview guide (. The interviews will be held via MS Teams or via telephone in late February through early March 2021. The aim is to interview PHEOs from 5-10 installations within U.S. Army Forces Command (FORSCOM), U.S. Army Training and Doctrine Command (TRADOC), and possibly other key commands that serve larger Soldier populations (and therefore also have larger military treatment facilities (MTFs)) across the Army Enterprise. A snowball sampling approach will be utilized to identify PHEOs and other subject matter experts (SMEs) at these key installations or their MTFs, to contact and potentially interview, with initial identification of PHEOs through Dr. Patricia Garcia, Public Health Emergency Manager, OTSG. Subsequent sampling will occur through the practice of asking interviewees to identify other SMEs at their installation or the MTF there who are knowledgeable of the topics discussed in the interview guide. The key informant interviews with PHEOs and other SMEs proposed in this project plan will be an initial entry point into understanding COVID-19 vaccine perceptions, experiences, and behaviors at the installation level. Modifications to this rapid response project plan will be submitted for review as additional formative evaluation activities are needed.

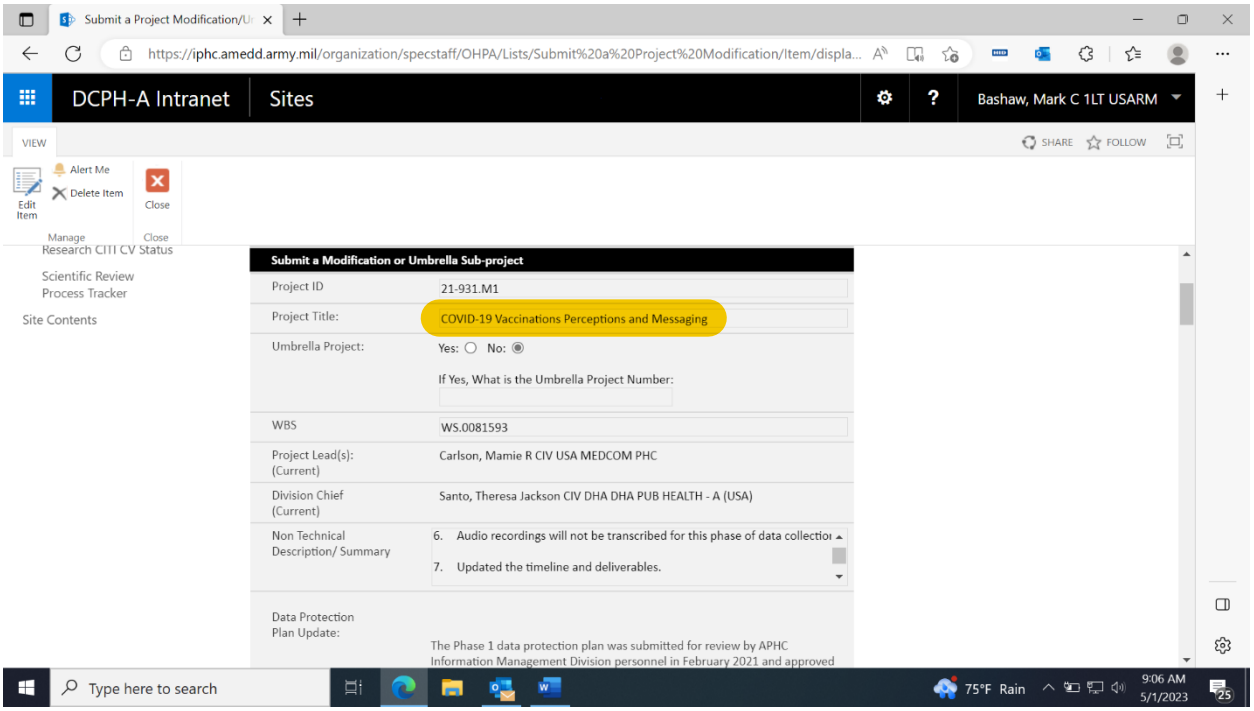
The current evaluation will use a semi-structured interview guide to facilitate virtual key informant interviews of PHEOs and other identified installation-level SMEs to collect data that answers the four public health guiding questions listed below. The interview data will be initially, rapidly analyzed by members of the PHAD evaluation team using a rapid action thematic analysis of interview notes to provide preliminary aggregate findings and recommendations to PHCOM via PowerPoint slides. If needed, for additional context or specificity not captured in the notes, the audio recordings will be submitted for transcription by an external contracted, transcription team not affiliated with a specific installation or command, nor APHC. These transcripts will then be coded by members of the PHAD evaluation team in NVivo, followed by direct content analysis and theming. Findings and recommendations from this second analysis phase will also be provided to PHCOM in aggregate form via slide deck and an information paper. A copy of the Interview Guide is located in Appendix 2.

1. What perceptions, beliefs, attitudes and behaviors exist among MTF personnel and the broader installation population related COVID-19 and COVID-19 vaccination?

2. What factors (i.e., facilitators/barriers) affect COVID-19 vaccine uptake and hesitancy at the installation level?

3. How aware are participants of APHC COVID-19 and COVID-19 vaccine/vaccination messaging?4. What are participant perceptions and suggestions regarding the APHC COVID-19 vaccination messaging concepts?

The PHAD evaluation team (as defined in this document) will interview Public Health Emergency Officers (PHEOs) who were identified using a convenience sampling approach. [Please see PP for additional details]



Purpose

This modification outlines revisions to the Office of Human Protections (OHP) Rapid Response Project Plan #21_931, COVID-19 Vaccination Perceptions & Messaging Formative Evaluation that was approved in February 2021 in response to a tasker from U.S. Army Medical Command (MEDCOM) to develop messaging to address COVID-19 vaccination hesitancy among Army health care workers. The Office of the Surgeon General (OTSG)/Army Public Health Center (APHC) COVID-19 Task Force and the APHC Public Health Communication Directorate (PHCOM) requested formative evaluation support (evaluation development, implementation, and analysis) from the Public Health Assessment Division (PHAD).

In response to COVID-19 Task Force Task 860, this modification is a follow-on to Phase 1 interviews that aims to identify perceptions and beliefs surrounding mandatory COVID-19 vaccination in anticipation of a COVID-19 vaccine mandate in September 2021 to support risk communication product development. The project will follow a similar qualitative design; however, data collection will occur via focus groups and, as necessary, key informant interviews. Findings will be used to inform messaging and communications to address a potential future COVID-19 vaccination mandate.

Nine changes are summarized in this modification (Highlighted in yellow within the modification and the semi-structured focus group/interview guide located in Appendix A):

1. Modified objectives from the original project plan:

a. Revised original objective #1 to be more specific and capture perceptions and beliefs regarding a potential COVID-19 vaccination mandate vs. COVID-19 vaccination more broadly. Revised language from "Identify perceptions of and factors affecting COVID-19 vaccination at the installation level" to "Identify perceptions, and the factors that shape these perceptions, in regard to the potential of mandatory COVID-19 vaccination among installation personnel."

b. Deleted the original objective #2 from the original project plan as this information was already captured and did not require follow-on data collection.

c. Replaced original objective #2 with new objective, "Understand information needs of installation personnel if COVID-19 vaccination were to be mandated."

2. Modified the guiding questions to capture perceptions and beliefs regarding a potential COVID-19 vaccination mandate, including:

a. Revised first guiding question "What perceptions, beliefs, attitudes and behaviors exist among MTF personnel and the broader installation population related to COVID-19 and COVID-19 vaccination?" to "What perceptions, beliefs and attitudes exist among installation personnel related to COVID-19 vaccination becoming mandatory?"

b. Revised second guiding question "What factors (i.e., facilitators/barriers) affect COVID-19 vaccine uptake and hesitancy at the installation level?" to "What factors (i.e., facilitators/barriers) impact mandatory COVID-19 vaccination perceptions among installation personnel?"

c. Deleted guiding question: "How aware are participants of APHC COVID-19 and COVID-19 vaccine/vaccination messaging?"

d. Added guiding question: "What information needs do interviewees anticipate among installation personnel if COVID-19 vaccination were to be mandated?"

e. Revised fourth guiding question "What are participant perceptions and suggestions regarding the APHC COVID-19 vaccination messaging concepts?" to "What are participant perceptions and suggestions regarding APHC mandatory COVID-19 vaccination messaging concepts?"

3. Updated the target population to include Command Surgeons, in addition to the target population of Public Health Emergency Officers (PHEOs) and Assistant Public Health Emergency Officers (APHEOs) previously approved in OHP Project Plan #21-931.

4. Revised the data collection approach to two focus groups, one focus group of PHEOs and another focus group of Command Surgeons, and, as necessary depending on OCONUS participant availability, 1-2 key informant interviews.

5. Revised sampling strategy to convenience sampling only, without snowball sampling augmentation.

6. Audio recordings will not be transcribed for this phase of data collection.

7. Updated the timeline and deliverables.

8. Updated the list of project personnel who will support data collection, analyses and reporting.

9. Developed a semi-structured focus group/interview guide to align with the modified objectives and guiding questions.

Objective(s)

The primary objectives of the evaluation are the following:

1. Identify perceptions, and the factors that shape these perceptions, in regard to the potential of mandatory COVID-19 vaccination among installation personnel.

2. Understand information needs of installation personnel if COVID-19 vaccination were to be mandated.

3. Inform and guide current and future APHC COVID-19 vaccination messaging and follow-on COVID-19 data collection efforts.

Project Design

The design for this modification will be semi-structured focus groups and, as necessary, key informant interviews to capture the 'pulse' of mandatory COVID-19 vaccination, specifically perceptions, attitudes and beliefs in regard to a vaccine mandate. The goal of the modification is to use gather information to understand the information and messaging needs if COVID-19 vaccination is mandated to inform the development of messaging concepts and products to address this emergent need.

The target population for this modification is civilian or military PHEOs/APHEOs and Command Surgeons due to the unique nature of their role in the COVID-19 pandemic on the installation. The PHAD evaluation team and project stakeholders (OTSG/APHC COVID-19 Task Force and PHCOM COVID Communications Working Group) believe these personnel have visibility on mandatory COVID-19 vaccination perceptions and beliefs at their respective MTFs and within the broader installation population.

The project will utilize a convenience sample of PHEOs/APHEOs who participated in the Phase 1 interviews regarding vaccine hesitancy and Command Surgeons. The PHAD evaluation team will utilize several channels to reach Command Surgeons to include:

- Commanders Ready and Resilient Integrators and Commanders Ready and Resilient Council Project Officers, who are APHC colleagues, and may provide an entry point to identify Command Surgeons and gauge participation interest and
- TRADOC and FORSCOM Surgeons' Offices to assist in identifying Command Surgeons who may be available to participate in the focus group.

The PHAD evaluation team will complete two semi-structured focus groups, one with PHEOs/APHEOs and one with Command Surgeons. As necessary, based on OCONUS participant availability for focus group attendance and/or if a participant does not agree to being recorded during a focus group, the PHAD evaluation team may also conduct up to two key informant interviews. The PHAD evaluation team will use the same focus group/interview guide for PHEOs/APHEOs and Command Surgeons focus groups and interviews.

The current project aims to answer the following guiding questions, which have been revised from the approved OHP Project Plan #21-931 in accordance with current focus on potential mandatory COVID-19 vaccination.

1. What perceptions, beliefs and attitudes exist among installation personnel related to COVID-19 vaccination becoming mandatory?

2. What factors (i.e., facilitators/barriers) impact mandatory COVID-19 vaccination perceptions among installation personnel?

3. What information needs do interviewees anticipate among installation personnel if COVID-19 vaccination were to be mandated?

4. What are interviewees' perceptions and suggestions regarding APHC mandatory COVID-19 vaccination messaging concepts?

Semi-structured Focus Group/Interview Guide

The previous interview guide approved in OHP Project Plan #21_931 has been revised to a focus group/interview protocol to optimize the number of individuals data is collected from within the short timeframe that we have to collect data and provide findings to inform messaging in anticipation of a COVID-19 vaccine mandate in September 2021. Additionally, data collection questions were updated to examine more specific perceptions, attitudes and beliefs of COVID-19 vaccination, specifically those pertaining to a COVID-19 vaccination mandate. The factors that shape perceptions, attitudes and beliefs will also be explored in addition to anticipated information needs if COVID-19 vaccination were to be mandated. The aim is for the findings from this data collection effort to inform messaging developed by APHC and in coordination with other MEDCOM and Army communication entities. The core focus group/interview questions will allow participants to share their experiences and perceptions and the PHAD evaluation team to follow-up or probe on relevant information shared.

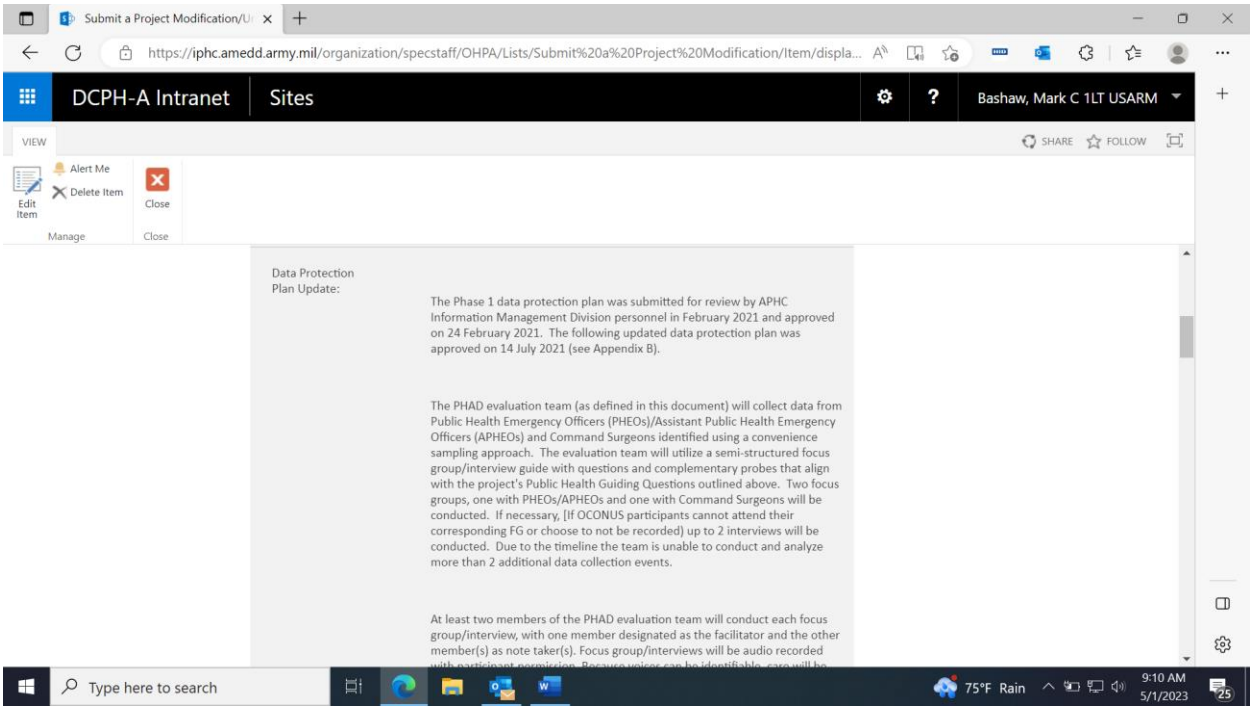
Data Collection

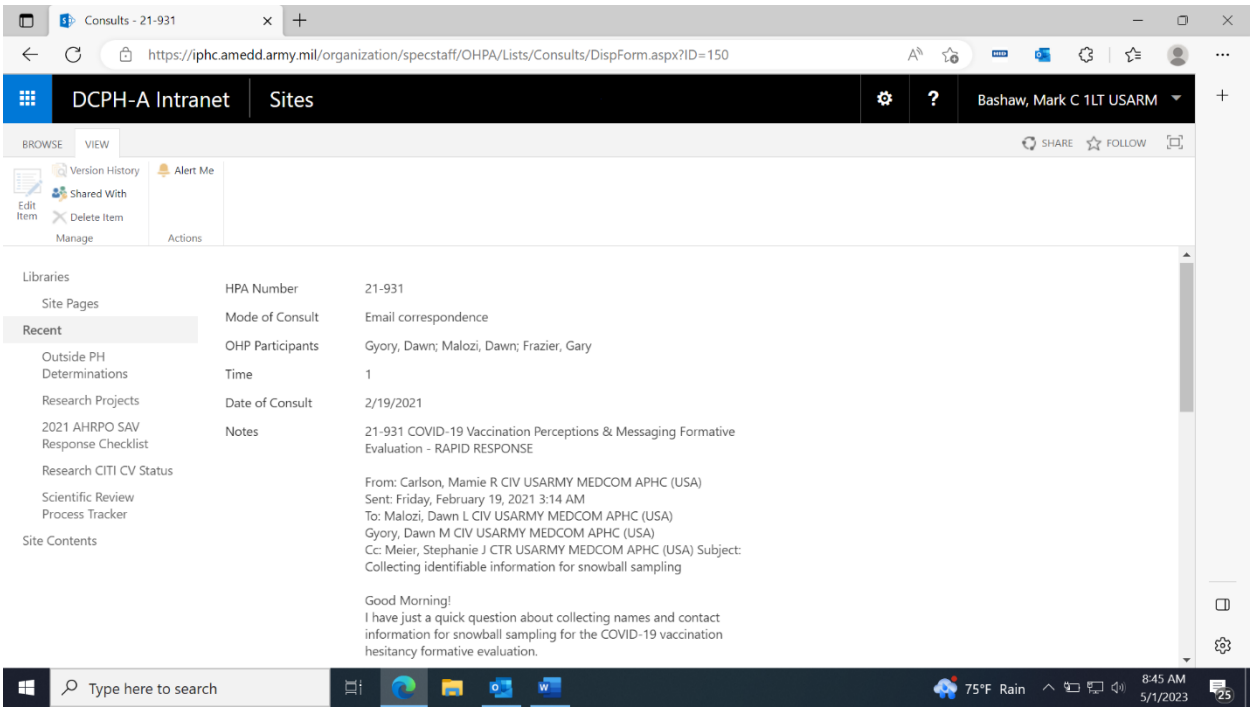
An evaluation team member with relevant experience will conduct focus groups/interviews via telephone or via a virtual platform [e.g. Microsoft (MS) Teams/Defense Collaboration Services (DCS)]. In addition, one or more team members will serve as note taker(s) to capture information shared by the participants. Data collection will occur in July 2021. Focus groups are expected to last 60-90 minutes. If conducted, interviews are expected to last 45-60 minutes. Focus groups/interviews will be recorded using audio recorders with participant permission and will be utilized to verify/complete notes prior to coding and analysis.

Data Analysis

The data collected will be stored, managed and analyzed as outlined in the OHP Project Plan #21_931. Data will be coded and analyzed using the same methodology used in the original project plan. Data will be coded and analyzed in pairs, using a primary and secondary approach. A codebook will be developed that is informed by the guiding questions and the focus group/interview guide. Coded references will be analyzed using a directed content analytic approach to identify patterns and themes that emerge from the data. These themes and their corresponding properties and dimensions will be documented and reported as findings.

Deliverable: Findings and Recommendations Slide Deckx





HPA Number 21-931

Mode of Consult Email correspondence

OHP Participants Gyory, Dawn; Malozi, Dawn; Frazier, Gary

Time 1

Date of Consult 2/19/2021

Notes

21-931 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation - RAPID RESPONSE

From: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA)

Sent: Friday, February 19, 2021 3:14 AM

To: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA)

Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)

Cc: Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) Subject: Collecting identifiable information for snowball sampling

Good Morning!

I have just a quick question about collecting names and contact information for snowball sampling for the COVID-19 vaccination hesitancy formative evaluation.

We will not be collecting PII or PHI about the interviewee, but will be asking the interviewee if they know of other installation personnel that are knowledgeable about the topics discussed during the interview. I haven't used snowball sampling before and was wondering about where and how appropriately describe this in the data protection plan.

Thank you so much for your assistance!

Best, Mamie Carlson, MPH

***OHP email exchanges and responses from G Frazier, J Abraham.

OHP Response:

From: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA)

Sent: Friday, February 19, 2021 9:11 AM

To: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) Cc: Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)

Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA)

Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) Kolivosky, John E CIV USARMY MEDCOM APHC (USA)

Subject: RE: Collecting identifiable information for snowball sampling

Hi Mamie,

Happy Friday!

Dawn Gyory is out of the office today, however, between a couple of us, we are thinking that either #5 or #7 may be appropriate.

Hope this helps.

Dawn

Personnel Consulted

Tasker

Created at 2/23/2021 6:58 PM by No presence informationMalozi, Dawn L CIV USARMY MEDCOM PHC (US)

Last modified at 2/23/2021 7:57 PM by No presence informationMalozi, Dawn L CIV USARMY MEDCOM PHC (US)

HPA Number	21-931
Mode of Consult	Telephonic; Email correspondence
OHP Participants	Gyory, Dawn
Time	1
Date of Consult	2/4/2021
Notes	2/8/2021 follow on email message to phone call on Thursday 2/4/2021.

From: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)
Sent: Monday, February 8, 2021 5:44 PM
To: Ogledzinski, Lauren A CIV USARMY MEDCOM APHC (USA)
Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) Subject:

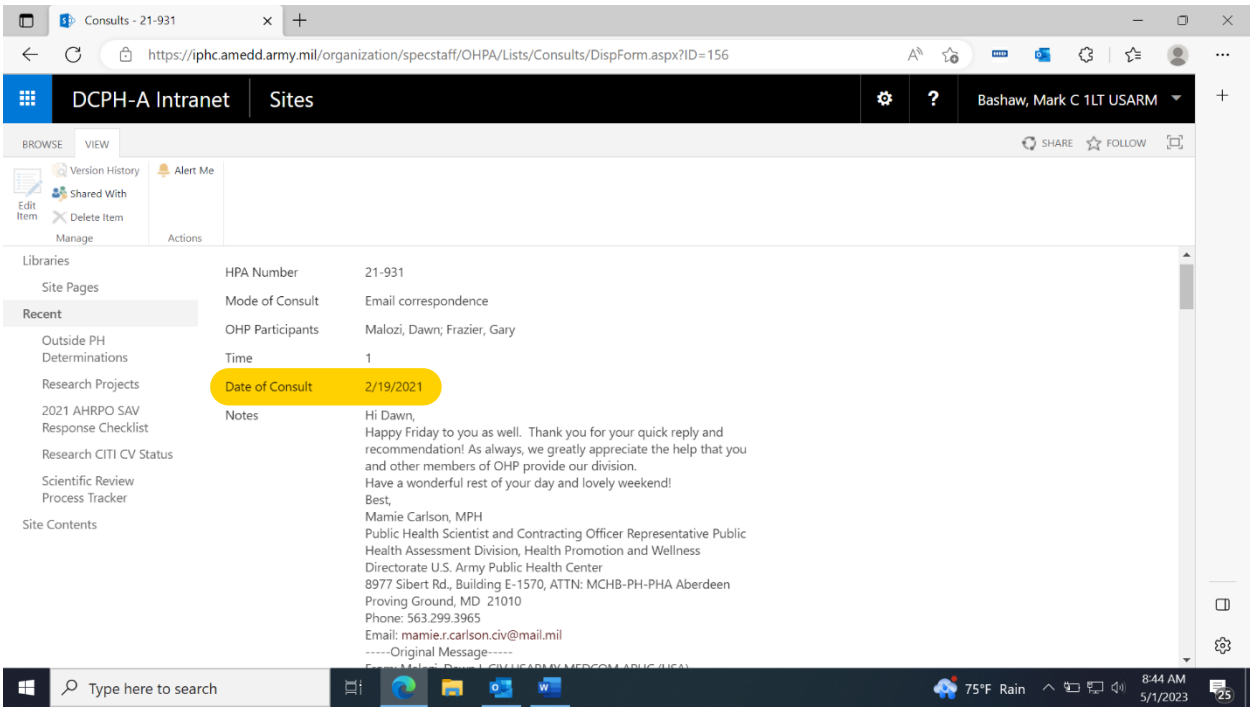
Potential Rapid Response

Hi Lauren,
I just wanted to check in with you regarding that potential rapid response for PHAD to support the OTSG project on vaccination messaging to medical personnel. Do you still expect to support this effort? We are just trying to make sure we are tracking all potential projects as the holiday weekend approaches.
~Dawn Gyory

Personnel Consulted

Tasker

Created at 2/9/2021 7:44 AM by Malozi, Dawn L CIV USARMY MEDCOM PHC (US)
Last modified at 2/25/2021 7:30 AM by Malozi, Dawn L CIV USARMY MEDCOM PHC (US)



HPA Number 21-931

Mode of Consult Email correspondence

OHP Participants Malozi, Dawn; Frazier, Gary

Time 1

Date of Consult	2/19/2021
Notes	Hi Dawn, Happy Friday to you as well. Thank you for your quick reply and recommendation! As always, we greatly appreciate the help that you and other members of OHP provide our division. Have a wonderful rest of your day and lovely weekend! Best, Mamie Carlson, MPH Public Health Scientist and Contracting Officer Representative Public Health Assessment Division, Health Promotion and Wellness Directorate U.S. Army Public Health Center 8977 Sibert Rd., Building E-1570, ATTN: MCHB-PH-PHA Aberdeen Proving Ground, MD 21010 Phone: 563.299.3965 Email: mamie.r.carlson.civ@mail.mil -----Original Message----- From: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil> Sent: Friday, February 19, 2021 9:11 AM To: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil> Cc: Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) <stephanie.j.meier3.ctr@mail.mil>; Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil> Subject: RE: Collecting identifiable information for snowball sampling Hi Mamie, Happy Friday! Dawn Gyory is out of the office today, however, between a couple of us, we are thinking that either #5 or #7 may be appropriate. Hope this helps. Dawn Dawn Malozi Human Protections Coordinator Quality, Safety, and Regulatory Compliance (QSARC) Army Public Health Center 8252 Blackhawk Rd, Bldg E5158 APG, MD 21010 dawn.l.malozi.civ@mail.mil ☎ 410-215-0944 -----Original Message----- From: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) Sent: Friday, February 19, 2021 3:14 AM To: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)

<dawn.m.gyory.civ@mail.mil>
Cc: Meier, Stephanie J CTR USARMY MEDCOM APHC (USA)
<stephanie.j.meier3.ctr@mail.mil>
Subject: Collecting identifiable information for snowball sampling
Good Morning!
I have just a quick question about collecting names and contact information for snowball sampling for the COVID-19 vaccination hesitancy formative evaluation. We will not be collecting PII or PHI about the interviewee, but will be asking the interviewee if they know of other installation personnel that are knowledgeable about the topics discussed during the interview. I haven't used snowball sampling before and was wondering about where and how appropriately describe this in the data protection plan.
Thank you so much for your assistance!
Best,
Mamie Carlson, MPH
Public Health Scientist and Contracting Officer Representative Public Health Assessment Division, Health Promotion and Wellness Directorate U.S. Army Public Health Center
8977 Sibert Rd., Building E-1570, ATTN: MCHB-PH-PHA Aberdeen Proving Ground, MD 21010
Phone: 563.299.3965
Email: mamie.r.carlson.civ@mail.mil
Dawn,

I do not have a strong feeling on this. Perhaps #5 (PII)? Or #7 (also PII-related).

Joe.

Joseph H. Abraham, ScD
Senior Scientist, Clinical Public Health and Epidemiology Directorate (MCHB-PH-CPH)
Army Public Health Center
t. (410) 436-1990

-----Original Message-----
From: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA)
Sent: Friday, February 19, 2021 8:48 AM
To: Abraham, Joseph H CIV USARMY MEDCOM APHC (USA)
<joseph.h.abraham.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>
Cc: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)
<dawn.m.gyory.civ@mail.mil>;
Kolivosky, John E CIV USARMY MEDCOM APHC (USA)
<john.e.kolivosky.civ@mail.mil>

Subject: RE: Collecting identifiable information for snowball sampling (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Thank you.
Do either of you have any recommendation for where to insert this information in the data protection plan? Would #8 be appropriate?
Here is a list of the questions on the project plan:

Answer the following questions within the data protection plan:
1) From where will the data be obtained?
2) If obtaining the data from an external source, how will the data be transferred?
3) Are there data use agreements (DUAs) in place?
4) Where will the data be stored? How is the data protected in this location?
5) Are you collecting PII*? (See definition below)
6) Are you collecting PHI*? (See definition below)
*It is acceptable to use PII and PHI for research and public health practice as long as the data is protected.
7) If using PII and/or PHI, give the data elements you wish to use and explain how they are the minimal amount needed to answer your question(s).
8) Will the data be identified, de-identified, or limited?
If the data will be de-identified, what is the de-identification process?
How do you assure the data cannot be re-identified - or if it can, explain what you will do with key?

Thank you
Dawn

Dawn Malozi
Human Protections Coordinator
Quality, Safety, and Regulatory Compliance (QSARC)
Army Public Health Center
8252 Blackhawk Rd, Bldg E5158
APG, MD 21010
dawn.l.malozi.civ@mail.mil
☎ 410-215-0944

-----Original Message-----
From: Abraham, Joseph H CIV USARMY MEDCOM APHC (USA)
Sent: Friday, February 19, 2021 8:28 AM
To: Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>

Cc: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)
<dawn.m.gyory.civ@mail.mil>;
Kolivosky, John E CIV USARMY MEDCOM APHC (USA)
<john.e.kolivosky.civ@mail.mil>
Subject: RE: Collecting identifiable information for snowball sampling

Dawn,

Gary's understanding is pretty spot on. If I were to quibble, I would say "...when participants assist investigators in identifying other potential participants....", rather than "...when a participant recruits a participant..."

Joe.

Joseph H. Abraham, ScD
Senior Scientist, Clinical Public Health and Epidemiology Directorate (MCHB-PH-CPH)
Army Public Health Center
t. (410) 436-1990

-----Original Message-----
From: Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA)
Sent: Friday, February 19, 2021 7:37 AM
To: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA)
<dawn.l.malozi.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>
Cc: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)
<dawn.m.gyory.civ@mail.mil>;
Kolivosky, John E CIV USARMY MEDCOM APHC (USA)
<john.e.kolivosky.civ@mail.mil>
Subject: RE: Collecting identifiable information for snowball sampling

Dawn,

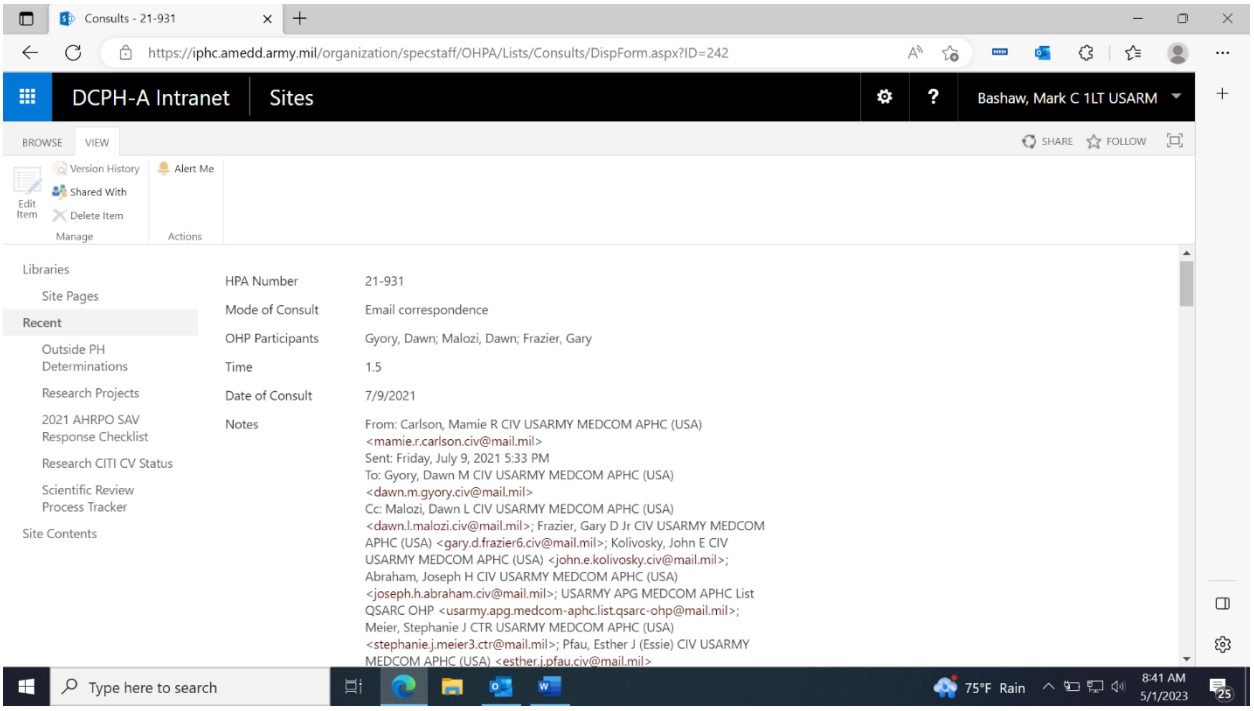
My understanding of snowballing is when a participant recruits a participant who recruits a participant...and on and on. That being said, I have a very limited understanding of it and concur that Bonnie would be a better resource to explain.

Gary Frazier
Human Protections Coordinator
Quality, Safety, and Regulatory Compliance Office U.S. Army Public Health Center
8252 Blackhawk Rd, BLDG E5158
APG, MD 21010
410-417-3758
gary.d.frazier6.civ@mail.mil

Personnel Consulted Carlson, Mamie

Tasker

Created at 2/24/2021 10:17 PM by Gyory, Dawn M CIV USARMY MEDCOM PHC (US)
Last modified at 2/25/2021 7:28 AM by Malozi, Dawn L CIV USARMY MEDCOM PHC (US)



HPA Number	21-931
Mode of Consult	Email correspondence
OHP Participants	Gyory, Dawn; Malozi, Dawn; Frazier, Gary
Time	1.5
Date of Consult	7/9/2021
Notes	From: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA) <mamie.r.carlson.civ@mail.mil> Sent: Friday, July 9, 2021 5:33 PM To: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil> Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>; USARMY APG MEDCOM APHC List QSARC OHP <usarmy.apg.medcom-aphc.list.qsarc-ohp@mail.mil>; Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) <stephanie.j.meier3.ctr@mail.mil>; Pfau, Esther J (Essie) CIV USARMY MEDCOM APHC (USA)

<esther.j.pfau.civ@mail.mil>
Subject: WARNO - Submission of Rapid Review Modification - for Project 21-931COVID-19 Vaccination Perceptions & Messaging Formative Evaluation

Good Evening OHP Colleagues,
I am emailing to provide you a heads up that PHAD has been tasked by the COVID-19 TF to collect follow-on data collection as part of the Project 21-931 COVID-19 Vaccination Perceptions & Messaging Formative Evaluation project and will be submitting a modification to the initial project plan. In the initial submission we had indicated that we anticipated ongoing data collection as part of this project to conduct "pulse checks" to collect information on perceptions and information needs to inform ongoing APHC COVID-19 vaccination messaging as the pandemic and vaccination context evolved.

We have a 13 AUG suspense to provide an initial draft of the findings to the TF and thus would like to request a rapid review. We anticipate submitting the modification NLT COB on Wednesday the 14th.

The primary changes to the project plan are as follows:
1) The data collection target has been expanded to include Command Surgeons in addition to Public Health Emergency Officers/Assistance Public Health Emergency Officers, at the request of the COVID-19 TF.
2) The focus of the questions have been narrowed to focus specifically on perceptions, attitudes, beliefs, concerns of COVID-19 vaccination in anticipation of an upcoming mandate, and the identification of information and communication resource needs and recommendations for how to best meet those needs if/when the mandate occurs.
3) Due to the short timeframe we intend to hold two focus groups – one focus group with interested PHEOs/APHEOs and the other with Command Surgeons. We will also conduct up to two interviews if the FG times do not work for a potential participant who is OCONUS or if an individual does not want to be recorded.

I wish you all a wonderful weekend!
Best,
Mamie Carlson, MPH
Public Health Scientist and Contracting Officer Representative
Public Health Assessment Division, Health Promotion and Wellness Directorate

From: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA)
<dawn.m.gyory.civ@mail.mil>
Sent: Monday, July 12, 2021 10:58 AM
To: Carlson, Mamie R CIV USARMY MEDCOM APHC (USA)

<mamie.r.carlson.civ@mail.mil>
Cc: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>; USARMY APG MEDCOM APHC List QSARC OHP <usarmy.apg.medcom-aphc.list.qsarc-ohp@mail.mil>; Meier, Stephanie J CTR USARMY MEDCOM APHC (USA) <stephanie.j.meier3.ctr@mail.mil>; Pfau, Esther J (Essie) CIV USARMY MEDCOM APHC (USA) <esther.j.pfau.civ@mail.mil>
Subject: RE: WARNO - Submission of Rapid Review Modification - for Project 21-931COVID-19 Vaccination Perceptions & Messaging Formative Evaluation

Hi Mamie,
You cannot modify a Rapid Review plan. The Rapid Review instructions state that a full plan is required to be submitted immediately after the initial response. We reminded the team in April that a full plan is needed and on 14 April 2021 we received the attached email acknowledging the need to submit a full plan.

You will need to submit a new project plan to cover this activity.
~Dawn Gyory

Personnel Consulted

From: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA)
Sent: Monday, July 12, 2021 9:26 AM
To: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>
Subject: question about this WARNO - Submission of Rapid Review Modification - for Project 21-931COVID-19 Vaccination Perceptions & Messaging Formative Evaluation

All,
According to our (OHP) records, 21-931 was submitted as a rapid response project. To date, we have not received the full project submission although in this email from April 14, they tell us that it is progress.
My question is, are they planning to submit the full project with a modification or do they intend to modify the rapid response plan?

14 April 2021 OHP received the following email message:
I am providing an update on the Full Project Plan to follow up on the Approved Rapid Response Project Plan for 'COVID-19 Vaccination Perceptions and Messaging Formative Evaluation'.

We have drafted the full project plan and are awaiting Division Chief review and approval for submission to OHP. The Public Health Assessment Division is currently in the process of reviewing and submitting multiple project plans, and prioritizing these over the next week. Therefore, we anticipate getting the final level of review for this project plan, and submitting through OHP's Share Point, next week.

We appreciate your understanding! Thank you!
Very Respectfully, Stephanie
Stephanie Meier, PhD, MA
Biostatistician/Epidemiologist III

From: Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>
Sent: Monday, July 12, 2021 9:53 AM
To: Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>
Subject: RE: question about this WARNO - Submission of Rapid Review Modification - for Project 21-931COVID-19 Vaccination Perceptions & Messaging Formative Evaluation

Apologies if I'm reading this incorrectly, but I'm seeing issues here.

First, the failure to follow-up with a full project plan after we granted the execution of the rapid response project plan. They should be responsible enough to do it without being asked, and we should follow up. At some point, there should be an action. Do we stop the project? Do we stop allowing expedited requests? Not sure what the answer is beyond them following up as they indicated they would. I know this falls more into the realm of command & control rather than 'human subjects protections', still, there should be some means to discourage this lack of follow-up. Why did they choose to not complete the full plan and why did they not tell us they weren't doing it, or were delaying it for some reason? At the moment I'll suggest these types of failure should be added to the DUB slides.

Second, there is no such 'full' project plan (21-931) so that plan cannot be

modified. I'm not sure what they could submit other than a new, full, standalone plan to cover this new effort. At the moment, all I see is a rapid response plan and this is not a modification of that rapid response.

-John
John E. Kolivosky, P.E.

From: Gyory, Dawn M CIV USARMY MEDCOM APHC (USA) <dawn.m.gyory.civ@mail.mil>
Sent: Monday, July 12, 2021 10:58 AM
To: Kolivosky, John E CIV USARMY MEDCOM APHC (USA) <john.e.kolivosky.civ@mail.mil>; Malozi, Dawn L CIV USARMY MEDCOM APHC (USA) <dawn.l.malozi.civ@mail.mil>; Frazier, Gary D Jr CIV USARMY MEDCOM APHC (USA) <gary.d.frazier6.civ@mail.mil>; Abraham, Joseph H CIV USARMY MEDCOM APHC (USA) <joseph.h.abraham.civ@mail.mil>
Subject: RE: question about this WARNO - Submission of Rapid Review Modification - for Project 21-931COVID-19 Vaccination Perceptions & Messaging Formative Evaluation

I agree John. We do remind them that they need to do a follow up submission but not in a consistent manner. Once approving a Rapid Response we can set up a progress review reminder 30, 60, and 90 days after approval and follow the same process that Amy suggested; 2nd notice cc DC, 3rd notice cc DC and DD. We can also report these on the DUB.

The instructions are not specific on the follow up other than to say 'after returning from the response':
"Please complete this Rapid Response project template if a rapid (within 48 hours) response is required (e.g. Epidemiological Consult (EPICON), Specialized Suicide Augmentation Response Team (SSART) support) and submit the completed template on the Office of Human Protections (OHP) SharePoint site
at: https://tiny.army.mil/r/ZON4/OHPSubmitaProject.
After returning from the response, complete a new Project Plan Template and provide all post activity documentation including: Completed Trip Reports, After Action Reviews, Information Papers, etc.… to the Office of Human Protections as soon as they are available. You can upload these additional documents to your entry on the Office of Human Protections (OHP) SharePoint at: https://tiny.army.mil/r/ZON4/OHPSubmitaProject"

~Dawn Gyory

Created at 7/14/2021 7:54 AM by Malozi, Dawn L CIV USARMY MEDCOM PHC (US)
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