Purpose

This guide offers approaches and illustrative examples for Military Health System (MHS) providers to discuss the COVID-19 vaccine with servicemembers during routine visits. Initiating a COVID-19 vaccine conversation during servicemember visits will allow you to effectively address concerns, build trust, and boost vaccine confidence.

Key considerations

Vaccine reluctance affects every demographic segment. Be mindful of individual beliefs and perceptions to help guide the discussion, anticipate reactions, and manage behaviors. People who are hesitant or indifferent about the vaccine share common concerns and impressions:

- The science was rushed and insufficiently tested prior to approval
- Women will experience negative impacts on fertility
- The government is attempting to indoctrinate instead of educate
- Young, healthy people are not at risk for contracting COVID-19
- There exists a potential for serious side effects and unknown health risks
- Severity of the virus has been exaggerated
- Politicians and other authorities are pushing their own agenda and eroding public trust

Preparation

Below are actions you can take in advance to ensure you are prepared to facilitate a productive conversation:

- **Gauge your audience:** understanding servicemember attitudes, values, and viewpoints (if known) will better orient you and help tailor your communication style
- **Consider health literacy:** understand that servicemembers may have varying knowledge of public health and COVID-19 information
- **Expect resistance:** anticipate challenging personalities, active detractors, and opposition to the facts
- **Leverage materials:** identify and print (if applicable) materials to distribute during and after in person or virtual appointments (reference additional resources on p.3)

Navigating the conversation

Your goal as conversation lead is to be an informed, objective, and trusted adviser:

<table>
<thead>
<tr>
<th>Do</th>
<th>Do not</th>
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<tbody>
<tr>
<td>Allow servicemembers to ultimately make their own choice about receiving the vaccine</td>
<td>Aggressively push servicemembers to agree with your opinion or to receive the vaccine</td>
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<td>Invite questions and offer to share additional resources</td>
<td>Ask questions or make assumptions that might violate personal or professional boundaries</td>
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<td>Be curious, authentic, empathetic, and thoughtful</td>
<td>Abandon the conversation for any misdirected emotions or pass judgment on shared sentiments</td>
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<td>Use emotionally engaging content (personal stories or other real-life examples), as well as analogies when appropriate</td>
<td>Rely solely on reiterating canned information, without tailoring it to the audience and personalizing it</td>
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<tr>
<td>Anticipate a range of emotions including frustration, agitation, and apprehension</td>
<td>Be defensive or argue with your audience</td>
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<tr>
<td>Be constructive – lean on evidence rooted in science, combat false information, and disarm conspiracy theories</td>
<td>Escalate any perceived tensions or conflicts</td>
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Example talking points

1. **Introduce the topic:**

   “Receiving the COVID vaccine is a personal choice, but I want to make sure that you have the latest and most accurate information so you can make an informed decision.”

   “I personally recommend that you receive the vaccine because:
   - The vaccines are highly effective at preventing people from contracting COVID-19, and the small percentage that contract COVID-19 after vaccination, will likely have less severe symptoms.”
We have also learned that some who recover from COVID-19 experience long term/ongoing effects, from general fatigue, cough, fever… etc., to more critical damage to organs (brain, heart, lungs).
• Getting the vaccine not only protects you, it will also protect those who cannot get the vaccine yet (due to underlying medical conditions, or young children for whom the vaccine is not yet approved).”

“Additionally, recent CDC guidance states that if you are fully vaccinated you no longer have to wear a mask in public (subject to state/local and business rules), because the vaccines are that effective at protecting you from the virus.”

2. If the servicemember is receptive to hear more, offer novel information to engage them:

“There are new COVID-19 variants around the globe which spread more easily than the original strain, and preliminary evidence shows the potential for more severe disease. Two variants of concern are those reported in UK and India, which have been declared a global concern by the World Health Organization (WHO). This tells us that there is potential for a second wave of COVID-19, and we would witness increased death, sickness, and potential shut-downs.”

3. Provide a personal or emotionally engaging story to connect your audience, such as:

• Why you received the vaccine;
• Personal story of the adverse effects of COVID-19 or the short-term effects of the vaccine; and/or,
• Example of someone who originally did not want to get the vaccine, but changed their mind

4. Ask the servicemember to share why they do not plan to receive the vaccine (leverage the table below for suggested responses to common concerns and questions)

<table>
<thead>
<tr>
<th>Concern or question</th>
<th>Suggested response</th>
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| I don’t want to experience side effects; and/or I’m nervous the effects of vaccine will be worse than getting COVID-19. | • “The risks of COVID-19 infection are vastly higher than risks associated with the vaccine. For those that recover from COVID-19, there is the potential for long-term/ongoing problems. Some experience a general feeling of being unwell long after recovery (fatigue, cough, difficulty breathing, chest-pain, etc.), or worse, they may incur damage to their heart, lungs, and/or brain or have blood clots. Much is still unknown about how COVID-19 will affect people over time, but research is ongoing.”
• “Although the vaccines are very effective, it is possible to contract COVID-19 after being vaccinated, but those that do typically have less severe symptoms.” |
| The vaccine was developed too quickly to be safe. | • “Vaccine trials were thorough, including 30k participants with people from diverse backgrounds/ethnicities for each vaccine. This is much larger than normal drug testing standards (normally a few hundred to a few thousand participants).”
• “Research was already underway to prevent past coronavirus diseases, which provided a jump start to COVID-19 vaccine development.”
• “Majority of healthcare professionals took the vaccine as soon as it was approved and available.” |
| Is the J&J vaccine safe? | • “The potential benefits and risks of the J&J vaccine were weighed, and FDA determined that the benefits of the J&J vaccine in preventing hospitalizations and deaths far exceeded the risk of harm. The chances for a person vaccinated with J&J vaccine to have a serious blood clot is less than one in 300,000. However, if you are at risk of blood clots, recommend receiving the Moderna or Pfizer vaccine.” |
| I’ve heard that you can get COVID-19 from the vaccine. | • “COVID-19 vaccines do not contain the live virus.” |
| I don’t want the vaccine to alter my DNA. I’ll let my natural immune system do its job. | • “The COVID-19 vaccine primes your immune system to fight the virus. None of the approved vaccines change your DNA.”
• “Early evidence suggests natural immunity from COVID-19 may not as long. The vaccine may help you develop a more lasting immune response and protect against some variants.” |
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<td><strong>Group population: Hesitant (e.g., side effects, safety, politics)</strong></td>
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<td>Will the COVID-19 vaccine affect my or my spouse’s ability to have children; and/or, is it safe for those who are pregnant?</td>
<td>• “Pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people and are at increased risk of preterm birth. Based on how these vaccines work in the body, experts believe they are unlikely to pose a risk for people who are pregnant and/or breastfeeding. However, there are currently limited data on the safety of COVID-19 vaccines in pregnant people or those breastfeeding.”</td>
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<td>Any concern about politics or the government’s involvement</td>
<td>• “Yes, this has become a political subject. Would it be okay if I share what I know about the vaccine? I’ve looked at the results, and the vaccine really does protect people from COVID-19, politics aside.”</td>
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<td><strong>Group population: Unconcerned (e.g., complacent)</strong></td>
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<td>If I have had COVID-19, shouldn’t I have immunity?</td>
<td>• “Research has not proven how long immunity lasts after having COVID-19. There have been cases of patients who have contracted COVID-19 twice.”</td>
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<td>I’m young, healthy, and not high-risk, why do I need to be vaccinated?</td>
<td>• “The more people that get vaccinated, the faster we can reach herd immunity, which will help open the economy and get lives back to normal. Herd immunity occurs when a large portion of a community becomes immune to a disease, making the spread of the disease from person to person unlikely. As a result, the whole community becomes protected – not just those who are immune.”</td>
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<td>COVID-19 isn’t more dangerous than the flu. I never get the flu vaccine, so why would I get the COVID-19 vaccine?</td>
<td>• “The 2017–2018 flu season was the worst in the last 10 years, resulting in 61,000 American deaths. COVID-19 has killed more than 500,000 Americans. Additionally, there may be long term consequences from the virus that we are not yet aware.”</td>
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### Additional resources


### Where to get the vaccine

To make your vaccine appointment, visit: [www.TRICARE.mil/VaccineAppointments](http://www.TRICARE.mil/VaccineAppointments)

### Source list

- [health.mil](http://health.mil)
- [cdc.gov](http://cdc.gov)
- [International Journal of Environmental Research and Public Health](http://www.ijerph.org)
- [mayoclinic.org](http://mayoclinic.org)
- [New England Journal of Medicine](http://www.nejm.org)
- [who.int](http://who.int)