US Army Reserve Command
Fort Bragg, NC
172010SEP2021

OPERATION ORDER 21-075 (United States Army Reserve Command (USARC) Mandatory Coronavirus Disease 2019 (COVID-19) Vaccination Program (CVP))

(U) References: ANNEX A

Time Zone Used Throughout the Order: Zulu.

1. (U) Situation.

a. (U) This Order supersedes USARC OPORD 21-019 and all subsequent FRAGORDs.

b. (U) This order addresses Secretary of the Army Implementation of Reference 3, Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Service Members, 24 August 2021. It does not address federal civilian or contractor employees.

c. (U) On 23 August 2021, the Food and Drug Administration (FDA) approved full licensure of the Pfizer COVID-19 vaccine, now marketed as Comirnaty (COVID-19 Vaccine, MRNA), for individuals 16 year of age and older. The FDA-approved Comirnaty and the EUA-authorized Pfizer COVID-19 Vaccine have the same formulation and can be used interchangeably.

d. (U) The U.S. Government (USG) continues to work with private sector partners to develop and distribute coronavirus disease 2019 (COVID-19) vaccines. Immunization with safe and effective COVID-19 vaccines is a critical component of the United States strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths, in order to help restore societal function, and maintain military readiness.

e. (U) Initial COVID-19 vaccines have received U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA). EUA authority allows the use of unapproved medical products, or unapproved uses of approved medical products, to diagnose, treat, or prevent serious or life-threatening diseases when certain criteria are met, including that there are no adequate, approved, and available alternatives.

f. (U) Military Treatment Facilities (MTF) provide vaccines. TRICARE funds vaccination and the Federal Retail Pharmacy Program provides for free vaccination at any commercial pharmacy. Most communities are providing free vaccination clinics through their public health agencies.

2. (U) Mission. Effective Immediately, the United States Army Reserve Command (USARC) executes mandatory immunization of Army Reserve Soldiers with Coronavirus Disease 2019 (COVID-19) vaccines in order to reduce the component's COVID-19 risk and increase force health protection posture and readiness.

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3. (U) Execution.

a. (U) Commander's Intent.

(1) (U) Purpose. COVID-19 vaccines protect our personnel from the viral disease. Immunization of the USAR allows us to reduce the risk of COVID-19 and maintain the readiness of our command.

(2) (U) Key tasks.

(a) (U) Immunize USAR personnel in accordance with (IAW) DOD and USAR priorities.

(b) (U) Record administered vaccines in MEDPROS the system of record (locally or through Reserve Health Readiness Program (RHRP)) and report up the chain of command.

(c) (U) Capture potential cost requirements IOT fund vaccinations of USAR personnel.

(3) (U) End state. USAR personnel are at reduced risk of COVID-19, return to readiness enhancing activities, and continue to shape tomorrow.

b. (U) Concept of the Operation.

(1) The COVID-19 Vaccination Program (CVP) is an element of the Commander's force health protection responsibilities. Per HQDA Orders, Commanders will ensure personnel follow DOD and Center for Disease Control (CDC) guidance to properly identify, educate, vaccinate, and document CVP participation.

(2) Every Soldier who is not otherwise exempt will be fully vaccinated against COVID-19 to ensure our Soldiers and units are ready to fight and win. This is a readiness, health, and welfare priority for the Total Army. The Secretary of Defense has issued a lawful order, and the Army has a responsibility to ensure good order and discipline.

(3) (U) The Secretary of Defense directed all members of the Armed Forces under the department of defense be fully vaccinated against COVID-19, per Reference 3. Army will implement mandatory vaccination of service members in two Phases. Phase 1, counseling and processing, begins immediately. Phase 2, administrative separations, begins on order.

(4) (U) Immunizations received though a Medical Treatment Facility (MTF), the immunization module in Armed Forces Health Longitudinal Technology Application

(AHLTA) will be used. For locations transitioned from AHLTA to Military Health System (MHS) GENESIS, immunizations will be documented in MHS GENESIS. This data transfers to MEDPROS.

(5) (U) Vaccinations received outside the DOD such as from civilian employers, submit to RHRP through the lhi.care upload or the unit Medical Protection System (MEDPROS) clerk will enter data through the MEDPROS Web Data Entry (MWDE) module. Additionally, a scanned copy of the immunization document is placed in the SM's Health Readiness Repository (HRR) file under the vaccine tab.

c. (U) Tasks to Staff and Subordinate Units.

(1) (U) USARC Surgeon.

(a) (U) Provide notes and materials as requested to support Major Subordinate Command COVID-19 town-halls.

(b) (U) Review and certify Vaccine Team CONOPs as submitted by Commands.

(c) (U) Submit required Vaccination status reports.

(2) (U) USARC Public Affairs Office (PAO).

(a) (U) Provide Army Reserve-specific Public Affairs Guidance (PAG) with themes and messages supporting the distribution of the COVID-19 vaccine.

(b) (U) Promote and reinforce the importance of receiving the vaccine and reassuring our Soldiers, Families, Army Civilians, and applicable contractors of the safety and efficacy of the vaccine using traditional print and broadcast mediums and social media platforms.

(c) (U) Continue to promote the wearing of face coverings, hand-washing, and social distancing to limit the spread of the virus, even if individuals have received the vaccine, until the pandemic risk of COVID-19 is significantly reduced.

(d) (U) PAO must be notified of any adverse incidents, given national interest in the pandemic. Local commanders and unit PA personnel are not authorized to speak publicly or to the media about adverse incidents related to vaccine distribution and administration at their location per HQDA EXORD 050-21 Reference 11. As such, direct all media queries to Army Reserve Strategic Communications, usarmy.usarc.usarchq.list.pao@mail.mil.

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(e) (U) Local commanders, and unit Public Affairs personnel should not release specific numbers of vaccine doses received or administered, to protect operational security per HQDA EXORD 050-21 Reference 11.

(3) (U) USARC G-33. Operations Center receives monthly vaccination status by MSC from USARC Surgeon NLT 15th of each month.

(4) (U) Major Subordinate Commands.

(a) (U) IAW Reference 3 conduct mandatory COVID-19 vaccination operations of unvaccinated service members with the FDA approved Pfizer Comirnaty COVID-19 vaccine, or continue voluntary vaccination with Moderna or Janssen (J&J) vaccine. Service Members are considered fully vaccinated two weeks post completion of a two-dose series vaccine or two weeks post completion of a one-dose vaccine.

(b) (U) While the only mandatory COVID-19 vaccine is the FDA-approved Pfizer Comirnaty COVID-19 vaccine, service members may continue to choose to voluntarily receive any FDA Emergency Use Authorized (EUA) or World Health Organization (WHO) Emergency Use Listing vaccine. Service members who have completed an EUA or WHO authorized series are not required to start the series again with the FDA approved vaccine.

(c) (U) In exceptional situations in which the mRNA vaccine product given for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days to complete the series, after consultation with a medical provider.

(d) (U) Service members who are actively participating in COVID-19 clinical trials are exempt from mandatory vaccination against COVID-19 until the trial is complete.

(e) (U) Commanders will read and comply with AR 600-20 (Army Command Policy), paragraph 5-4g, regarding command authority for immunizations.

(1) (U) Phase 1: Effective immediately, commanders will vaccinate all Soldiers who are not otherwise exempt. Orders to receive the mandatory vaccine are lawful. Commanders will provide available resources for DOD approved vaccines within their communities (Annex D). Solders may at any time voluntarily receive any other vaccine approved for emergency use. Soldiers requesting an exemption are not required to receive the vaccine pending the final decision on their exemption request. Only those adverse administrative actions identified for Phase 1 are authorized during Phase 1 for Soldier refusing the vaccine; any other adverse action based solely on vaccine refusal is withheld during this phase.

(a) (U) Commanders, Command Sergeants Major, nominative and key billet Sergeants Major, First Sergeants, and Officers in Command Select List (CSL) key

billets who refuse the mandatory vaccination order, and who are not pending final decision regarding an exemption request, will be suspended, notified in writing of their pending relief of duties, provided a reasonable period not to exceed 5 calendar days to respond, and will then be subject to relief of their duties due to continued refusal. This authority is withheld to the first General Officer in the chain of command. The General Officer directing this action will provide immediate notification to US Army Reserve Command and Army Human Resources Command (HRC).

(b) (U) Officers selected for, and waiting to assume, a CSL Command/Key billet position who refuse the mandatory vaccination order, and who are not pending final decision regarding an exemption request, will be deferred from the CSL Command/Key billet position, notified in writing of their deferral, provided a reasonable period not to exceed 5 calendar days to respond, and will then be subject to removal from the CSL/Key billet list by the Vice Chief of Staff of the Army (VCSA) due to continuing refusal. The first General Officer in the chain of command will provide immediate notification of the Officer's continuing refusal to the CG, HRC, the DCS, G-1, and the VCSA. The CG, HRC will notify and defer CSL Command/Key billet selects in the rank of Lieutenant Colonel (O-5) and the VCSA will notify and defer CSL Command/Key billet selects in the rank of Colonel (O-6). Only the VCSA Can remove Officers from the CSL Command/Key billet list.

(c) (U) Enlisted Solders selected for, and waiting to assume, a nominative Sergeant Major or Command Sergeant Major/Key billet position who refuse the mandatory vaccination order, and who are not pending final decision regarding an exemption request, will be notified in writing that they are subject to removal, provide a reasonable period not to exceed 5 calendar days to respond, and will then be subject to removal proceedings due to continuing refusal. The first General Officer in the chain of command will provide immediate notification of the Soldier's continuing refusal to the nominative Sergeants Major Program Office, HQDA, for nominative Sergeants Major positions, or to the Sergeant Major Management Division, HRC, for Command Sergeant Major/Key billet positions. Removal proceedings will be conducted prior to the Soldier assuming the position and will be in accordance with the procedures in AR 135-178.

(d) (U) Commanders will request a General Officer Memorandum of Reprimand (GOMOR) be initiated for all Soldiers refusing the vaccine.

(e) (U) Soldiers who refuse the mandatory vaccination order will be flagged using code "A" IAW AR 600-8-2 Para 2-2a and Table 2-1, unless they are pending an exception.

(f) (U) Commanders will not take adverse action against Soldiers with pending exemption requests.

(2) (U) Phase 2: Begins on order. In addition to Phase 1 actions for removing personnel from senior leader billets and requesting GOMORs, commanders will initiate

mandatory separation of Soldiers who refuse the vaccine. Failure to comply is punishable under the Uniform Code of Military Justice. Authority to impose adverse administrative actions, not-judicial, and judicial action is withheld to O-6 Commanders, and to the 1-Star level for units without an O-6 Commander.

(3) (U) To be published: guidance on medical deployability status of Soldiers who refuse the vaccine.

(4) (U) There will be no involuntary (forcible) immunizations.

(5) (U) Process when Soldier declines immunization:

(a) (U) Effective immediately, if a Soldier declines immunization, the commander will counsel the Soldier using DA Form 4856 IAW Annex F and G. The commander then directs the Soldier to view the mandatory educational video on the benefits of the vaccine (https://www.cdc.gov/coronavirus/2019-NCOV/vaccines/keythingstoknow.html). Following the video, the Soldier's immediate commander will order the Soldier to comply with the order to receive the vaccine.

(b) (U) If the Soldier declines again, the immediate commander directs the Soldier to meet with a military medical professional (physician, physician assistant, or nurse practitioner) to further discuss the benefits of vaccination and address the Soldier's concerns. Following that meeting, the Soldier's immediate commander will order the Soldier again to receive the vaccine. If the Soldier declines immunization once again, the commander will consult their Servicing Judge Advocate.

(6) (U) Exemptions. The two types of exemptions from immunization are medical and administrative. Administrative exemptions include religious accommodations, as well as others enumerated in AR 40-562, Table C-2 (Immunizations and Chemoprophylaxis for the prevention of Infectious Diseases). Commanders will refer to AR 40-562, Paragraph 2-6, and AR 600-20, Appendix P-2, when processing immunization exemption requests. Service members with previous infections or positive serology are NOT automatically exempt from full vaccination requirements and should consult with their primary care manager (PCM).

(a) (U) Medical Exemption. Soldiers who believe they require a medical exemption should consult their PCM. The PCM will determine a medical exemption based on the health of the vaccine candidate and the nature of the immunization under consideration. Medical exemptions may be temporary (up to 365 days) or permanent. If the PCM indicates a temporary exemption is valid the Soldier must submit the supporting information with a packet request (Annex N) to the Army Reserve Medical Management Center (ARMMC) for approval. However, if no exempting condition is identified, the packet will be denied. The Soldier will then be eligible to receive the vaccine.

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1. (U) The approval authority for permanent medical exemptions is The Surgeon General (TSG). All requests for permanent medical exemptions must be staffed to the Office of The Surgeon General (OTSG).

2. (U) Once a complete packet requesting a permanent medical exemption is received by the ARMMC, and if determined to be medically appropriate, it will be submitted to the USARC Surgeon for determination. If the request is disapproved, the service member can elect to appeal to the TSG. If recommended for approval, the USARC Surgeon submits to TSG for approval and documentation in MEDPROS. TSG is the final appeal authority. If TSG disapproves the exemption, and the service member still refuses vaccination, the commander will consult with their Servicing Judge Advocate.

(b) (U) Religious Exemption. Pursuant to AR 600-20, Appendix P2B, Soldier with religious practices in conflict with immunization requirements may request an exemption through command channels. TSG is the only approval or disapproval authority for immunization accommodation requests. The Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA(M&RA)) is the final appeal authority. Any religious accommodation request for an immunization exemption must comply with the requirements described in AR 600-20, Appendix P-2B, and DODI 1300.17, “Religious Liberty in the Military Services,” 1 Sep 2020.

1. (U) The commander must counsel the Soldier that non-compliance with immunization requirements may adversely impact deployability, assignment, or international travel, and that the exemption may be revoked under imminent risk conditions. IAW AR 600-20, Appendix P-2B, commanders will arrange for an in-person or telephonic interview between a Solder requesting a religious accommodation and the unit or other assigned Chaplain. The Chaplain assesses the basis and sincerity of the belief and must provide a written memorandum to the chain of command pursuant to the requirements of AR 600-20, Appendix P-2B(2). A licensed military health care provider will counsel the applicant to ensure the applicant is making an informed decision IAW AR 600-20, Appendix P-2B(3).

2. (U) The immediate commander through the General Court-Martial Convening Authority (GCMCA) must review the request and recommend approval or denial to TSG. Chain of command recommendations will address the factors of military necessity described in AR600-20, Paragraph 5-6a. A legal review must be conducted at the GCMCA level prior to forwarding the request. Upon completion, the GCMCA will upload the request into Task Management Tool (TMT) for staffing to TSG.

(c) (U) Soldiers pending active requests for an immunization exemption submitted IAW AR 40-562 are temporarily deferred from immunization, pending the outcome of their request or any appeal of a denied request.

(7) (U) Commanders with Soldiers who have submitted and are pending a decision on an medical or administrative exemption, or who have Soldiers who have declined

the vaccine after receiving the required counseling and any follow-on direct order, will ensure such Soldiers comply with existing DOD and Army Guidance for Force Health Protection measures applicable to unvaccinated personnel.

(8) (U) Commanders will consult with their servicing Judge Advocate and appropriate medical professionals when implementing this order.

(f) (U) References 2, 3, and 9 provide guidance on who is eligible to receive COVID-19 vaccines administered by DOD.

(g) (U) Determine the appropriate echelon (at a minimum battalion level and above) at which units can coordinate directly with MTFs for vaccines. Units should attempt to consolidate requests as much as possible. Individuals are not allowed to coordinate directly for themselves.

(h) (U) The fact sheets for the currently available vaccines are available at:

1. (U) Comirnaty (COVID-19 Vaccine, mRNA) and Pfizer-BioNTech COVID-19 Vaccine Fact Sheet: https://www.fda.gov/media/144414/download

2. (U) Moderna Fact Sheet: https://www.fda.gov/media/144638/download

3. (U) Janssen (J&J) Fact Sheet: https://www.fda.gov/media/146305/download

4. (U) See Annex L for COVID-19 Vaccine Comparison Chart.

5. (U) The American College of Obstetricians and Gynecologists recommends all pregnant women be vaccinated against COVID-19. A pregnant Soldier with concerns about vaccination during pregnancy may consult with her healthcare provider to discuss if a temporary medical exemption is appropriate.

(i) (U) Commanders may develop and continue to implement informal town halls at the lowest possible echelon for Soldier and Civilians to inform the Force and synchronize unit messaging. Open and honest correspondence with commanders and medical professionals has the most direct impact on affecting COVID-19 declination rates. Division Surgeons and their staffs are best positioned to coordinate these critical discussions. Question and Answer forums that address the major concerns initially and leave sufficient time to address soldier concerns have been successful in reducing declination rates. Topics that should be included are: reasons for declination identified on the vaccination tracker to include - efficacy, medical concerns, childbearing, side effects, and the wait for full FDA approval. A customizable template is available on the APHC MilSuite portal: https://www.milsuite.mil/book/docs/DOC-926048 it is an AC presentation and must be modified to your local conditions.

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(j) (U) Commands or Installations developing immunization teams must meet the following requirements. Once certified by the USARC Surgeon Directorate, the team will be considered a clinic and must meet all the DHA requirements for a COVID Immunization Clinic.

1. (U) Submit a concept of operation to the USARC Surgeon Directorate for formal certification of the concept to include the following requirements:

2. (U) Medical direction and qualified personnel. A medical provider (Physician or Nurse Practitioner) must be identified and properly privileged by the nearest MTF to provide medical direction to the vaccination team. Vaccinators will be Physicians, Physician Assistant, Pharmacist, Dentist, Veterinarian, Registered Nurses, Licensed Practical Nurse (68C), Combat Medic (68W), Pharmacy Technicians (68Q), Veterinary Technicians (68T) or Dental Technicians (68E). Combat Life Savers without a medical AOC/MOS are not authorized to provide immunizations. (Annex H, IP DOD Personnel Authorized to Administer COVID-19 Vaccine).

3. (U) Training. All personnel participating on Vaccination teams will complete training as outlined in Annex I, Required Training for COVID-19 Vaccinators.

4. (U) Resuscitative plan. Every site will have a plan and equipment to address any acute allergic reaction, respiratory compromise, and cardiac arrest.

5. (U) Logistics plan. Commanders must validate cold storage capabilities by completing the “Commander’s Confirmation of Prepared to Receive COVID-19 Vaccines, Memorandum and Checklist” electronically at https://surveys.max.gov/367286?lang=en. Address storage resources and capabilities sufficient to support the vaccine being received. How the vaccine will be received and transported if required. Cold storage handling training must be completed by the logistics team. Process must comply with Reference 10, DHA-PI 6205.01, Medical Logistics Guidance for DOD COVID-19 Vaccination Program. Vaccine loss will be submitted as a CCIR with the DHA Form 177 Vaccination Loss Form (J) through USARC G-33 for reporting to DHA.

6. (U) Documentation plan. When providing immunizations it is considered a treatment and must be recorded in AHLTA or MHS GENESIS, ensure you have providers with sufficient access to ensure the medical update is completed. Also, capture the vaccine administration in MEDPROS, if providing the immunization ensure the unit (child) DMIS ID is annotated in the “Admin Provider Location” field.

7. (U) Obtaining vaccine. Once the command has a USARC Surgeon Directorate approved CONOP, vaccination requests are submitted through USARC G33

for aggregation and transmission to the Army COVID-19 Task Force. Delivery of vaccine will take between three to five weeks from submission of request.

(k) (U) Commanders will ensure that all USAR Soldiers have their COVID Vaccination status accurately updated in MEDPROS. Vaccination updates can be accomplished by having the unit Health Readiness Coordinator update the Soldiers record or by uploading proof of vaccination to lhi.care. All service members who receive COVID-19 vaccine through Non-DOD channels must immediately provide documentation of receipt of the vaccination to their organization.

(l) (U) IAW Assistant Secretary of Defense Memorandum, Co-Administration of Coronavirus Disease 2019 Vaccine Products (e.g., Moderna, Pfizer, and J&J vaccines) may be co-administered with other vaccines without regard to timing. These authorized COVID-19 vaccines may be administered either simultaneously, or within any other interval of other vaccines, to include co-administration within 14 days of other vaccines.

(m) (U) Commanders should BPT require COVID-19 vaccination boosters and influenza vaccination to personnel on order. It is anticipated that boosters will be necessary 6-9 months after COVID-19 series completion.

d. (U) Coordinating Instructions.

(1) (U) Effective immediately, USARC Surgeon will submit vaccination status by MSC to USARC G33 Operations Center NLT 15th of each month.

(2) (U) COVID-19 vaccination availability (see Annex D for graphic representation).

(a) (U) Vaccinations at DOD MTFs are immediately available based on tier and location (Annex K, DHA Authorization memo). USAR personnel are eligible to receive the vaccine from all DOD vaccination sites, Annex B, lists all DOD MTFs/Clinics providing the vaccine. Many MTFs are now using centralized appointment tools on which SMs must register.

(b) (U) TRICARE for Prime Remote and Reserve Select is now offering vaccination through community pharmacies and clinics. Pharmacies do not have to be in network to have the vaccine covered, they are accepting any pharmacy for COVID-19 immunizations (https://www.tricare.mil/covidvaccine).

(c) (U) Local and state health department COVID-19 vaccination sites (https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html)

(d) (U) Local pharmacies to include (Walmart/SAM's Club, CVS, Walgreens, etc.). As vaccine becomes available within the communities it is being offered for free with or without insurance (those without insurance will be covered for free by the Federal

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Retail Pharmacy Program (FRPP) https://www.cdc.gov/vaccines/covid-19/retail-pharmacyprogram/index.html , check with your local pharmacy for details).

(e) (U) Veterans Affairs (VA) is offering eligible SMs access to the vaccine. Check local VAs for current tiers. (f) (U) RHRP remains unavailable to support COVID-19 Vaccination.

(3) (U) Battalions and above must contact the MTFs to schedule vaccinations. The Regional Health Command (RHC) Reserve Component points of contacts will provide MTF POCs. See Annex C.

(4) (U) Sister Service MTF POCs. TBP.

(5) (U) Personnel must be in duty status (i.e. AMA/RMA/IDT/Orders) when receiving vaccinations at a DOD facility. If personnel receives a vaccine in the economy at a cost, the Army Reserve will not reimburse the fees for the vaccination.

(6) (U) TPU Soldiers receiving COVID-19 vaccinations from their personal physician, civilian employer, other non-military facilities, or sister service MTFs will provide required information to their unit's MEDPROS point of contact or Army Reserve Administrator (ARA) NLT their next battle assembly following vaccination for appropriate update into MEDPROS MWDE. If there is a fee associated with receiving the vaccine from a civilian provider this will not be covered by Tricare at this time.

(a) (U) Required information needed on the immunization proof document includes Soldier's first and last name, full or last four of their social security number, date of birth, vaccination date, vaccine manufacturer, vaccine name or code, and vaccine lot number. If the lot number is not available, enter "UNK" in MWDE. The document must be annotated on clinic or pharmacy letterhead or signed by the provider.

(b) (U) The medical record can also be updated through the LHI Historical Updates application for vaccines, not provided by RHRP, can be updated in MEDPROS through the following options:

1. (U) Individual. Go to www.lhi.Care > Records Update

2. (U) Unit Representative. Go to ww.logisticshealth.com/historical updates.

(c) (U) TPU Soldiers receiving COVID-19 vaccinations from their personal physician, civilian employer, other non-military facilities, or sister service MTFs will provide required information to their unit's MEDPROS point of contact or Army Reserve Administrator (ARA) NLT their next battle assembly following vaccination for appropriate update into MEDPROS MWDE. If there is a fee associated with receiving the vaccine from a civilian provider this will not be covered by Tricare at this time.

(7) (U) Civilian employees, who are not otherwise eligible DOD beneficiaries, and select contractor personnel who usually receive influenza vaccines as part of a DA Occupational Safety and Health Program (e.g., Health care workers, maintenance depot workers) are eligible. At this time, the vaccination is voluntary for DOD Civilian employees, including Military Technicians. While it is voluntary for Civilians to receive the vaccination, we highly encourage Army Reserve Civilians to take the vaccine. To the extent the requirements for Civilians change, Commands will receive additional guidance.

(8) (U) Personnel who incur or aggravate any injury, illness, or disease while performing on active duty for less than 30 days, or on inactive duty training status are entitled to medical care appropriate for the treatment of the injury, illness, or disease.

(a) (U) An adverse reaction from a DOD-directed vaccination is a line of duty (LOD) condition. Therefore, USAR personnel can seek treatment at an MTF when expressing a belief that the condition for which treatment is sought is related to receiving an immunization during a period of duty, the Soldier will be examined and provided necessary medical care.

(b) (U) Document vaccine adverse events in AHLTA and submit on-line vaccine adverse event reports at https://vaers.hhs.gov.

(9) (U) When treatment has been rendered or the individual's emergent condition is stabilized for any reaction to the vaccination, a LOD and/or notice of eligibility will be determined as soon as possible. For injuries, illness or disease unrelated to duty, USAR personnel should seek medical attention from their personal healthcare providers.

(10) (U) Current vaccines require two separate doses spread out between a set number of days depending on the vaccine manufacturer. Personnel are required to receive the same vaccine manufacturer for the second dose. If personnel are unable to complete their 2-shot COVID-19 vaccine series in the appropriate window a provider will determine if the series must be restarted.

(11) (U) Commanders Critical Information Requirement (CCIR) is required of a hospitalization of a USAR Soldier, DA Civilian, or contractor suspected to have been caused by or attributed to a COVID-19 vaccine. See COVID 19 CCIR 11 in Annex C to OPORD 21-048.

(12) (U) Updated Annex P Public Affairs includes updates to the Public Affairs Guidance. Provides updated COVID-19 Vaccine Program information to maximize PA coverage of the COVID-19 vaccine events and activities across the Army Reserve. Includes updated COVID-19 vaccine Frequently Asked Questions (FAQs) in Appendix 1 to Annex P.

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(13) (U) Vaccinations are conducted at the following Mobilization Force Generation Installations (MFGI): Fort Hood TX and Fort Bliss TX. Units scheduled for mobilization (phases 1b and 1c units) coordinate with these MFGI MTFs for vaccinations.

(a) (U) Recommend all deployment immunizations be administered, per Advisory Committee on Immunization Practices (ACIP) guidelines, as noted in the combatant command force health protection guidance.

(b) (U) Recommend a 14 day or more separation between deployment immunizations and the COVID vaccination until data demonstrates no compromise in vaccine effectiveness, or ACIP guidelines change.

(c) (U) Commanders will ensure deploying Soldiers who receive the first COVID vaccination are available for the second vaccination (21 and 28 days for the Pfizer and Moderna vaccinations, respectively).

(14) (U) Commands will make every effort to educate eligible beneficiaries on the safety and effectiveness of the COVID-19 vaccine IOT maximize acceptance while minimizing declinations. Visit: https://health.mil/ABOUT-MHS/MHS-TOOLKITS/COVID19-VACCINE-TOOLKIT for information.

(15) (U) Installation Tenant Unit Reporting. Readiness Divisions are required to report vaccination status totals for their installations and the installation tenant units.

(a) (U) USAG's Buchanan, Devens, Fort Hunter Liggett and McCoy are required to report vaccination status totals through their Readiness Divisions for their installations and the installation tenant units.

(b) (U) This update to the installation reporting requirement is to capture deltas in personnel eligible and vaccinations for potential future vaccine distributions to USAR funded installations and their tenants. Tenants include but are not limited to all non-USAR units, retirees, and contractors.

(c) (U) Installation reporting will be sent to FORSCOM and HQDA IAW with FORSCOM G357 directive.

(16) (U) Defined Metrics

(a) (U) Shot 1: Those personnel who have only received the first shot of a two shot series.

(b) (U) Shot 2/Fully Immunized: Those personnel who have received the second shot of a two-shot series or the single shot in a one shot immunization.

(c) (U) Once an individual receives the second shot of a two-shot series, they should not be included in the shot one count.

(17) (U) Army Reserve Soldiers determined to have engaged in misconduct related to COVID vaccinations and vaccination records are subject to punishment under the UCMJ, including but not limited to the offenses of falsifying medical records while in a Title 10 duty status and providing a false official statement, and administrative action as deemed appropriate. If the Army Reserve service member is not in a Title 10 status at the time of the offense, the offense should be reported to civilian law enforcement and/or the appropriate professional agency. Further, offenses occurring outside of Title 10 status are subject to administrative action as deemed appropriate. Similar conduct involving Army Reserve Civilian employees should be reported to the employee's supervisory chain for review and consultation with Army Reserve Civilian Personnel Advisory Center labor and employment counsel.

(18) (U) USAR completion goal is 100% vaccination complete NLT 30 June 2022.

4. (U) Sustainment.

a. (U) Transportation.

(1) (U) Group Movement. Units will use local assets prior to contracting for movement. Contracting for movement will follow normal procedures.

(2) (U) Individual Movement. Local commuting distance only. Soldiers will not be reimbursed for individual travel beyond this limit.

b. (U) Funding.

(1) (U) Medical Dental Readiness Periods Additional Duty Assemblies (MDRP-ADA) or “Code 61” funding is authorized for Soldier’s time as an incentive in support of this Force Health Protection (FHP) measure. When receiving the vaccine at a DOD facility TPU Soldiers must be in a duty status; unless already on another duty status use MDRP ADA. These funds are authorized for community provided and personally procured vaccinations. SMs are authorized one MDRP-ADA for each visit of a two visit vaccination (Pfizer and Moderna).

(2) (U) Funding is not authorized for the purpose of paying any clinical, administrative, or vaccination fees related to COVID-19 vaccinations.

(3) (U) Major Subordinate Commands are required to write and post their Command policy regarding pay. All Commands must follow applicable laws, regulation, and policies regarding pay, and as clarified in USAR Pamphlet 37-1 regarding

MDRPADAs. MDRP-ADAs is a non-Statutory fund and is always subject to availability of funds (SAF).

(4) (U) Funding for MDRP-ADAs is centrally managed and will continue to follow established policy regarding funding requests.

5. (U) Command and Signal.

a. (U) Command. Current chain of command remains in effect.

b. (U) Control.

(1) (U) OPSEC. All personnel associated with this operation will become familiar with the USARC Critical Information List (CIL), to prevent disclosures. Do not discuss or transmit critical information via non-secure means of any type. Properly mark, store and dispose, using approved methods and processes, all material directly or indirectly related to this operation. Immediately report all accidental disclosure of CILs as a CCIR per USARC OPORD 19-004 (USARC, USAR CCIR) and associated FRAGORDs.

(2) (U) PROTECTION. Every member of the U.S. Army Reserve community plays an important role in preventing terrorist and criminal acts. Participating personnel will be familiar with current force protection conditions and physical security requirements. Personnel must be alert for and aware of the indicators of potential terrorist or violent criminal activities. Personnel who witness suspicious activity will immediately notify local law enforcement followed by a report (IAW USARC OPORD 19-004) through their chain of command. Soldiers serve as "sensors" enhancing the U.S. Army Reserve protection posture.

c. (U) Signal.

(1) (U) Submit all requests for information (RFI) to the COVID-19 RFI SharePoint page at https://xtranet/usarc/g33/Operations/CURRENT%20OPS/Crisis%20Action%20Team/IRMA/SitePages/Incoming_RFI.aspx

(2) (U) The point of contacts for this order are:

(a) (U) COL Eric Bullock, Deputy Surgeon, 910-570-8108, eric.w.bullock.mil@mail.mil.

(b) (U) USARC Surgeon Operations email: usarmy.usarc.usarc-hq.list.surgeon-operations@mail.mil.

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(c) (U) USARC G-33 Future Operations email: usarmy.usarc.usarc-hq.mbx.g33-future- operations-div@mail.mil.

ACKNOWLEDGE: Receipt of this order NLT 72 hours of receipt to the USARC G-33 Future Operations Team at usarmy.usarc.usarc-hq.mbx.g33-future-operations-div@mail.mil.

DANIELS
LTG

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ANNEXES:
ANNEX A- References
ANNEX B- MTF Addresses
ANNEX C- RHC RC POCs Map
ANNEX D- COVID-19 Vaccination Availability
ANNEX E- COMIRNATY EUA-BLA equivalent memo
ANNEX F- Sample DA Form 4856, Enlisted Vaccine Refusal
ANNEX G- Sample DA Form 4856, Officer Vaccine Refusal
ANNEX H- IP on DOD Personnel Authorized to Administer COVID-19 Vaccine
ANNEX I- Required Training for COVID Vaccinators
ANNEX J- DHA Form 177 Vaccination Loss Form
ANNEX K- DHA Authorization Memo, 2 Mar 2021
ANNEX L- COVID-19 Vaccine Comparison Chart
ANNEX M- Refusals and Medical Religious Exemptions Process **(TBP)**
ANNEX N- Immunization Exemption Packet (ARMMC)
ANNEX O- Religious Accommodations for Immunization Exemption Requests
ANNEX P- Public Affairs Guidance
ANNEX Q- MSC-Vaccination-Tracker

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