



**COVID** Collaborative



## *Pulse Check*

# Military Families' Perceptions of the COVID-19 Vaccine (Part II)

April 2021

# 2,468 RESPONDENTS

Poll conducted April 1-12, 2021

**Blue Star Families' Pulse Checks on a specific topical issue provide a brief snapshot of the perspectives of currently-serving and veteran families, as well as their civilian neighbors.**

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### Blue Star Families

Blue Star Families' research and policy work increases awareness and understanding of military-connected family issues and their implications for the military and broader American society. Our engagement across public, private, and nonprofit sectors enables empirically-driven insight and collective civilian-military cooperation to solve big problems.

### The COVID Collaborative

The COVID Collaborative, a non-partisan group of the nation's leading experts in public health, education, and the economy, and representing the diversity of the country, works with local, state and federal leaders to take unified action to defeat the pandemic and safely reopen the country.

## Introduction

This poll is a follow-on to the December 2020 Pulse Check, and it seeks to understand military-connected families' plans and motivations for receiving the COVID-19 vaccine, awareness of vaccine availability, access to the vaccine, and perceived barriers to receiving it. The purpose of this project is to equip national leaders with the information they need to better support military-connected families in making informed vaccination decisions, and to reduce barriers for those who choose to receive it.

To this end, Blue Star Families collaborated with the **COVID Collaborative** and its research partner, **Hart Research Associates**, to conduct the April 2021 Pulse Check. This research would not be possible without generous support from the COVID Collaborative and Schmidt Futures.



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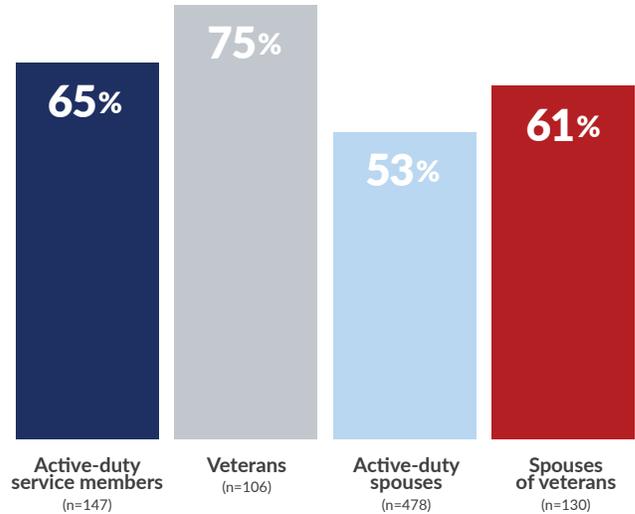
## Vaccine Eligibility, Availability, and Awareness

Although all Americans did not become eligible to receive the COVID-19 vaccine until after the end of the polling period, over half of unvaccinated respondents without an appointment across all analyzed groups said they were eligible to receive it.<sup>1</sup> However, a greater proportion of unvaccinated active-duty service member and veteran respondents report knowing whether the vaccine was currently available to them, and greater availability overall, compared to military-connected spouse respondents.<sup>2</sup>

About half of unvaccinated active-duty spouse (49%) and veteran spouse (54%) respondents without an appointment report that the vaccine is currently available to them, while 74% of active-duty service member and 69% of veteran respondents indicate the same.

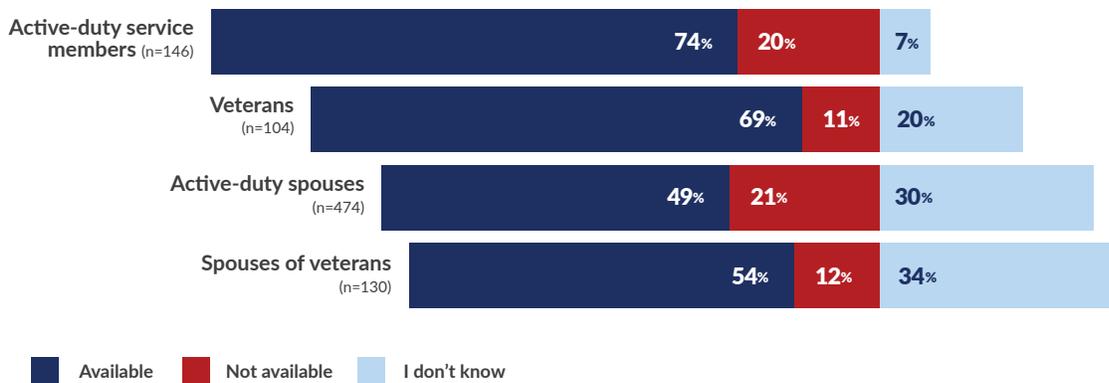
### % of unvaccinated respondents eligible to receive the COVID-19 vaccine

Among respondents who have not received at least one dose of the vaccine and do not have an appointment scheduled



### Respondents' awareness about vaccine availability\*

Among respondents who have not received at least one dose of the vaccine and do not have an appointment scheduled



<sup>1</sup> Responses to "As far as you know, are you currently eligible to receive the COVID-19 vaccine?" among respondents who have not received at least one dose of the COVID-19 vaccine and do not have an appointment scheduled

<sup>2</sup> Responses to "Is the vaccine currently available to you through the military, the Department of Veterans Affairs, or your state? Please select all that apply." among respondents who have not received at least one dose of the COVID-19 vaccine and do not have an appointment scheduled

\* Totals may exceed 100% due to rounding

### Spotlight on OCONUS Families

While the number of respondents residing outside of the continental United States (OCONUS) was relatively low (n=94), their responses regarding vaccine availability align with recent reports from the DoD and media: respondents residing OCONUS report slightly **lower levels of vaccine availability** than their counterparts residing within the continental United States (CONUS) (53% vs. 58%).

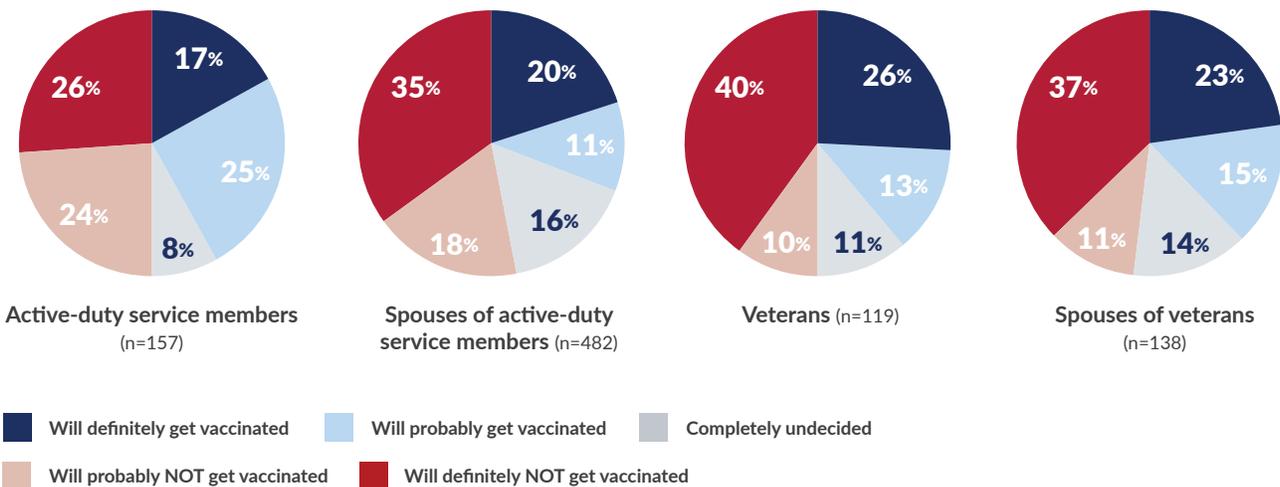
## Vaccination Plans & Motivations

### Hesitancy among unvaccinated military-connected respondents without an appointment remains high<sup>3</sup>

Half (50%) of unvaccinated active-duty service member and spouse respondents without an appointment report that they will probably not or definitely not get vaccinated, and about one in 10 remain undecided (8% of active-duty service member respondents and 11% of active-duty spouse respondents). While about the same proportion of veteran respondents (53%) indicate they do not plan to receive the vaccine, twice as many veterans (16%) as active-duty service member respondents indicate they are undecided. Across the groups, the proportion who say they definitely will not get vaccinated is higher than the proportion who say they definitely will do so.

### Respondents' plans to receive the vaccine

Among unvaccinated respondents without an appointment scheduled



<sup>3</sup> Responses to: "Understanding that the COVID-19 vaccine remains voluntary, if a COVID-19 vaccine is available to you at no cost, will you definitely get vaccinated, probably get vaccinated, probably not get vaccinated, definitely not get vaccinated, or are you completely undecided about whether you will get vaccinated?"

## Concerns about vaccine effectiveness and safety and distrust regarding the vaccine development process remain in all vaccine-hesitant groups, but respondents express a wide variety of factors influencing their decision

In December, before the vaccine was available, Blue Star Families reported that the top reasons for not receiving the COVID-19 vaccine among active-duty and veteran family respondents were clustered and primarily related to concerns about the vaccine’s development and safety, accounting for over two-thirds of the vaccine hesitation. **Additionally, fewer than one in three vaccine-hesitant respondents expressed concerns related to other factors.**

Unvaccinated, vaccine-hesitant respondents to this poll<sup>4</sup> continue to report high levels of distrust and concerns about safety and efficacy, but respondents within this sample who remain vaccine-hesitant in April 2021 harbor a wide variety of potentially compounding concerns and barriers to getting vaccinated. Respondents report high levels of concern across a wide variety of other factors, including logistical challenges (e.g., difficulty getting an appointment that works with their schedule, the inability to take time off of work, etc.), personal religious beliefs, and the belief that the coronavirus does not pose a threat to the respondent or their family.

Gender may partially explain the differences between military-connected spouses, compared to active-duty service members and veterans in the table below. For example, in the full sample, 80% of women respondents report “concerns about COVID-19 vaccine safety and unknown side effects,” compared to 56% of men. This trend also exists regarding distrust of the COVID-19 vaccine development process or timeline (67% of women report this as a concern, compared to 42% of men), and personal health reasons (33% of women report this as a concern, compared to 14% of men).



<sup>4</sup>Poll conducted April 1-12; there is no way for researchers to determine whether the respondents were the same for each poll.

## Factors influencing respondents' decision not to vaccinate

Among respondents who have not received at least one dose of the vaccine and who say they will not, or are undecided

	Active-Duty Service Members (n=94)	Active-Duty Spouses (n=290)	Veterans (n=82)	Spouses of Veterans (n=86)
Concerns about COVID-19 vaccine effectiveness	59%	51%	53%	52%
Concerns about COVID-19 vaccine safety and unknown side effects	55%	83%	69%	78%
Distrust of COVID-19 vaccine development process or timeline	49%	70%	49%	55%
Distrust of vaccines in general	49%	30%	19%	30%
Don't believe the coronavirus is a threat to me or my family	36%	41%	25%	22%
Personal religious beliefs	34%	40%	14%	20%
Difficulty getting an appointment that works with my schedule	22%	2%	1%	3%
Would like to get more information about the vaccine from my doctor	20%	7%	14%	11%
Personal health reason (e.g., pregnancy, immunocompromised, etc.)	19%	32%	16%	39%
Difficulty traveling to vaccine site	17%	1%	3%	0%
Unable to take time off of work to receive vaccine	16%	1%	5%	1%

Responses to: "Which of the following factors influenced your decision not to receive the COVID-19 vaccine? Please select all that apply."

## Subpopulations with higher levels of vaccine hesitancy

The military-connected population often reflects trends present in broader American society, and this remains the case with regard to vaccine hesitancy. Among unvaccinated respondents without an appointment scheduled, the following subgroups report they will probably not or definitely not receive the vaccine, or are undecided, at disproportionate levels:

- **Respondents with personal experience with COVID-19:** 74% of respondents who have had COVID-19<sup>5</sup> and 69% of respondents who report a family member had it
- **White respondents:** 63% of white respondents, compared to 60% of Black and 57% of Hispanic/Latino/a/x respondents
- **Conservative respondents:** 74% of self-identifying conservative respondents, compared to 58% of moderate and 35% of liberal respondents

## Protecting family and loved ones is a top motivator for receiving the vaccine

Nine out of 10 active-duty spouse (90%) and veteran spouse (92%) respondents report the desire to protect family and loved ones as a top-three reason for receiving the vaccine. Open-ended responses reveal unique military family circumstances, such as single parenting during deployment or caring for a disabled veteran, which they felt were motivating. While protecting family and loved ones is also a motivation for 57% of active-duty service member respondents, the same proportion cite “ensuring national security by protecting the force and ensuring that it is mission ready” as a top-three reason for choosing to receive the vaccine. When respondents who had received the vaccine were asked in an open-ended format why they chose to do so, the top reasons were: belief in science; to protect the respondent; to protect the respondent’s family; to protect others in the community; and to stop the pandemic/return to normal. (Full qualitative report included in Appendix I)



**“I listened to scientists and subject matter experts on the vaccine. It was important to get it so that I can remain as healthy as possible because I’m a caregiver for my husband.”** — Spouse of a Veteran

<sup>5</sup>The April Pulse Check Sneak Peek reported a similar figure as “65% of respondents who had COVID-19 lean against the vaccine.” This figure is correct; however, the statistic reported here also includes the 9% of respondents who are undecided (65% will probably or definitely not receive the vaccine + 9% are completely undecided = 74% are vaccine-hesitant).

## Recommendations to Increase Vaccine Confidence and Uptake Among Military-Connected Families

### Offer choice between vaccines

Respondents to this poll indicate that having a choice in which vaccine to receive would increase their likelihood of receiving it, and this phenomenon is particularly prominent among active-duty service members. As vaccine **enthusiasm slows nationwide**, providing vaccine options at military and Department of Veterans Affairs (VA) distribution sites can be an effective strategy to increase uptake among otherwise hesitant populations.

#### Choice in vaccine can help increase uptake

% of unvaccinated respondents without an appointment scheduled who report that the opportunity to choose their vaccine would increase their likelihood of receiving it



Active-duty service member respondents (n=142)



Active-duty spouse respondents (n=444)



Veteran respondents (n=112)



Veteran spouse respondents (n=125)

### Guarantee time off to receive the vaccine

Previous Blue Star Families research found that active-duty service members' top solution to improve their satisfaction with health care was to address difficulties obtaining timely health appointments.<sup>6</sup> In line with these findings, a greater proportion of vaccine-hesitant active-duty service member respondents report difficulty obtaining an appointment that works for their schedule (22%) and taking time off work (16%), compared to other respondent groups, despite **consistent messaging** from senior DoD leaders that receiving the vaccine supports military readiness.<sup>7</sup> To increase vaccine uptake among active-duty service members, military leaders can consider issuing clear guidelines, similar to those **offered by some private sector organizations** (including Blue Star Families), allowing time off during the standard work day (when

<sup>6</sup> Blue Star Families (2018). 2018 Military Family Lifestyle Survey Comprehensive Report. 2018MFLS-ComprehensiveReport-DIGITAL-FINAL.pdf (bluestarfam.org)

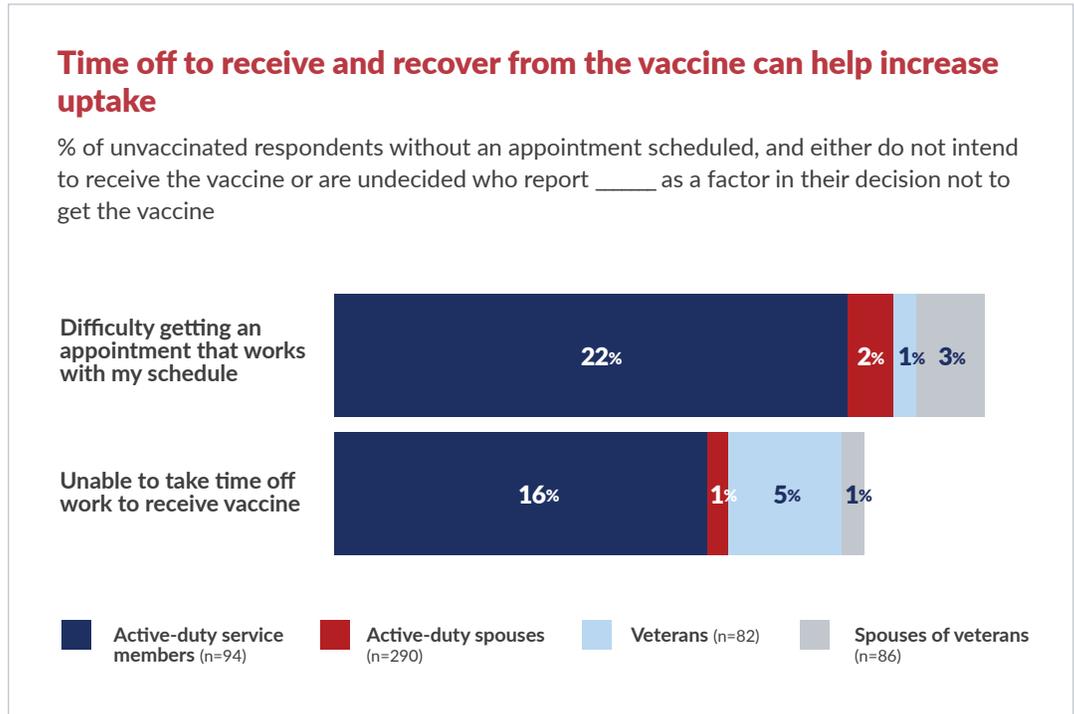
<sup>7</sup> While frequencies are too low to report with confidence, there are indications that this phenomenon may be more common among officers than enlisted personnel; we therefore also recommend that future polling should seek to better understand the influence of rank and daily job obligations on the ability to receive the vaccine.

many vaccination sites operate) to both receive and recover from the vaccine.

### Improve communication and information sharing with military-connected spouses

Military-connected spouse respondents, both active-duty spouses and spouses of veterans, report

less awareness of vaccine availability and greater concern about the vaccine’s safety and side effects. About one-third of unvaccinated veteran spouse (34%) and active-duty (30%) spouse respondents without an appointment did not know whether the vaccine was currently available to them. Further, the proportion of respondents expressing concern about the vaccine’s safety and unknown side effects is higher among spouses of veterans and active-duty spouse respondents than active-duty service members or veterans.



**“I think clear, concise information has to be sent out repeatedly for more Americans to see the importance and safety of the vaccine.”** — Spouse of a Veteran

However, there may be lessons that the DoD can learn from communications strategies used to reach the OCONUS population. A greater proportion of OCONUS respondents were aware of their ability to obtain the vaccine than their counterparts residing within the continental United States: 27% of CONUS respondents were not sure of their ability to obtain, compared to only 8% of OCONUS who were not sure. To increase vaccine confidence and uptake among military-connected spouse populations, the DoD and VA can improve and continue to employ strategic communication campaigns to address concerns discussed throughout this report. Recommendations on specific messaging strategies are included in the next section.

## Recommendation Deep Dive: Effective messaging strategies for increasing vaccine uptake in military-connected families

Protecting one’s family and loved ones, avoiding the risk of death and “long-haul symptoms” from COVID-19, and preserving national security by protecting the health of our military are messages with the greatest potential to increase vaccination rates for unvaccinated respondents.

Nine messages aimed at increasing vaccine uptake among unvaccinated members of military-connected families were tested in the poll. Respondents indicate that these three themes have the most positive impact on their likelihood of getting vaccinated:

- “Even if you do not feel you are personally at risk, you can **protect your family and others you care about** by getting vaccinated.”
- “Given that clinical trials and data on vaccinations to date have shown **no serious side effects or reactions, it is worth getting vaccinated to avoid the risk of death from COVID-19 and the potential to suffer “long-haul symptoms,”** such as chronic fatigue, cognitive fog, and shortness of breath that some people who became infected suffer from for many months afterward.”
- “The health of our military is critical to our national security. Getting vaccinated will help **protect the force and ensure that it is mission ready.**”

There are also second tier pro-vaccination messages that have the potential to influence vaccine uptake:

- “In order to return to normal life and fully reopen the economy, it is necessary to reach a level of at least 70% immunity nationwide. While vaccination rates are increasing, many more people need to get vaccinated to reach this level.”
- “Over 83 million Americans have received at least one dose of a vaccine, and none have died of COVID-19 or the vaccine. There have been virtually no cases of serious reactions or side effects from the vaccine.”
- “The vast majority of doctors who have had the option to get the COVID-19 vaccine have chosen to get vaccinated.”
- “COVID-19 vaccines have been found to be safe and effective in clinical trials that included tens of thousands of people, men and women, and people of various races and ethnicities.”

**Respondents’ most trusted messengers for recommendations about getting vaccinated include individuals with whom military-connected families have a direct connection – either personally or in the military – as well as the Centers for Disease Control and Prevention (CDC) and Dr. Fauci.**

One’s own doctor (or medical staff at an active-duty service member’s base or unit) is highly trusted by military-connected families – followed by well-informed friends, family members, and colleagues, or a fellow service member or veteran who recently received the vaccine. The CDC and Dr. Anthony Fauci are also highly trusted across all sectors of the military-connected community.

**Selected messages and messengers have more potential to increase vaccination rates with some military-connected groups than others.**

**Active-Duty Service Members:** Seven in 10 unvaccinated active-duty service members indicate they are more likely to get vaccinated upon hearing that it is worth it to avoid the risk of death and “long-haul symptoms” from COVID-19 (71% give a rating of 3, 4, or 5 on a five-point scale). About two in three say messages that frame getting vaccinated as a way to preserve our national security (66%) and protect one’s family and others one cares about (64%) increase their likelihood of getting vaccinated. All of the messages tested are more effective with unvaccinated active-duty service



members than other audiences; for each one, over half say it makes them more likely to get vaccinated. When it comes to recommendations about getting the COVID-19 vaccine, active-duty service members overall place the most trust in officers in their chain of command (59% trust a lot or somewhat), followed by the CDC, medical staff in their base or unit, and a fellow service member who recently received the vaccine (all 58%). Majorities also trust a well-informed friend, family member, or colleague (57%); Dr. Fauci (56%); President Biden (55%); their faith leader (53%); and a senior non-commissioned or petty officer in their chain of command (52%).

**Active-Duty Spouses:** Over half (52%) of unvaccinated active-duty spouses say the ability to protect their family and others they care about makes them more likely to get vaccinated. Just under half say that each of the other messages makes them more likely to get vaccinated. Among all active-duty spouses, 80% place the most trust in their doctor’s recommendation on the vaccine, followed by a well-informed friend, family member, or colleague (75%). The CDC (67%) and Dr. Fauci (60%) are in the next tier in terms of trust. They are also the military-connected group that places the most trust in First Lady Jill Biden (53%) on this issue.

**Veterans:** The idea that vaccination is critical to national security edges out the other messages with unvaccinated veterans – 45% say it makes them more likely to get vaccinated. Other messages rank only slightly behind. Eight in 10 (80%) veterans trust their doctor’s recommendation about getting the COVID-19



vaccine, followed by a well-informed friend, family member, or colleague (77%), and a fellow veteran who recently received the vaccine (74%). Over half trust the CDC (68%), Dr. Fauci (60%), and/or their faith leader (57%). Veterans and veteran spouses place more trust than other military-connected groups in former President George W. Bush’s recommendation (62%) on the COVID-19 vaccine.

**Veteran Spouses:** Protecting their family and others they care about (55%), and avoiding the risk of death and “long-haul symptoms” from COVID-19 (53%), are the messages that rank highest with unvaccinated veteran spouses, though other messages are only slightly less effective. Veteran

spouses place the most trust in COVID-19 vaccine recommendations from their doctor (84%) and a well-informed friend, family member, or colleague (78%). They are also more likely than other military-connected groups to trust the recommendation of their faith leader (61%) and former President George W. Bush (62%). Majorities trust the CDC (70%) and Dr. Fauci (59%).

## Methodology

### Data Collection & Sampling

This survey utilized a nonprobability convenience sampling method. It was administered by Hart Research Associates using the Decipher survey platform and a survey instrument collaboratively designed by Blue Star Families and Hart Research Associates. Recruitment and outreach were designed to solicit responses from all military-connected personnel, regardless of vaccination status or opinion. In addition to utilizing Blue Star Families' social media platforms and email distribution list, survey participants were recruited via advertisements placed on social media and popular military media outlets, as well as through the distribution lists of other key Military and Veteran Service Organization partners. Respondents were offered the opportunity to enter to win one of 20 \$50 gift cards. This poll fielded April 1-12, prior to the recommended pause on the use of the Johnson & Johnson vaccine issued by the Centers for Disease Control and Prevention on April 14, and before the vaccine became available to all United States residents ages 18 and older on April 19.

### Sample Characteristics

Of the 2,468 responses within this sample, 72% of respondents identify as white, 61% are active-duty family members, and 80% are mid-level non-commissioned officers (NCOs), senior enlisted NCOs, or commissioned officers. The sample is fairly balanced by political affiliation, with 37% identifying as conservative, 27% liberal, and 36% moderate. The majority of respondents identify as Protestant (41%) or Catholic (23%), followed by 16% reporting no religious affiliation.

Military Affiliation*	
Active-duty family	61%
Veteran family	30%
National Guard family	4%
Reserve family	4%
Civilian, DoD, or VA employee	3%

Race/ethnicity*	
White	72%
Black/African-American	11%
Hispanic or Latino/a/x or of Spanish origin	11%
Asian	4%
American Indian/Alaskan Native	2%
Native Hawaiian or other Pacific Islander	1%
Other	5%

\*Totals over 100% because respondents were allowed to select multiple responses

Rank*	
Junior Enlisted (E1-E4)	16%
Mid-Level NCO and Senior Enlisted (E5-E9)	48%
Warrant Officer	3%
Commissioned Officer	32%

\*Does not equal 100% due to rounding

Vaccine uptake rates within this sample are comparable to the civilian population, with the exception of veteran respondents whose uptake greatly exceeds that of the current population, and OCONUS respondents who lag slightly behind. Uptake among active-duty service member respondents and veteran respondents in this sample both exceed the uptake rates officially reported by the Departments of Defense and Veterans Affairs. As of May 5, the [Centers for Disease Control and Prevention](#) report that 45% of the total United States population has received at least one dose of the COVID-19 vaccine. Additionally, the [Department of Defense](#) reports that 765,041 service members, about 32% of the total force, have received at least one dose of the vaccine. As of May 7, the [Department of Veterans Affairs](#) reports administering 2,409,092 vaccines, accounting for about 38% of the 6.4 million veterans [who rely on the VA](#) for their care.

Respondent group	Received at least one dose	Have not received any doses, but have appointment scheduled	Total received at least one dose OR have an appointment scheduled
Active-duty service members (n=522)	48%	23%	71%
Active-duty spouses (n=1,021)	45%	7%	52%
Veterans (n=448)	73%	3%	76%
Spouses of Veterans (n=332)	55%	4%	59%
OCONUS (n=163)	38%	5%	43%
CONUS (n=2,269)	54%	10%	64%

## Data Analysis & Weighting

There were 3,017 respondents who began the survey. After filtering for those who did not complete a sufficient number of pertinent demographic questions and removing duplicate respondents, a total of 2,468 respondents were retained for analysis. All descriptive statistics pertaining to active-duty service member respondents have been weighted to be more representative by gender, age, race, rank, and branch. Similarly, the veteran sample is weighted to be more representative by gender.

## Limitations

This poll is not generalizable to the active-duty or veteran population due to convenience sampling methodology. Direct comparisons between the December Pulse Check and the April Pulse Check are also not possible due to sample differences. The inherent political nature of the COVID-19 vaccine in the current environment makes it subject to sample bias; for example, it is possible that describing the purpose of this poll as part of the consent process could have introduced bias to the sample. This survey also oversamples active-duty spouses of mid-level and senior enlisted personnel, and undersamples active-duty spouses of junior enlisted personnel.



## Appendix I: Qualitative Report – Reasons for Receiving the COVID-19 Vaccine

Responses to open-ended question: What are the reasons you decided to receive the COVID-19 vaccine? Was there any information or guidance you received that led to your decision to get vaccinated? If so, please explain what that information or guidance was.” (n=1,107)

### Top 5 Codes

#### 1. I believe in science/advice of scientific experts

I listened to scientists and subject matter experts on the vaccine. It was important to get it so that I can remain as healthy as possible because I’m a caregiver for my husband. – Spouse of a Veteran

When the vaccine was originally available, we decided to not volunteer because of a lack of data available and the reporting of negative effects we read. After keeping a close eye on reporting and discussing experiences with our fellow Airmen we personally chose to change our status to volunteer and received our vaccinations shortly after. Our leadership did not mandate the vaccine, however, provided data as it became available with the avenue to change volunteer status. The experience at [local medical treatment facility] was exceptional as the medical staff had a fine-tuned process. We also recommend taking a day off following the second shot due to the body’s reaction to feeling ill. – Dual-Military Service Member, Military Parent

#### 2. To protect myself

I want to feel more comfortable being with the general public and we’re PCSing this year, so to be safer while we travel to our new duty station. – Active-Duty Spouse

#### 3. To protect my family

My spouse is deployed. I am parenting alone for several months. I need to do what I can to stay safe and healthy for the sake of my family. – Active-Duty Spouse

I really didn’t want to get it but my husband will be deploying for a LONG deployment and is very worried that I would come down with COVID and be unable to care for our five young children. I am getting the vaccine not because I love pumping my body with chemicals but because I love my husband and his peace of mind while deployed. – Active-Duty Spouse



**4. To protect others/my community**

I am a registered nurse. I was one of the first to receive the vaccine through my employer, and I accepted this offer willingly and graciously. My reason for being vaccinated was for the protection of my patients, family, and everyone I was in contact with. Additionally, the pride of being on the forefront of something bigger than myself and the pride of my profession led me to accept the inoculation. — Active-Duty Spouse

I must set the positive and proper example for our membership so that we may effectively work within our community and help keep it safe. We strive to assist our fellow veterans, their families and our community and there is no better way than to show a responsibility to everyone’s safety and well-being. — Veteran

**5. To stop the pandemic/return to normal**

To help with the curve. To help keep family safe, myself safe, and my husband safe. My husband is stationed on a carrier and I want to make sure I’m doing my part to help keep them safe by making my home safe for my sailor. — Military Spouse

I wanted to do my part to help stop this horrible pandemic. I am tired of being cooped up and want to get back to normalcy as soon as possible. I’ve read enough studies online and followed the guidelines of the CDC and I wanted the vaccine. — Veteran

**Additional Reasons**

**I am/someone I know is high risk**

I work in an active-duty squadron and my husband is in [service]. Many of our family members are elderly and have high risk issues and one of my co-workers is very high risk. I told her that I would get it with her to ease her fear of getting it. Now I feel safer in our working environment and more able to see family far away. — DoD or VA Civilian, Veteran, Active-Duty Spouse



**Medical provider racial/ethnic background influenced some respondents**

Listening to Black doctors gave me confidence. — Black/African-American Active-Duty Spouse

**Some respondents report a need for greater information/resources**

This virus is too deadly to play with, I am not necessarily a fan of vaccines since I have been raised in the military and married a military man. I know they have experimented on our soldiers but seeing the amount of people dying from this virus. Then the other thing is no one knows what [COVID-19] will do in one's body and I don't think it's worth the risk. Some people are struggling a year after having COVID. I think clear, concise information has to be sent out repeatedly for more Americans to see the importance and safety of the vaccine.

— Spouse of a Veteran

I received one vaccine from the Air National Guard and one vaccine from the Army National Guard. As a Marine, the corps has provided no support or vaccines to my command.

— Active-Duty Service Member

**Blue Star Families' town halls influenced some respondents' vaccine decision-making**

I have a compromised immune system and I wanted to mitigate any chance of getting COVID. Dr. Fauci's town hall was very informative in my decision. — Active-Duty Spouse

I want to get the world back to normal. I did attend the two forums that Blue Star Families offered with Dr. Fauci, and it made me feel comfortable about getting the shot as I have Crohns. — Spouse of a Reserve Service Member

The second town hall with Dr. Fauci assured me that the vaccine is safe, so I signed up to receive it. On March 30, I received the second shot and have had no ill repercussions. The vaccine I received from the local VA Center is Pfizer. — Veteran

I was hesitant when first hearing about the vaccines being approved for emergency use. It was helpful hearing from Dr. Fauci and others at Blue Star events, because it was clearly articulated that the technology behind the two kinds of vaccines has been ongoing for over 10 years, and that similar vaccines were utilized successfully in the SARS and other outbreaks. I still have some reservations about unknown long-term effects from the vaccines, because I have never heard or read any data about any long-term effects from those that received similar vaccines for SARS and the other outbreaks. — Spouse of a Veteran



**Some respondents view vaccination as a civic duty / the “right thing” to do**

I work on a boot camp base and they were offering to vaccinate all staff. I saw it as supporting the mission and that swayed my decision. — Active-Duty Spouse

As a soldier, I want to contribute to my country. — Reserve Service Member, Spouse of a Reserve Service Member

**Some respondents report being required or heavily incentivized to receive the vaccine**

I work in the medical field. It was required for us to receive c19 vaccines. I researched on my own and decided it is what was best for me and my family. — Military Parent

Requirements of my military occupation. — National Guard Service Member

So I did not have to be restricted to the ship prior to deployment. Keeping my family safe. — Active-Duty Service Member

