MEMORANDUM FOR DEFENSE INDUSTRIAL BASE

SUBJECT: Department of Defense COVID-19 Vaccine Allocation and Distribution Policy

The U.S. Food and Drug Administration has issued Emergency Use Authorizations for two coronavirus disease 2019 (COVID-19) vaccines. Operation Warp Speed and private sector partners have already distributed initial vaccine doses to designated sites.

The attached Department of Defense (DoD) “Coronavirus Disease 2019 Vaccine Guidance,” signed by the Deputy Secretary of Defense on December 7, 2020, and the attached “Supplemental Guidance for Providing DoD Coronavirus Disease 2019 Vaccines to DoD Contractor Employees and Select Foreign Nationals,” signed by the Under Secretary of Defense for Personnel and Readiness on December 31, 2020, provide guidance and eligibility for the DoD’s allocation of COVID-19 vaccines. Per this guidance, DoD Instruction 6205.02, “DoD Immunization Program,” dated July 23, 2019, and applicable law, COVID-19 vaccines from DoD’s allocation may be offered, and administered at DoD vaccination sites, to employees of DoD contractors directly supporting the DoD on DoD installations or in an operational environment, in accordance with the attached DoD COVID-19 vaccine population schema (e.g. healthcare providers/support personnel, personnel preparing to deploy), and the terms of applicable contracts.

Additionally, the DoD Coronavirus Disease 2019 Vaccine Guidance allows for exceptions to policy where Military Departments or DoD/Office of the Secretary of Defense Components may request, through the Office of the Assistant Secretary of Defense for Health Affairs, that DoD-provided COVID-19 vaccinations be offered to additional DoD contractor employees providing mission-essential critical capabilities on a case-by-case basis.

Further, the Department will regularly evaluate the eligibility and prioritization of DoD contractor personnel populations, to include those already deployed world-wide, to ensure continuity of our national security mission and to support total force public health efforts. However, given DoD’s vaccine allocation and availability, we recognize the need to address requirements for the broader Defense Industrial Base (DIB) leveraging the larger vaccine allocations provided to the States.

As I stated in my March 20, 2020 memorandum to the DIB, the DIB was identified as a Critical Infrastructure Sector. Based on that identification, the DoD COVID-19 Task Force is working with the Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC), which are coordinating with State public health officials to advocate for inclusion of the DIB, on a priority basis, within State jurisdiction level vaccination plans. These State vaccination plans will account for the majority of the DIB personnel, including all of those that are unable or not eligible to receive vaccines under the DoD vaccine guidance from DoD’s allocation of vaccines.
While we advocate for the DIB’s priority in the State jurisdiction level plans, the DoD does not determine the prioritization of groups for vaccine delivery (outside of those covered in the DoD Coronavirus Disease 2019 Vaccine Guidance as supplemented). Also, the DoD does not determine the allocation of available vaccines to non-DoD jurisdictions, such as the States and Federal entities with separate vaccine allocations. We have encouraged the States to take the important national security contributions of DIB personnel into account as they prioritize their allocation of COVID-19 vaccine doses, especially as the vaccine becomes widely available across the United States.

I encourage DoD contractors whose employees are not offered a COVID-19 vaccine by the DoD to engage with their State and local public health authorities to advocate for appropriate prioritization of their employees within their jurisdiction’s COVID-19 vaccine distribution plan. I recommend you utilize my March 20, 2020, memorandum to assist in those discussions. I thank you for your continued support and dedication to the Department’s national security mission.

Ellen M. Lord

Attachment:
As stated
MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP (SEE DISTRIBUTION)
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Coronavirus Disease 2019 Vaccine Guidance

References: (a) Department of Defense Instruction (DoDI) 6200.02, “Application of Food and Drug Administration (FDA) Rules to Department of Defense Force Health Protection Programs,” February 27, 2008
(b) DoDI 6205.02, “DoD Immunization Program,” July 23, 2019
(c) Executive Secretary Memorandum, “Response to Centers for Disease Control and Prevention’s Request for Department of Defense Coronavirus Disease 2019 Vaccine Requirement and Plan,” October 15, 2020
(d) DoDI 6055.01, “DoD Safety and Occupational Health (SOH) Program,” October 14, 2014
(e) Title 5, U.S. Code, section 7901

This memorandum provides guidance on the provision of coronavirus disease 2019 (COVID-19) vaccines. The Defense Health Agency (DHA) is the lead coordinating DoD Component for executing this guidance, in coordination with the Military Departments and other DoD Components.

The Department continues to work closely with the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) on the distribution of COVID-19 vaccines. It is expected that COVID-19 vaccines will initially receive an Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration (FDA). Although the details for administering each COVID-19 vaccine depend on the terms, conditions, and requirements of the specific EUA, it is expected that COVID-19 vaccination will be voluntary until any vaccine receives full FDA approval and licensure. The Department will distribute and administer any COVID-19 vaccine in accordance with reference (a) and applicable law. DoD Components will comply with applicable labor obligations (to the extent such obligations do not conflict with the Department’s ability to conduct operations during this public health emergency), as appropriate.

COVID-19 vaccines are expected to increase our force health protection posture. Therefore, in accordance with references (b) and (e), and subject to any guidance issued by the President, I authorize the Department to provide vaccines to Service members and other eligible DoD health care beneficiaries, as well as selected other-than-U.S. forces (OTUSF) populations, such as DoD civilian employees and specified contractor employees as described below. The Department will focus initial COVID-19 vaccination efforts on health care workers, emergency
services personnel, personnel performing activities associated with critical national capabilities, select deploying individuals, other critical and essential support personnel, and high-risk individuals prior to vaccinating other healthy individuals. I direct the DHA, in coordination with the Military Departments and other interested DoD Components, to refine specific vaccination requirements for these populations as part of vaccine implementation planning, consistent with the below guidance. DoD recommends vaccination of all DoD-affiliated individuals, as appropriate. HHS and CDC intend to make COVID-19 vaccines widely available within the United States, including at retail pharmacies. These efforts are expected to cover a substantial proportion of DoD-affiliated individuals.

Individuals eligible to receive COVID-19 vaccines administered by DoD are as follows:

1. Service members on active duty and in the Selected Reserve (including National Guard personnel) are eligible and encouraged to receive COVID-19 vaccines at military medical treatment facilities (MTFs) or other DoD vaccination sites, as identified by the Military Departments. Service members who are not able to access a DoD vaccination site and elect to receive the COVID-19 vaccine through non-DoD channels must provide documentation of receipt of the vaccination to their unit for documentation in appropriate medical readiness systems.

2. Dependents of active duty Service members, retirees, and other eligible DoD beneficiaries are eligible to receive COVID-19 vaccinations and encouraged to access COVID-19 vaccines through existing processes at MTFs or through the private sector care component of TRICARE.

3. Subject to direction by the Military Departments, other DoD Components, or Office of the Secretary of Defense (OSD) Components concerned, and in accordance with reference (c), DoD civilian employees, who are not otherwise eligible DoD beneficiaries, are eligible to receive the vaccine, and select contractor personnel who usually receive influenza vaccines as part of a DoD occupational safety and health program (e.g., health care workers, maintenance depot workers), and who are not otherwise eligible DoD beneficiaries, may be offered COVID-19 vaccines at DoD vaccination sites. Follow-on care (other than the administration of a second vaccine dose) will be provided through such individuals’ existing health care plans or personal health care providers. The Military Departments or DoD or OSD Components may request, through the Assistant Secretary of Defense for Health Affairs, that COVID-19 immunizations be offered to additional DoD contractor employees that provide mission-essential critical capabilities.

The Under Secretary of Defense for Personnel and Readiness, Deputy Under Secretary of Defense for Personnel and Readiness, and Assistant Secretary of Defense for Health Affairs are delegated the authority to approve COVID-19 immunizations for OTUSF personnel not otherwise covered by the above guidance on a case-by-case basis, in accordance with references (b), (d), (e), and (f).
To the extent possible, individuals are encouraged to return to the same location for their second COVID-19 vaccine dose, as applicable, in accordance with the vaccine's EUA.

Reporting procedures for all personnel receiving COVID-19 vaccines from DoD must comply with applicable CDC and DoD guidance, including that from the Military Department concerned, as well as MTF or DoD vaccination site requirements and all applicable laws.

The DHA, as lead DoD Component, will provide further information through the COVID-19 Vaccine Operational Planning Team and other mechanisms. My point of contact for this guidance is Dr. David J. Smith, who may be reached at (703) 681-8456 or david.j.smith152.civ@mail.mil.
MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Supplemental Guidance for Providing DoD Coronavirus Disease 2019 Vaccines to DoD Contractor Employees and Select Foreign Nationals

References: (a) Deputy Secretary of Defense Memorandum, “Coronavirus Disease 2019 Vaccine Guidance,” December 7, 2020
(b) DoD Instruction 6205.02, “DoD Immunization Program,” July 23, 2019
(c) Department of Defense Coronavirus Disease 2019 Vaccination Plan, December 12, 2020
(d) DoD Instruction 6055.01, “DoD Safety and Occupational Health (SOH) Program,” October 14, 2014

This memorandum provides supplemental guidance on the provision of coronavirus disease 2019 (COVID-19) vaccines, in accordance with reference (a). The Defense Health Agency (DHA) is the lead coordinating DoD Component for executing this guidance, in coordination with the Military Departments and other DoD Components as appropriate.

In accordance with references (a), (b), the DoD population schema at reference (c), and applicable law, COVID-19 vaccines may be offered to, and administered at DoD vaccination sites for:

1) Employees of DoD contractors directly supporting the DoD on DoD installations or in an operational environment, in accordance with the terms of applicable contracts;
2) Members of allied, coalition, or partner forces stationed on DoD installations on a reimbursable basis, in accordance with applicable agreements;
3) Embedded non-U.S. national personnel providing direct support to U.S. military forces on a reimbursable basis, in accordance with applicable agreements.

In any case where vaccination is provided on a reimbursable basis, the charge for the health care provided will not include the cost of the vaccine itself. Any offer of COVID-19 vaccination will be made in a manner that shows respect for applicable host-nation law and be done pursuant to the terms of applicable agreements and arrangements with the host nation and/or other respective nations, as applicable, and in coordination with the Geographic Combatant Commanders, as required by reference (b). Prioritization for such vaccination offers is the responsibility of the respective Geographic Combatant Command and will be consistent with the DoD population schema at reference (c). Geographic Combatant Commanders will
ensure coordination with the Under Secretary of Defense for Policy and the Department of State, as applicable.

Individuals not otherwise eligible to receive healthcare from the DoD will pursue any follow-on care (other than the administration of a second dose of the COVID-19 vaccine) through their existing healthcare plans or personal healthcare providers. The authority to administer the COVID-19 vaccine to employees of DoD contractors, non-U.S. nationals employed by the DoD, or to members of allied, coalition, or partner forces stationed on DoD installations does not otherwise grant additional DoD health care eligibility benefits to those individuals. To the extent possible, individuals are encouraged to return to the same location for their second COVID-19 vaccine dose, as applicable, in accordance with the vaccine’s emergency use authorization.

Reporting procedures for all personnel receiving COVID-19 vaccines from the DoD must comply with applicable Centers for Disease Control and Prevention and DoD guidance, including guidance from the Military Department concerned, as well as military medical treatment facility or DoD vaccination site requirements and all applicable laws.

Any additional requests for vaccination of Other Than U.S. Forces personnel, as set forth in reference (b), will be routed to the Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The ASD(HA) is the approval authority for COVID-19 immunizations for OTUSF personnel provided by the DoD on a case-by-case basis, in accordance with references (a), (b), (d), and (e).

My point of contact for this guidance is COL Jennifer M. Kishimori, who may be reached at (703) 681-8179 or jennifer.m.kishimori.mil@mail.mil.

Matthew P. Donovan
# DoD Population Schema

<table>
<thead>
<tr>
<th>CDC Phase</th>
<th>DoD Phase Level</th>
</tr>
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<tbody>
<tr>
<td>Phase 1a</td>
<td><strong>Phase 1</strong>&lt;br&gt;All Healthcare providers, Healthcare support, Emergency Services &amp; Public Safety Personnel&lt;br&gt;Healthcare and support personnel at Military Treatment Facilities (MTF) outpatient clinics, ambulatory care facilities (including but not limited to dental clinics, medical homes, blood donation facilities, and counseling centers)&lt;br&gt;<em>May include military, civilian, contractors, students and other hospital non-clinical staff authorized to receive vaccine from the DoD supporting patient care with a high risk of exposure or potential to interface with COVID-19 positive case.</em></td>
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<tr>
<td></td>
<td>Sub-tier 1&lt;br&gt;Sub-tier 2&lt;br&gt;Sub-tier 3</td>
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<tr>
<td>Phase 1b</td>
<td><strong>Phase 1b.1</strong>&lt;br&gt;Critical National Capabilities&lt;br&gt;<strong>Phase 1b.2</strong>&lt;br&gt;Personnel preparing to deploy to OCONUS locations&lt;br&gt;<strong>Phase 1b.3</strong>&lt;br&gt;Other critical and essential support personnel not identified above</td>
</tr>
<tr>
<td>Other Essential Workers</td>
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<tr>
<td>Phase 1b/Phase 2</td>
<td><strong>Phase 2</strong>&lt;br&gt;High-risk beneficiaries</td>
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<tr>
<td>Phase 2/Phase 3</td>
<td><strong>Phase 3</strong>&lt;br&gt;Healthy population</td>
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As of 9 Dec 2020