Many countries and localities have created financial incentives and disincentives designed to encourage uptake of the Covid-19 vaccine. Many localities are currently allowing access to various sporting events, theaters, or indeed for entry to a foreign country only with proof of vaccination.

[In Greece, young people ages 18-25 were provided with 150 euros and one month of free phone data if they got the vaccine](https://www.reuters.com/world/europe/greece-unveils-incentives-boost-vaccination-rates-young-people-2021-06-28/). Further, Greece has provided [subsidies to health care providers and pharmacists](https://news.gtp.gr/2021/07/23/greece-pushes-covid-19-vaccination-new-incentives-laws/) who have booked vaccination appointments. These have been justified by the President and by the Prime Minister of Greece who cite the Greek Constitution’s language that “the state has the right to demand of all citizens they fulfil their obligation for social and national solidarity.”

Some have cautioned against incentive schemes, however, particularly in consideration of programs for *other vaccines* important for public health. They worry that usual expectations for individuals to become vaccinated, out of a shared responsibility to keep the public safe, are weakened by programs that provide incentives only for selected individual vaccines.

Others have worried that paying people to take vaccines when this is not the usual practice in medicine or public health may actually make people *more* hesitant. Does paying people to take something signal that there really is more to worry about with this one?

Disincentives also are being enacted. [Italy has imposed a mandate](https://www.nytimes.com/live/2021/10/15/world/italy-covid-green-pass#italy-covid-pass-swab-tests) for all employees to be vaccinated. Like with some other countries, this policy allows employees the alternative of providing proof of a negative Covid swab test weekly—but at their own expense, something that some have called a financial disincentive for remaining unvaccinated. One estimate has tests costing about $20/week. This is also apparently putting a significant strain on pharmacists who are now scheduling tests every 3 minutes.

And yet others have proposed or enacted approaches that remove what otherwise are considered “entitlements” for those who are unvaccinated. In the United States, Congressman John Delaney had proposed (but this ultimately was not passed) that Covid “stimulus checks”—pandemic payments to all Americans earning below a certain income—be available only to those who were vaccinated. In New York City, the municipal bus system, called the Metropolitan Transit Authority (MTA), had lost many of their employees—such as bus drivers and mechanics --to Covid. Earlier in the pandemic, the MTA created a new $500,000 life insurance benefit as well as three years of health insurance for family members of survivors if an MTA employee died of Covid. Recently, they announced that this is [only available to MTA employees who are vaccinated](https://www.thecity.nyc/2021/9/12/22667777/no-covid-death-benefit-for-unvaccinated-mta-bus-subway-workers); those unvaccinated are not eligible for the benefit. In Germany, as of November 1, those who are quarantined because of Covid, and who are not vaccinated, [are no longer entitled to the pay](https://www.dw.com/en/covid-new-rules-for-the-unvaccinated-in-germany/a-59261647) that Germany is providing to those in quarantine.

Ethically, what do you think about policies that link vaccination to a specific financial loss or gain? Are the various approaches described above—access to places of interest, financial incentives for vaccination, financial costs to not being vaccinated, or losses of entitlements ethically equivalent? And if they are not equivalent, explain why and how and whether you find some more or less acceptable than others.