

Moral Issues concerning Payment for Vaccination

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Abstract: An effective vaccination program is needed to provide strong protection against illness, hospitalization, and death from coronavirus disease 2019 (COVID-19). Aside from nonpharmacological public health approaches, optimal COVID-19 control requires vaccination of many more people globally if we are to live with COVID-19 without prohibitive restrictions in daily life. With the declining numbers in vaccine uptakes, providing incentives for vaccination should be considered as an alternative. Payment for vaccination can boost vaccination uptake without encountering the moral objections raised against mandatory vaccination. Incentivized vaccination, especially against SARS-COV-2 which drives the present pandemic, is not without its critics. This paper addresses philosophically four moral objections against the payment-for-vaccination model anchored on these issues, namely: (i) utility, (ii) the moral status of payment, (iii) exploitation, and (iv) coercion. I argue that payment for vaccination is not coercive nor exploitative, and the use of payment strategies to promote vaccination does not make incentivized vaccination morally wrong. The benefits derived from increased vaccination intake include saving lives and economic gains. Empirical evidence shows that the use of payment increases intake of COVID-19 vaccines. In the end, the moral objections evaluated do not defeat arguments supporting incentivization of vaccination.

Key Words: vaccination; COVID-19; payment; coercion; exploitation

1. INTRODUCTION

An effective vaccination program is needed to provide strong protection against various illnesses, hospitalization, and death from coronavirus disease 2019 (COVID-19). “The primary purpose of Covid-19 vaccination has always been to protect individuals from severe illness and death, and thus the impact of disease on the population” (Vally, 2022). The World Health Organization (WHO, 2022a) continues to remind us that being fully vaccinated will also help reduce the likelihood of new variants emerging. Aside from nonpharmacological public health approaches, optimal COVID-19 control requires vaccination of many more people globally if we are to live with COVID-19 without prohibitive restrictions in daily life (Fauci *et al*, 2022). However, it is well-known that substantial resistance has been faced by the public health community in trying to control the spread of

SARS-CoV-2 by vaccination, mask wearing, and other interventions.

The WHO (2022b) reports that as of 23 May 2022, more than 11.8 billion doses of COVID-19 vaccines have been administered. Almost 5.2 billion received at least one dose, and 4.7 billion persons are fully vaccinated. Only 57 countries, mostly high-income countries, have vaccinated 70% of their population. “We must continue to support all countries to reach 70% vaccination coverage as soon as possible, including 100% of those aged over 60; 100% of health workers; and 100% of those with underlying conditions” (WHO, 2022b).

In the Philippines, the Department of Health (DOH) National COVID-19 Vaccination Dashboard shows that as of 30 May 2022, a total of 151.6 million doses have been administered, of which more than 70.8 million received a complete dose, and only 14

million received booster dose. There are also reports that millions of vaccines have expired, and 27 million doses more may expire soon. The vaccine czar also said that vaccination numbers are declining.

In 2021, Julian Savulescu proposed an argument in support of providing incentives to people to get the vaccine. Since then, several leaders from around the world have sounded off similar proposals.

While it is nonarbitrary to say that vaccination should be voluntary, there is a compelling case in support of mandatory vaccination when voluntary vaccination programs are not successful. Savulescu (2021) argues that mandatory vaccination is morally permissible if: (1) there is a grave threat to public health; (2) the vaccine is safe and effective; (3) mandatory vaccination has a superior cost/benefit profile compared with other alternatives; and (4) the level of coercion is proportionate. However, he acknowledges that many contentious ethical issues would immediately arise if a mandatory approach were to be adopted. Elsewhere we have addressed some of the said issues (see Dagondon and Lualhati, 2021).

The present study focuses on the claim that payment for vaccination should be considered if voluntary vaccination proves inadequate to boost vaccination as it avoids a number of objections against mandatory vaccination. Savulescu offered incentives as a "Plan B" to mandates. Still, adopting incentivized vaccination against the variants of SARS-COV-2 that drive the present pandemic is not without its critics.

This paper addresses philosophically four moral objections against the payment-for-vaccination model anchored on these issues, namely: (i) utility, (ii) the moral status of payment, (iii) exploitation, and (iv) coercion. The would-be defeaters of payment for vaccination can be stated as follows: (i) Payment corrupts, (ii) Payment coerces, (iii) Payment exploits, and (iv) Payment is a costly mistake.

Philosophical discussions on COVID-19 vaccination contribute to the ongoing efforts to persuade people to take the vaccines by providing clarification, and at times refutations, of prevailing beliefs that tend to hinder the global vaccination efforts. Specifically, this paper defends the position that payment for vaccination is not morally wrong *per se*; it is not coercive nor exploitative, and it helps bring about desirable results.

2. METHODOLOGY

This paper uses philosophical analysis to respond to the issues raised concerning payment for vaccination. Our task is three-fold: to analyze Savulescu's proposal to adopt the strategy of payment for vaccination, to evaluate the issues raised against the use of payment or incentives to increase vaccination uptakes, and to reply to these issues through philosophical arguments and counterexamples. Throughout the paper, there will be an attempt to present a healthy exchange of arguments, clarification of the meaning of concepts used, and determination of the truth or falsehood of claims.

3. DISCUSSION

On May 5, 2021, *Euronews* reported that the first country to adopt payments for COVID-19 vaccinations is Serbia. President Aleksandar Vucic announced a one-time payment of 3,000 Dinars (approximately 25 Euros), which is about 5% of the average monthly salary, as a reward to citizens who have already received one or two doses of COVID-19 vaccines. The Serbian President has decided to reward people who were responsible enough by granting them additional financial support. The government initiative is aimed at invigorating the country's immunization campaign amid fading public interest and growing vaccine hesitancy.

In Hong Kong, vaccinated residents qualified in entering a state lottery for a one-bedroom apartment worth HK\$10 million and cash prizes totaling HK\$100,000 (Kwan, 2021). In the USA, President Biden recently urged government leaders to offer US\$100 payments for every newly inoculated American, as an incentive to boost vaccination rates, protect communities, and save lives (Reuters, 2021). In Las Piñas City, Philippines, Congressional Representative Camille Villar launched the "*May Bahay sa Bakuna*" program where she would raffle off a house and lot, motorcycles, and other prizes for those who are vaccinated against COVID-19 in a move to increase inoculation in the area (Mercado, 2021).

"Letting money do the talking" can be considered as one feasible way to boost COVID-19 vaccine uptake and relieve some concerns about perceived risks, especially those spurred by a climate

of vaccine hesitancy. “The advantage of paying for risk is that people are choosing voluntarily to take it on” (Savulescu 2021). Some individuals may even be unwilling to listen to accurate appraisals of the risks and benefits of vaccination perhaps since they have been living in an environment where anti-vaxxers abound. A system of payment may provide them with an opportunity to listen and discern, but it is up to them to judge whether vaccination is worth the payment.

Incentivized vaccination efforts are not limited to monetary payment. Savulescu (2021) indicates his preference for “payment in kind” over actual monetary payments to boost COVID-19 vaccination efforts because it does not “signal that the vaccine is perceived to be unsafe,” and payment in cash might feed “unwarranted suspicion” to the already hesitant public. Instead of money, compensation can be in the form of “immunity passport” which grants greater freedom of movement and participation in group gatherings. For example, people could carry a “vaccination certificate” or “Vaccination ID” which allows them to go back to dining places in public areas where they would be allowed to take off masks. They can be allowed to freely socialize with friends without physical (social) distancing, perhaps even enjoy concerts or sporting events held in large indoor arenas. Incentivizing people to get vaccinated can be seen as an ethical alternative to mandatory vaccination.

Payment for vaccination is not without its share of objections. Here are four contentious moral issues surrounding the use of payment to entice people to get vaccinated.

3.1. Payment corrupts.

Moral choices, including health decisions, should be made for the right reasons, and payment is not one of them. Largent and Miller (2021) contend that people have a moral obligation to be vaccinated, including “a duty to promote their own health, a duty to others to promote the community benefit of vaccination, and a duty to society for individuals to do their fair share in putting a stop to the pandemic.” The idea of enticing people to do morally permissible actions for the sake of money when these can be done for free does not seem right. Being vaccinated in order to receive a \$25 or even \$1000 incentive robs the act of moral significance.

Is it not wrong to allow financial transactions to determine moral decisions? For Michael Sandel (2003), there are things that money must not be able to buy. He urges us to evaluate the difference between asking friends for guidance on how to write wedding vows and paying a friend to write the vows. Something tells us that there's a problem with the latter. Introducing payment in the activity may corrupt either the thing being sold and/or the nature of a relationship due to wrong sort of motivation. Indeed, students who get paid to read books may end up reading more books, but very short ones.

Money does not introduce any new reason to make an exchange wrong, according to Brennan and Jaworski (2015), saying that so long as the right background conditions are in place, “if you can do it for free, you can do it for any amount of money.” Consider the administration of the sacraments by a catholic priest. Is the sanctity of their actions negated by collection of fees? Surely, not. In the same way that teachers’ efforts at training young minds are not made bad whenever payment is introduced. Following the said line of reasoning, it can be asserted that if a vaccine is judged to be safe enough to be used without incentives, then it is safe enough to incentivize with payment (Savulescu and Anomaly, 2019). But if it is the case that a vaccine’s safety is not well-established, then it should not be administered. No amount or degree of persuasion, incentives, and/or mandates would have to be employed to promote their use. In most cases where questions concerning the moral status of transactions are raised, it is the nature of the exchange that is in question, not the fact that money is involved. For example, financial exchange in the form of ransom for the kidnapped victim is wrong because it is wrong to abduct children, not because it is done for monetary considerations.

Largent and Miller (2021) did not actually close all doors to the policy of paying people for COVID-19 vaccination, saying that it should be “adopted only as a last resort” if voluntary vaccination campaign proves insufficient.

3.2. Payment coerces.

A considerable monetary incentive for vaccination, such as the \$1500 idea in the United States, could be considered coercive. But this is a

misconception that confuses an offer with a threat (Largent and Miller, 2021).

Coercion, says Anderson (2021), is considered an evil because, “coercion is typically thought to carry with it several important implications, including that it diminishes the targeted agent's freedom and responsibility, and that it is a (*pro tanto*) wrong and/or violation of right.” Coercion works by introducing a threat to make a recipient worse off for doing an act. It alters an agent's actions “by worsening the actor's prospects for action – that is, cases where an agent has an act “in view,” and then alters his choice of action in response to the imposition of a threat” (Anderson, 2021).

It is easy to see why vaccine mandates are seen as coercive as they may utilize threats in the form of sanctions. In his essay, Savulescu (2021) makes it a condition for justifying mandatory vaccination to determine if the level of coercion involved in mandates is proportionate. The same issue need not be raised when considering incentivized vaccination.

Anderson (2021) believes that if a coercive proposal makes its receiver “worse off,” a “baseline” is needed to establish whether it makes the recipient “worse off,” “better off,” or “makes no difference.” Preventing the recipient from achieving a better condition is the function of coercion. In this respect, whereas vaccination compensation is an *offer*, it is not a coercion. It is not coercive to add a new option, such as payment, without disrupting the *status quo* (baseline condition). Any person can pick that option because he feels that it would improve his life in the long run, i.e., immunization *and* payment, or protection *and* compensation. Coercion exists when an option that is either desired or good is removed or made very unappealing (Savulescu, 2021). Payment raises ethical problems concerning consent only when it unduly influences participants or recipients by distorting their perception of risks and benefits (Largent, *et al*, 2013).

3.3. Payment exploits.

“To exploit someone is to take unfair advantage of them. It is to use another person's vulnerability for one's benefit” (Zwolinski and Wertheimer 2017). Opponents of monetary incentives in vaccination argue that they might be exploitative, taking advantage of people who have lost jobs,

experienced homelessness, food insecurity, or slipped into poverty (Largent and Miller, 2021). Offers of payment can “unfairly take advantage of poorer offerees” (Govind 2021). When one party is in a much stronger bargaining position than another, the stronger party sometimes uses its advantage to keep for itself most, if not all, of the gains to be had from cooperative interaction between the parties. Those who offer incentives are in a stronger bargaining position than the recipients of offers and may exploit the latter by paying them a small sum of money when their participation contributes to the production of a public good. It is for this reason that it is believed that a system that resorts to payment is not likely to work for wealthy people.

As a counterargument, we can begin by claiming that cash inducements are not exploitative because they encourage the *less risky* choice -- to get vaccinated. It can be said that the safeguards put in place in the research and development of COVID-19 vaccines count in favor of the safety and efficacy of these vaccines. This helps, but it misses the mark. What is more important is to recognize that what makes a transaction exploitative is not its beneficial or harmful effects, but the nature of the transaction itself. Exploitative transactions take advantage of a person's vulnerability in order to fulfill the goals of someone else. Vaccination, whether accompanied by payment or not, is unlikely to be exploitative because the individual who receives it usually gains at least as much benefit as the community.

It may be true that individuals who are financially challenged may be more inclined to take the money as well as all the hazards of immunization. However, in a market economy, this is not an isolated case because it applies to all dangerous and unpleasant jobs. Even then, it is not necessarily exploitation if there are protective systems in place (like fair wage, insurance, and the like). Indeed, if the proper regulations are not in place, the offer of money can have unfavorable implications (Savulescu 2020). Adding money to the transaction when certain ethical conditions have been met adds no additional level of wrongdoing and may provide huge benefits: vaccination protects oneself and optimizing population protection is a bonus for others who cannot be vaccinated. According to Savulescu (2021), exploitation occurs when someone offers less than a fair deal and the person accepts it only because he is vulnerable due to background injustice.

3.4. Payment is a costly mistake.

A payment for vaccination model is consistent with the claim that we should use whatever saves lives, especially if education, encouragement, and facilitation fail (Savulescu 2021). The more important ethical question is about utility: Do these costly payments work to increase vaccine uptake? Surely payment of \$25 or \$1500 would impose tremendous financial burden to the state.

In response, it can be established that a payment model could be less costly, and it increases vaccine uptakes. In the UK alone, a combined £107B will have been spent on furlough and the Self-Employment Income Support by the end of September 2021 (Sandhu 2021). Former US presidential candidate, John Delaney (2020) argues for paying \$1500 to every individual in the US who provides proof of vaccination. The estimated cost would be approximately \$383 billion. While costly, he contends that his plan is “worth the cost” because it would save lives, provide “relief to struggling Americans and accelerate the reopening of the economy. The total economic cost of US pandemic through Fall, 2021 is estimated at \$16 trillion or 90% of the gross domestic product (GDP), according to the study of Cutler and Summers (2020). It makes more economic sense to pay people a large sum of money to encourage them to be vaccinated as soon as possible so that they can return to work and keep the economy moving.

According to Pennings and Symons (2021), using coercion or incentives to encourage people to get vaccinated against COVID-19 can have a negative impact on the general populace, which can in turn lead to failure in accomplishing its goals. However, empirical evidence suggests otherwise. Just as payments were successfully used to increase vaccination for human papillomavirus in England, Hepatitis B in the United States and the United Kingdom, and tetanus toxoid in Nigeria, a recent study (Campos-Mercade et al 2021) showed that COVID-19 vaccination rates can be increased with guaranteed incentives. Monetary incentives increased vaccination rates by 4.2 percentage points, indicating that incentives can increase vaccine uptake even in rich countries with high vaccination rates. There is reason to believe that using incentives will assist us in reducing COVID-19 spread and mortality.

These findings support the adoption of a payment system for vaccinations. Payment for vaccination works.

4. CONCLUSION

The responses provided to the objections concerning payment for vaccination, if successful, provide support for ruling out moral reasons for non-acceptance of incentivization of vaccination. Specifically, it has been shown that the use of payment *per se* is not necessarily unethical and is neither coercive nor exploitative. Finally, increased uptake of COVID-19 vaccines due to incentivization provides additional justification for adopting payment for vaccination.

5. REFERENCES

- Anderson, Scott. (2021). "Coercion", The Stanford Encyclopedia of Philosophy (Summer 2021 Edition), Edward N. Zalta (ed.), URL = <<https://plato.stanford.edu/archives/sum2021/entries/coercion/>>.
- Brennan, J., & Jaworski, P. (2015). *Markets without Limits: Moral virtues and commercial interests*. New York, NY: Routledge.
- Campos-Mercade, Pol. Meier, Armando N., Schneider, Florian H., Pope, Devin, Wengstrom, Erik. (2021, Oct 7). Monetary incentives increase COVID-19 vaccinations. *SCIENCE*. Vol 374, Issue 6569. DOI: 10.1126/ science.abm0475
- Cutler DM, Summers LH. 2020. The COVID-19 Pandemic and the \$16 Trillion Virus. *JAMA*. 2020;324(15): 1495–1496.
- Dagondon, James Christian and Lualhati, Victorino R. T. 2021. Vaccine hesitancy, Community, and the Trolley. DLSU Research Congress 2021. De La Salle University, Manila, Philippines.
- Delaney John K. (2020, November 23). Pay Americans to take a coronavirus vaccine. *The Washington Post*. <https://www.washingtonpost.com/opinions/2020/11/23/pay-americans-coronavirus-vaccine-john-delaney/>. Retrieved 12 March 2022.
- Department of Health. National COVID-19 Vaccination Dashboard. <https://doh.gov.ph/covid19-vaccination-dashboard>. Retrieved 30 May 2022.
- Euronews (2021, May 5). Serbia in 'world first' as citizens offered €25 to have COVID vaccine.

- <https://www.euronews.com/2021/05/05/serbia-in-world-first-as-citizens-offered-25-to-have-covid-vaccine>.
- Fauci, Anthony. S., Morens, David M. and Folkers, Gregory K. The Concept of Classical Herd Immunity May Not Apply to COVID-19. *The Journal of Infectious Diseases* 2022; XX:1–4. <https://doi.org/10.1093/infdis/jiac109>.
- Kwan, Rhoda. (2021, July 22). HKFP Guide: Hong Kong COVID-19 vaccination lucky draws you can enter now. <https://hongkongfp.com/2021/07/22/hkfp-guide-hong-kong-covid-19-vaccination-lucky-draws-you-can-enter-now/>. Retrieved 15 March 2022.
- Largent, Emily A., Grady, Christine, Miller, Franklin G. and Wertheimer, Alan. (2013). “Misconceptions about coercion and undue influence: reflections on the views of IRB members.” *Bioethics*. 2013 Nov;27(9):500-7. DOI: 10.1111/j.1467-8519.2012.01972.x.
- Largent, Emily A., and Miller, Franklin G. (2021). Problems With Paying People to Be Vaccinated Against COVID-19. *JAMA* February 9, 2021. Volume 325, Number 6. Online: January 6, 2021. doi:10.1001/jama.2020.27121.
- Mercado, Neil Arwin (2021, May 27) Camille Villar to raffle off house and lot for vaccinated Las Piñas folk. <https://newsinfo.inquirer.net/1437935/camille-villar-to-affle-off-house-and-lot-for-those-vaccinated-vs-covid-19-in-las-pinas#ixzz7NaVjaqJU>. Retrieved 15 March 2022.
- Nozick, Robert (1969). “Coercion,” in *Philosophy, Science, and Method: Essays in Honor of Ernest Nagel, Sidney Morgenbesser, Patrick Suppes, and Morton White* (eds.), New York: St. Martin's Press, 440–472.
- Penings, Susan and Symons, Xavier. (2021) Persuasion, not coercion or incentivization, is the best means of promoting COVID-19 vaccination. *Journal of Medical Ethics* 2021; 0:1–3. doi:10.1136/medethics-2020-107076
- Persad, Govind. (2021, July 22). Payments for COVID-19 Vaccination: Ethical and Legal Considerations. <https://blog.petrieflom.law.harvard.edu/2021/07/22/payments-for-covid-19-vaccination-ethical-and-legal-considerations/>. Retrieved March 14, 2022.
- Reuters (2021, July 30). “Biden wants state, local govts to pay \$100 to newly vaccinated Americans.” www.reuters.com/world/us/biden-wants-state-local-govts-give-100-newly-vaccinated-americans-treasury-2021-07-29/. Retrieved 15 March 2022.
- Sandel, Michael. (2003). What money shouldn't buy. *The Hedgehog Review*, 5, 77–97.12
- Sandhu, Serina. (2021). How much has COVID-19 cost the UK? From furlough to NHS spending, the financial toll of the pandemic so far <https://inews.co.uk/news/uk/covid-19-UK-cost-furlough-NHS-spending-universal-credit-pandemic-924323>. Retrieved 15 March 2022.
- Savulescu, Julian and Anomaly, Jonathan. (2019). Compensation for cures: Why we should pay a premium for participation in ‘challenge studies’. *Bioethics*. 2019; 33:792–79 First published: 28 May 2019 <https://doi.org/10.1111/bioe.12596>
- Savulescu, Julian. (2021). Good reasons to vaccinate: mandatory or payment for risk? *Journal of Medical Ethics* 2021; 47:78–85.
- Vally, Hassan. 2022. Covid-19: Why we are no longer seeing herd immunity as pandemic escape route. <https://www.rnz.co.nz/news/on-the-inside/468520/covid-19-why-we-are-no-longer-seeing-herd-immunity-as-pandemic-escape-route>. Retrieved 8 June 2022.
- World Health Organization. (2022a, April 13). Getting COVID-19 advice for the public: Getting vaccinated. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>. Retrieved 30 May 2022.
- World Health Organization. (2022b, May 25). WHO Coronavirus (COVID-19) Dashboard. **Error! Hyperlink reference not valid.** [who.int/table](https://www.who.int/table). Retrieved 30 May 2022.
- Zimmerman, David (1981). “Coercive Wage Offers,” *Philosophy and Public Affairs*, 10: 121–145.
- Zwolinski, Matt and Wertheimer, Alan. (2017) “Exploitation”, *The Stanford Encyclopedia of Philosophy* (Summer 2017 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/sum2017/entries/exploitation/>.