Ink is Expensive

The institutional review board office at the Ugandan university where I work lives in the basement of the science center. To get there, one passes through dim halls glazed with russet dust, the sound of your steps blending with soft, professorial murmurs and the distant chink of lab glassware. The office sits behind a sky-blue plywood wall that stops six inches shy of the ceiling. Inside are two desks heaped with blue and pink folders, which also spill from cabinets and regally occupy half of the office's chairs.

These folders formed a low barricade between the IRB administrator sitting on one side of the desk, and my research partner and me on the other. We were there because we had noticed a problem with our study's consent forms. The forms were missing a stamp—a purple emblem of review board approval—and we seeking to have it added. Our conversation with the IRB administrator followed a typical Ugandan course: comments about the rain pouring outside, inquiries about family and perennial questions about favorite foods. Eventually we got to business:

"It is very hard to give you the stamps." "Ah, I see. Why is that?" "Well, you see, the ink is very expensive."

The ink is very expensive. The meaning of these words was not immediately clear to me, but to my Ugandan research partner, intimately familiar with the often vague language of Ugandan negotiations, an insidious meaning was obvious. This was a request for a bribe.

That bribery and graft are common in global health practice is hardly Earth-shattering news. In recent years, flagrant examples of large-scale fund

misappropriation have been exposed and decried. In one of the most prominent, a 2011 investigation into Global Fund grants revealed that up to two-thirds of some grants was lost to fraud, bribery and graft. Donor governments were quick to condemn the Fund, and several froze promised donations, to the tune of hundreds of millions of dollars. The melodrama playing out before me in the IRB office in Uganda was a small incarnation of a larger problem that consumes a pirate's trove of health funding around the world.

Is it ok to bribe someone to advance global health, either in research or clinical care? Should our study pay for the expensive ink?

There is clearly something deeply unsettling about even small-scale bribery in global health. Many of us are driven to work for and donate to global health causes out of a desire to do the greatest good for the greatest number. Our calculations about who needs our effort or our money are based on a sense of who is in need. Bribery diverts resources from those who presumably need these resources most, representing a double theft, both from the donor and from the recipient. This is a profound perversion of the goal of most global health work, and it disrupts the trust that is required for effective and sustained collaboration.

Not only is bribery a form of robbery, but it also serves the purpose of establishing or reinforcing a power hierarchy. Those already in positions of power feel duly empowered to push for a kickback. Our IRB administrator, already the holder of a secure university job, did not ask for a bribe because he needed extra money to feed his family; he did it because he held the upper hand. Our presence offered a chance for him to demonstrate his authority—as keeper of the IRB

stamp—when he knew that our hands were tied. Paying the bribe, then, validates this illegitimate position, and affirms and enshrines a reprehensible system of exchange.

But one could also argue the opposite. What is a little extra money—or even a lot of extra money—to grease pockets, when the outcome is the improvement of health for those in greatest need? How can we justify adhering to principled ideals when this means that worthwhile goals may never be achieved and, in the extreme, people may die as a downstream result of our righteousness? Who ultimately suffers if the Global Fund is defunded?

Despite blanket prohibitions set out by many large aid groups, bribery is a fact of life in many, if not most, of the settings in which global health work occurs; it may be culturally expected, or at very least, not admonished. And while cultural relativism may not excuse the underlying moral oppositions to bribery, given the cultural contexts in which we work, in many cases a small bribe can speed up a process that would otherwise never finish; we must choose between what is pragmatic and what is idealistic. Occasionally, bribes themselves may even serve social good. In an informal poll of my friends who work in global health, many recounted giving small bribes to speed completion of tasks, their guilt often assuaged by the evident need of the person requesting the bribe—bribing a plumber to prioritize fixing a hospital ward's water system, for example, partly out of a sense that the plumber would use the bribe well.

When do the ends justify the means? I believe a few considerations can help guide our decision-making. First, who is requesting the bribe, and to what end? Is it

borne in part out of genuine need, or solely out of a desire to establish power? Second, practically, what will the fallout of the bribe be? Will it repulse further collaboration or engender so much distrust that future work becomes impossible or un-fundable? Third, is there any other reasonable way to accomplish the same goal without paying a bribe? And fourth, to what extent will withholding the bribe damage the downstream recipients of aid, or study results, or clinical care?

The ink was actually not very costly, but for the cost of our conscience and indignation. Like the dust in the IRB office and the administrator's gravid silence following his request, our compunction weighed on us. Ultimately, we did not pay the bribe.

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