

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 002  
(1-22)

Introduced by: Resident and Fellow Section

Subject: Assessing the Humanitarian Impact of Sanctions

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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1 Whereas, The Office of Foreign Assets Control (“OFAC”) of the US Treasury Department  
2 administers and enforces financial, economic, and trade sanctions against foreign individuals,  
3 organizations, and entire countries, based on US foreign policy and national security goals<sup>1</sup>; and  
4

5 Whereas, Primary sanctions prohibit U.S.-based individuals and entities from economic  
6 transactions with the target nation, while secondary sanctions prohibit non-U.S. entities from  
7 conducting any financial transaction that requires routing through U.S.-based institutions, such  
8 as currency exchange<sup>2</sup>; and  
9

10 Whereas, As of April 2022, the US had active, comprehensive economic sanctions against  
11 seven nations (North Korea, Cuba, Iran, Syria, Venezuela, Afghanistan, and Russia) and  
12 against individuals in nineteen other nations and territories (Bangladesh, Belarus, Central  
13 African Republic, China, Democratic Republic of the Congo, Eritrea, Hong Kong, Iraq, Lebanon,  
14 Liberia, Mali, Myanmar, Nicaragua, Somalia, South Sudan, Turkey, Ukraine, Yemen, and  
15 Zimbabwe)<sup>3</sup>; and  
16

17 Whereas, Research shows that while arms embargoes may reduce violence in armed conflicts,  
18 economic sanctions fail to do so, and instead contribute to military escalation and increased  
19 violence<sup>4,5</sup>; and  
20

21 Whereas, Economic sanctions are estimated to succeed in only 4-34% of cases, with the two  
22 most notable successes being the fall of the apartheid regime in South Africa (after three  
23 decades of economic sanctions and arms embargoes), and the fall of the government of  
24 Rhodesia after over ten years of sanctions and civil war<sup>6</sup>; and  
25

26 Whereas, Comprehensive economic sanctions have been compared to medieval siege warfare,  
27 imposing suffering on innocent civilians within the targeted nations in order to force a surrender  
28 by the ruling class<sup>7</sup>; and  
29

30 Whereas, A study of economic sanctions in 98 countries over 35 years found that US-imposed  
31 sanctions reduced life expectancy by 0.4-0.5 years in target nations, with a greater impact on  
32 women, caused by an increase in child mortality and in deaths due to cholera<sup>8</sup>; and  
33

34 Whereas, Nations targeted by US economic sanctions experience a higher poverty rate of 3.8%  
35 compared to non-sanctioned nations, with the impact lasting for 21 years<sup>9</sup>; and  
36

37 Whereas, Rates of HIV infection in children were 2.5% higher in 71 countries targeted by  
38 sanctions between 1990 and 2012, and AIDS-related death rates were 1% higher, illustrating  
39 the disproportionate impact of sanctions on marginalized populations<sup>10</sup>; and

1 Whereas, Despite the use of humanitarian carve-outs, foreign firms are reluctant to engage in  
2 any trade with sanctioned nations for fear of triggering secondary sanctions, which place the  
3 onus of compliance on these foreign firms, thus impairing access to food and medicines in  
4 target nations<sup>11,12</sup>; and

5  
6 Whereas, Unilateral US-imposed economic sanctions have been shown to slow economic  
7 growth in target nations and decrease their GDP per capita by 13.4%<sup>13</sup>; and

8  
9 Whereas, An economic embargo imposed on Haiti between 1991 and 1994 contributed to a  
10 decline in income, a rise in unemployment, poorer nutrition status, and a rise in mortality among  
11 children aged 1-4 years old<sup>14</sup>; and

12  
13 Whereas, An Oxfam report found that US-imposed sanctions on Cuba had restricted access to  
14 basic medical supplies including syringes and masks, medicines, vaccines, and food<sup>15</sup>; and

15  
16 Whereas, In 2019, Human Rights Watch documented shortages of antiepileptic drugs and  
17 chemotherapy medications in Iran and concluded that due to US economic sanctions, “Iranians’  
18 access to essential medicine and their right to health is being negatively impacted, threatening  
19 the health of millions of Iranians”<sup>12,16</sup>; and

20  
21 Whereas, Journals including *JAMA* and the *New England Journal of Medicine* continued to  
22 publish papers authored by Iranian scientists, while overcompliance with US-imposed sanctions  
23 led the editors of several other journals to reject them, with one stating that “US owned journals  
24 are unable to handle scientific manuscripts which are authored by Iranian scientists, employed  
25 by the Government of Iran”<sup>17</sup>; and

26  
27 Whereas, A 2018 systematic review of 55 papers found that US-led economic sanctions on Iran  
28 led to an increase in inflation and unemployment, a devaluation of the nation’s currency, scarcity  
29 of lifesaving medicines, with impacts disproportionately affecting Iranians who were poor, ill,  
30 women, and children and found no positive effect from existing “humanitarian exemptions”<sup>18</sup>;  
31 and

32  
33 Whereas, Comprehensive economic sanctions on Syria, first imposed in 1985 and strengthened  
34 in the past decade, have contributed to a breakdown in its healthcare system, including  
35 shutdowns of MRI, CT, and dialysis machines as healthcare facilities are unable to import spare  
36 parts to maintain these machines or license software to run them<sup>19</sup>; and

37  
38 Whereas, Economic sanctions also drive up healthcare costs, as hospitals must assemble multi-  
39 national legal teams to navigate EU and US sanctions exemption applications<sup>19</sup>; and

40  
41 Whereas, US and EU-led economic sanctions on Syria have contributed to devaluation of the  
42 Syrian currency, shortages of fuel, electricity, medicines, and water, a drop in agricultural and  
43 pharmaceutical output, along with an inability to test, track, treat, or vaccinate against  
44 COVID-19<sup>20</sup>; and

45  
46 Whereas, Twenty-three million Afghans face famine in 2022, with aid efforts hampered by US  
47 sanctions imposed after the fall of the Afghan government in 2021<sup>21</sup>; and

48  
49 Whereas, Thirteen thousand Afghan children died of malnutrition in the first ten weeks of 2022,  
50 as sanctions caused a collapse of the banking sector and foreign banks are reluctant to transfer  
51 aid money into the country for fear of triggering secondary sanctions<sup>22</sup>; and

1 Whereas, In February 2022, the Biden administration announced it would relax some sanctions  
2 on Afghanistan, including allowing half of the Afghan Central Bank's assets in the US to be used  
3 to pay for humanitarian purchases such as food and medicine, while continuing to freeze the  
4 other half, in a move that was described as "aiming to make it harder to blame the US  
5 government's sanctions for the unfolding economic disaster in Afghanistan"<sup>23</sup>; and  
6

7 Whereas, Freezing the Afghan Central Bank's reserves has contributed to a crash in the Afghan  
8 currency's value, leading to a rise in food prices over 40% since the previous year<sup>24</sup>; and  
9

10 Whereas, In its 2019 report, Human Rights Watch recommended that Congress request a study  
11 on the humanitarian impact of economic sanctions<sup>12</sup>; and  
12

13 Whereas, The United Nation's (UN) Committee on Economic, Social, and Cultural Rights states  
14 that nations that impose economic sanctions must take steps to respond to any disproportionate  
15 suffering experienced by vulnerable groups within the targeted country<sup>25</sup>; and  
16

17 Whereas, The UN's Office of the High Commissioner for Human Rights has found that unilateral  
18 economic sanctions disproportionately harm women, children, and marginalized groups, and  
19 that US-imposed sanctions are hindering reconstruction in war-torn nations, calling for lifting or  
20 minimizing these sanctions<sup>26,27</sup>; and  
21

22 Whereas, The World Medical Association "urges national medical associations to ensure that  
23 Governments employing economic sanctions against other States respect the agreed  
24 exemptions for medicines, medical supplies, and basic food items"<sup>28</sup>; and  
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26 Whereas, Lawmakers in the US have called for a report on the humanitarian impact of  
27 sanctions, most recently through a February 2022 letter signed by over twenty members of  
28 Congress<sup>29,30</sup>; and  
29

30 Whereas, Our AMA supports medical access in countries in turmoil (H-65.994), and broadly  
31 urges all parties to minimize the health costs of war on civilian populations (D-65.993), it does  
32 not have policy discussing the harmful health costs of economic sanctions; therefore be it  
33

34 RESOLVED, That our American Medical Association recognize that economic sanctions can  
35 negatively impact health and exacerbate humanitarian crises (New HOD Policy); and be it  
36 further  
37

38 RESOLVED, That our AMA support efforts to study the humanitarian impact of economic  
39 sanctions imposed by the United States. (New HOD Policy)

Fiscal Note: Not yet determined

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## RELEVANT AMA POLICY

### **Medical Care in Countries in Turmoil H-65.994**

The AMA (1) supports the provision of food, medicine and medical equipment to noncombatants threatened by natural disaster or military conflict within their country through appropriate relief organizations; (2) expresses its concern about the disappearance of physicians, medical students and other health care professionals, with resulting inadequate care to the sick and injured of countries in turmoil; (3) urges appropriate organizations to transmit these concerns to the affected country's government; and (4) asks appropriate international health organizations to monitor the status of medical care, medical education and treatment of medical personnel in these countries, to inform the world health community of their findings, and to encourage efforts to ameliorate these problems.

Citation: Sub. Res. 133, A-83; Reaffirmed: CLRPD Rep. 1, I-93; Reaffirmed: CLRPD Rep. 1, A-05; Reaffirmed: CEJA Rep. 5, A-15

### **War Crimes as a Threat to Physicians' Humanitarian Responsibilities D-65.993**

Our American Medical Association will (1) implore all parties at all times to understand and minimize the health costs of war on civilian populations generally and the adverse effects of physician persecution in particular, (2) support the efforts of physicians around the world to practice medicine ethically in any and all circumstances, including during wartime or episodes of civil strife, and condemn the military targeting of health care facilities and personnel and using denial of medical services as a weapon of war, by any party, wherever and whenever it occurs, and (3) advocate for the protection of physicians' rights to provide ethical care without fear of persecution.

Citation: BOT Action in response to referred for decision Res. 620, A-09; Modified: BOT Rep. 09, A-19

### **Promoting Equitable Resource Distribution Globally in Response to the COVID-19 Pandemic D-440.917**

1. Our AMA will, in an effort to improve public health and national stability, explore possible assistance through the COVID-19 Vaccines Global Access (COVAX) initiative co-led by the World Health Organization, Gavi, and the Coalition for Epidemic Preparedness Innovations, as well as all other relevant organizations, for residents of countries with limited financial or technological resources.

2. Our AMA will work with governmental and appropriate regulatory bodies to encourage prioritization of equity when providing COVID-19 pandemic-related resources, such as diagnostics, low cost or free medications, therapeutics, vaccines, raw materials for vaccine production, personal protective equipment, and/or financial support.

3. Our AMA recognizes the extraordinary efforts of many dedicated physicians, physician and ethnic organizations assisting in this humanitarian COVID-19 pandemic crisis.

4. Our AMA will support World Health Organization (WHO) efforts and initiatives to increase production and distribution of therapeutics and vaccines necessary to combat COVID-19 and future pandemics in order to provide vaccine doses to low- and middle-income countries with limited access, including: (a) a temporary waiver of the Trade Related Aspects of Intellectual Property (TRIPS) agreement and other relevant intellectual property protections; (b) technological transfers relevant for vaccine production; (c) other support, financial and otherwise, necessary to scale up global vaccine manufacturing; and (d) measures that ensure the safety and efficacy of products manufactured by such means.

Citation: Res. 608, A-21