Whereas, The Office of Foreign Assets Control ("OFAC") of the US Treasury Department administers and enforces financial, economic, and trade sanctions against foreign individuals, organizations, and entire countries, based on US foreign policy and national security goals; and

Whereas, Primary sanctions prohibit U.S.-based individuals and entities from economic transactions with the target nation, while secondary sanctions prohibit non-U.S. entities from conducting any financial transaction that requires routing through U.S.-based institutions, such as currency exchange; and

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

Whereas, Research shows that while arms embargoes may reduce violence in armed conflicts, economic sanctions fail to do so, and instead contribute to military escalation and increased violence; and

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

Whereas, Comprehensive economic sanctions have been compared to medieval siege warfare, imposing suffering on innocent civilians within the targeted nations in order to force a surrender by the ruling class; and

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

Whereas, Nations targeted by US economic sanctions experience a higher poverty rate of 3.8% compared to non-sanctioned nations, with the impact lasting for 21 years; and

Whereas, Rates of HIV infection in children were 2.5% higher in 71 countries targeted by sanctions between 1990 and 2012, and AIDS-related death rates were 1% higher, illustrating the disproportionate impact of sanctions on marginalized populations; and
Whereas, Despite the use of humanitarian carve-outs, foreign firms are reluctant to engage in any trade with sanctioned nations for fear of triggering secondary sanctions, which place the onus of compliance on these foreign firms, thus impairing access to food and medicines in target nations\textsuperscript{11,12}; and

Whereas, Unilateral US-imposed economic sanctions have been shown to slow economic growth in target nations and decrease their GDP per capita by 13.4\textsuperscript{13}; and

Whereas, An economic embargo imposed on Haiti between 1991 and 1994 contributed to a decline in income, a rise in unemployment, poorer nutrition status, and a rise in mortality among children aged 1-4 years old\textsuperscript{14}; and

Whereas, An Oxfam report found that US-imposed sanctions on Cuba had restricted access to basic medical supplies including syringes and masks, medicines, vaccines, and food\textsuperscript{15}; and

Whereas, In 2019, Human Rights Watch documented shortages of antiepileptic drugs and chemotherapy medications in Iran and concluded that due to US economic sanctions, “Iranians’ access to essential medicine and their right to health is being negatively impacted, threatening the health of millions of Iranians”\textsuperscript{12,16}; and

Whereas, Journals including \textit{JAMA} and the \textit{New England Journal of Medicine} continued to publish papers authored by Iranian scientists, while overcompliance with US-imposed sanctions led the editors of several other journals to reject them, with one stating that “US owned journals are unable to handle scientific manuscripts which are authored by Iranian scientists, employed by the Government of Iran”\textsuperscript{17}; and

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

Whereas, Comprehensive economic sanctions on Syria, first imposed in 1985 and strengthened in the past decade, have contributed to a breakdown in its healthcare system, including shutdowns of MRI, CT, and dialysis machines as healthcare facilities are unable to import spare parts to maintain these machines or license software to run them\textsuperscript{19}; and

Whereas, Economic sanctions also drive up healthcare costs, as hospitals must assemble multinational legal teams to navigate EU and US sanctions exemption applications\textsuperscript{18}; and

Whereas, US and EU-led economic sanctions on Syria have contributed to devaluation of the Syrian currency, shortages of fuel, electricity, medicines, and water, a drop in agricultural and pharmaceutical output, along with an inability to test, track, treat, or vaccinate against COVID-19\textsuperscript{20}; and

Whereas, Twenty-three million Afghans face famine in 2022, with aid efforts hampered by US sanctions imposed after the fall of the Afghan government in 2021\textsuperscript{21}; and

Whereas, Thirteen thousand Afghan children died of malnutrition in the first ten weeks of 2022, as sanctions caused a collapse of the banking sector and foreign banks are reluctant to transfer aid money into the country for fear of triggering secondary sanctions\textsuperscript{22}; and
Whereas, In February 2022, the Biden administration announced it would relax some sanctions on Afghanistan, including allowing half of the Afghan Central Bank’s assets in the US to be used to pay for humanitarian purchases such as food and medicine, while continuing to freeze the other half, in a move that was described as “aiming to make it harder to blame the US government’s sanctions for the unfolding economic disaster in Afghanistan”23; and

Whereas, Freezing the Afghan Central Bank’s reserves has contributed to a crash in the Afghan currency’s value, leading to a rise in food prices over 40% since the previous year24; and

Whereas, In its 2019 report, Human Rights Watch recommended that Congress request a study on the humanitarian impact of economic sanctions12; and

Whereas, The United Nation’s (UN) Committee on Economic, Social, and Cultural Rights states that nations that impose economic sanctions must take steps to respond to any disproportionate suffering experienced by vulnerable groups within the targeted country25; and

Whereas, The UN’s Office of the High Commissioner for Human Rights has found that unilateral economic sanctions disproportionately harm women, children, and marginalized groups, and that US-imposed sanctions are hindering reconstruction in war-torn nations, calling for lifting or minimizing these sanctions26,27; and

Whereas, The World Medical Association “urges national medical associations to ensure that Governments employing economic sanctions against other States respect the agreed exemptions for medicines, medical supplies, and basic food items”28; and

Whereas, Lawmakers in the US have called for a report on the humanitarian impact of sanctions, most recently through a February 2022 letter signed by over twenty members of Congress29,30; and

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

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

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

Fiscal Note: Not yet determined

Received: 09/14/22
REFERENCES:

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.

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